

**The Effectiveness of Trauma-Focused Cognitive Behavioral Therapy on Early Childhood  
Trauma**

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Graduate School Symposium

April 5<sup>th</sup>, 2021

**Introduction**

Are people who have experienced trauma in the early years of their development forced to live a life filled with mental health issues that affects their own mental stability as well as those closest to them? As a graduate student studying clinical mental health counseling, I am constantly pondering the ways in which people like this can be helped. It is important for me to empathize with those who have experienced this kind of trauma, because I feel like most of the time it is not their fault that they have been put into a traumatic situation like this, and if the right care is not used, they could be in danger of becoming mentally unstable.

Studies related to early childhood trauma have suggested that those under the age of six who experience a traumatizing situation could be at risk of a lot of mental health issues. These kinds of issues can be developmental delays, lower cognitive functioning, as well as trauma symptoms like difficulties sleeping, increased anxiety, and difficulties regulating emotions (Vanderzee, et al., 2019). The many mental health problems that can occur after early childhood trauma is very frightening as someone who is studying counseling. I don't like the idea of someone who is not able to fully develop and has to suffer with traumatic symptoms for the rest of their lives. I am very interested in learning about ways in which people like this can be helped.

The purpose of this paper is to explore the effectiveness that trauma-focused cognitive behavioral therapy (CBT) can have on people who have experienced early childhood trauma. Trauma-focused CBT is a way in which clients are allowed to process traumatic memories that they may have blocked out or repressed (Ennis, et al., 2020). My goal to use scholarly research articles that I have found that relate to trauma-focused CBT and early childhood trauma to see if this is an effective form of therapy that can help those who been through early childhood trauma.

**Cohen, J. A., Deblinger, E., & Mannarino, A. P. (2018). Trauma-focused cognitive behavioral therapy for children and families. *Psychotherapy Research*, 28(1), 47–57.**  
**<https://doi-org.proxy181.nclive.org/10.1080/10503307.2016.1208375>**

Research conducted by three authors of *Psychotherapy Research* whose affiliations include Temple University School of Medicine and Rowan University-School of Osteopathic Medicine. The purpose of the research is to provide information about treatments for traumatized children, adolescents, and families using trauma-focused cognitive behavioral therapy (TF-CBT). In the article, the authors propose that TF-CBT is “an evidence-based treatment for children and adolescents who have significant trauma-related problems and their parents or caregivers” (Cohen, et al., 2018, p. 47). The researchers decided to focus primarily on trauma related to sexual abuse, grief, disasters, domestic violence, and multiple/complex traumas. The researchers worked with both children and parents in treatment using the TF-CBT while also directing clinical treatment programs in Pittsburgh and New Jersey. It was determined that TF-CBT is effective for children in improving PTSD symptoms as well as other relevant issues including depression, anxiety, and behavioral and cognitive symptoms. The researchers go into detail about major research findings that arose based on their research. The results of the research indicate that the TF-CBT model is able to improve trauma symptoms for traumatized children. They confirmed that “the clinical implications of these findings are that TF-CBT is effective in addressing many of the common problems that traumatized children and adolescents develop, across developmental levels, trauma types, cultures, and settings” (Cohen, et al., 2018, p. 53). Taking the results from this research study into consideration, there is clear justification to prove the effectiveness that a trauma-focused cognitive behavioral type model can have on children who have dealt with trauma in a multitude of different forms.

**Johnson, E. J., & James, C. (2016). Effects of child abuse and neglect on adult survivors. *Early Child Development and Care*, 186(11), 1836–1845. <https://doi-org.proxy181.nclive.org/10.1080/03004430.2015.1134522>**

The authors of the article are both affiliated with the University of the West Indies. One is a professor and the other is a postgraduate student who deal primarily in Social Work. The purpose of the research was to investigate the negative impact that child abuse and neglect can have on adult survivors. The authors are proposing that child abuse will have an effect on survivors that will impact their development as well as stay with them for a long period of time. The focus of the research was primarily on one participant; a 26-year-old male who experienced abuse as a child that continues to affect him as an adult. The research study was used in a qualitative way to incorporate in-depth information from the participant. The participant of the study was interviewed about his experience of being abused as a child. The research study used the systems theory as well as the cognitive behavioral therapy (CBT) theory. CBT was effective in allowing the researchers to gain greater clarity of the client's situation. It is also used to allow the client to find ways they can change their current behavior in positive and healthy ways. After gathering information from the participant of the study, the authors determined that child abuse will have an impact on a child that will be a problem for them their entire life. Even though CBT was used as an intervention model for the client, the article only goes into little detail about how CBT can be an effective source for allowing those who have experienced early-childhood trauma to heal and grow. The article also only focuses on one participant, so it could benefit from interviewing other people who have experienced different types of child abuse. It does have a unique perspective of focusing on a client

who is now an adult showing the impact that this type of trauma can have on someone if not treated right away.

