



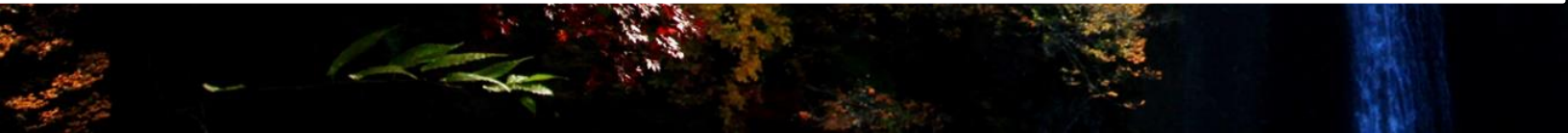
Red Leaf Psychology

Trauma-Focused Cognitive Behavioral Therapy Training
and Implementation

Red Leaf Psychology

2110 K Street, Suite 100

Sacramento, CA, 95816, USA



Thank you for your interest in the TF-CBT Training from Red Leaf Psychology! Red Leaf Psychology provides trauma and wellness-informed clinical services and evidenced based training and consultation.

Our clinical services include individual therapy, family therapy, trauma treatment, parent coaching, group therapy, and workshops, as well as a concierge psychology program that offers yearly well-child assessments and year-round consultation as needed.

We offer training for professionals in Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), Parent-Child CARE (PC-CARE), trauma-informed systems, compassion fatigue and other mental health and wellness services.

Our consultation services include supervision and individual or agency coaching on topics related to evidence-based assessment, conceptualization and treatment, parent coaching interventions, trauma treatment, high risk youth, child and