**Lange, B. C. L., Loser, A., & Lang, J. M. (2020). Caregiver satisfaction with their child's trauma-focused cognitive behavioral therapy. *Psychological Trauma: Theory, Research, Practice, and Policy*. <https://doi-org.proxy181.nclive.org/10.1037/tra0000834.supp> (Supplemental)**

The focus of the research was on the caregivers of the children who are receiving treatment of trauma-focused cognitive behavioral therapy (TF-CBT). The researchers set out to answer three questions:

1. How satisfied were caregivers with the TF-CBT their child received?
2. What aspects of TF-CBT did caregivers find most and least helpful, and what suggestions did they have for improvement?
3. Is caregiver satisfaction associated with treatment completion (Lange, et al., 2020, p. 2)?

There was a total of 1, 778 caregiver/child dyads that were chosen to be a part of the research. To answer the first question that the researchers proposed, the caregivers were tasked to complete a Caregiver Satisfaction Questionnaire (CSQ) approximately three months into the trauma-focused cognitive behavioral therapy (TF-CBT) treatment of the children. To answer the second question, a thematic analysis was conducted by the researchers after the results of the CSQ were provided. To answer the third question on treatment completion, a *t* test was conducted. After the research was conducted, the researchers determined that overall satisfaction was high among the caregivers through the TF-CBT testing. The results also expressed an importance in the therapist actively listening to thoughts and concerns of the caregiver regarding the child. The researchers

determined that some of the most helpful aspects of TF-CBT according to the caregivers were communication in treatment, the coping skills of the children, and the children experiencing positive outcomes to be the most helpful. The least helpful aspects of TF-CBT included scheduling, not seeing positive outcomes with the children, and the outside factors that could hinder treatment. Finally, the researchers were able to prove that completion of therapy did make a difference in caregiver satisfaction determining that caregivers of children who did complete therapy generated higher satisfaction scores than those of non-completers. The researchers were able to conclude that caregiver satisfaction does make a difference in treatment of TF-CBT among children, so caregiver satisfaction should be assessed.

**Murray, L. K., Skavenski, S., Michalopoulos, L. M., Bolton, P. A., Bass, J. K., Familiar, I., Imasiku, M., & Cohen, J. (2014). Counselor and client perspectives of trauma-focused cognitive behavioral therapy for children in Zambia: A qualitative study. *Journal of Clinical Child and Adolescent Psychology*, 43(6), 902–914. <https://doi-org.proxy181.nclive.org/10.1080/15374416.2013.859079>**

The focus of this research was on the perception of counselors, children, and the caregivers in Zambia in regard to treatment for TF-CBT for children. The objective was to use these perceptions to address any mental health problems that these children have experienced in relation to trauma. At the beginning of the study, the researchers questioned just how much of an impact TF-CBT can have for these children and how the counselors, children, and caregivers would feel about the treatment. The authors expressed a significant need for the children of Zambia to receive this type of treatment stating that “in Zambia, there are an estimated 993,000 orphaned children, many of whom have multiple stressors such as nursing dying parents, poverty, being forced to move,

separated from siblings, withdrawn from school, and exposed to abuse” (Murray, et al., 2014, p. 903). The children of Zambia are exposed to this sort of early-childhood trauma more than the average child, leading to short-term and long-term consequences like cognitive, behavioral, physical, and social functioning. 19 local TF-CBT counselors, along with three graduate students from Boston University, participated in this qualitative study. Semi-structured interviews were conducted for the clients (children and caregivers, separately). There was a total of 21 participants (children and caregivers) who completed the TF-CBT. The interviewers asked a series of open-ended questions “developed to be very simple and broad to promote comprehension and allow translation into the three local tribal languages” (Murray, et al., p. 905). After the study was completed, the researchers came to the conclusion that the conclusion that counselors, children, and caregivers all had positive perceptions about TF-CBT. They recognized that the treatment led to better communication with family members, decreased behavioral problems, as well as an increased awareness about trauma. This research article is useful in that it offers results for clients who are not American. It expresses the importance of TF-CBT for other countries that have limited resources in mental health.

**Ovenstad, K. S., Ormhaug, S. M., Shirk, S. R., & Jensen, T. K. (2020). Therapists’ behaviors and youths’ therapeutic alliance during trauma-focused cognitive behavioral therapy. *Journal of Consulting and Clinical Psychology*, 88(4), 350–361. <https://doi-org.proxy181.nclive.org/10.1037/ccp0000465>**

The focus of this research was on how effective TF-CBT can be for children who experienced post-traumatic stress (PTS) as children. The researchers questioned how the therapist alliance-building behavior during TF-CBT makes a difference in the effectiveness of the treatment for the children. The participants were 65 children and 24

therapists. The therapist's behavior was assessed using the Adolescent Alliance-Building Scale while the behavior of the children was assessed using the Behavioral Index of Disengagement Scale. The results showed that rapport-building behaviors lead to higher alliance scores. The behavior of the youth also influenced the effect of trauma focus on the alliance. The evidence indicates that "it may be beneficial that therapists use rapport-building behaviors in the initial phase" (Ovenstad, et al., 2020, p. 359). The more support the therapists give, the higher the alliance scores between the therapists and clients will be. The researchers also determined just how important focusing on the traumatic experiences of the youth can be for building a stronger alliance. This research article focused more on the effectiveness of a positive alliance with the therapist and client, rather than the effectiveness of the TF-CBT itself. It expresses the importance of building a rapport with the client through a healthy alliance. Further research could focus on other samples of youth in TF-CBT like different ages, races, and cultures for example.

**Tutus, D., Goldbeck, L., Pfeiffer, E., Sachser, C., & Plener, P. L. (2019). Parental dysfunctional posttraumatic cognitions in trauma-focused cognitive behavioral therapy for children and adolescents. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(7), 722–731. <https://doi-org.proxy181.nclive.org/10.1037/tra0000419>**

The focus of this research was on the parents of the children who are receiving TF-CBT and whether this type of therapy makes a difference in posttraumatic conditions (PTCs) in the participating parents. The researchers suggest that "including parents in the trauma-focused cognitive-behavioral therapy, delivered to their child, might help them change their own dysfunctional thoughts and beliefs about their child's traumatic experience" (Tutus, et al., 2019, p. 722). The age of the children who were tested were between the



ages of 6 to 17. There was a total of 113 dyads of parents and children who were tested. They were assessed using the Clinician Administered PTSD Scale for Children and Adolescents. The participating children were exposed to at least one traumatic event beginning at age 3 or above. The results showed that the change in dysfunctional PTCs was higher in the parents of TF-CBT compared to the group in the waitlist condition. The researchers were able to determine from these results just how important TF-CBT can be for the parents in allowing them to change their own thoughts and beliefs about a child's experience. This will allow the parents to challenge their own thinking and that the parents should be included in TF-CBT when children of this age are being treated. Further research could be made to focus on the developmental stage of the child when determining the impact of the parent's involvement in TF-CBT. The significance of this research study lies in its unique perspective of the parents and how the involvement of the parents can help the children deal with trauma because the parents are willing to challenge their own thinking as well.

## **Conclusion**

At the beginning of this research paper, I questioned whether children who have experienced trauma at the early stages of their development are able to get better and live a healthy life. After reading this research articles, I was able to determine that TF-CBT is an effective type of therapy that can allow those who have experienced early-childhood trauma to experience less traumatic symptoms as well as a decreased level of depression, anxiety, behavioral and cognitive issues. I was also able to determine that cognitive behavioral therapy can have an impact on those who experienced early-childhood trauma as a child as well as an adult.

Through this research, I also was informed on just how much of an impact the caregivers' satisfaction, the alliance of the therapist and child, as well as the parents' behavior can have on the significance of treatment for TF-CBT in children. I also learned how effective this type of therapy can be on children of Zambia demonstrating an importance of including those who are less fortunate compared to children in the United States. This opened my eyes to the lack of mental health resources that are available in less fortunate countries and how they are forced to live a life filled with more trauma at an early age.

### **Potential Impact/Application of the Research for Future counseling Practice**

With further research I would like to focus more on adults who have experienced early-childhood trauma and whether it is harder for them to decrease their trauma symptoms compared to children who get treated. Existing and future research also has the impact to expand TF-CBT in children to other countries besides just the United States. Possibly even researching the impact that settings and culture has on the children who are being treated.

### **References**

- Ennis, N., Shorer, S., Shoval, Z. Y., Freedman, S., Monson, C. M., & Dekel, R. (2020). Treating posttraumatic stress disorder across cultures: A systematic review of cultural adaptations of trauma-focused cognitive behavioral therapies. *Journal of Clinical Psychology, 76*(4), 587–611. <https://doi-org.proxy181.nclive.org/10.1002/jclp.22909>
- Vanderzee, K. L., Sigel, B. A., Pemberton, J. R., & John, S. G. (2019). Treatments for Early Childhood Trauma: Decision Considerations for Clinicians. *Journal of Child & Adolescent Trauma, 12*(4), 515–528. <https://doi-org.proxy181.nclive.org/10.1007/s40653-018-0244-6>

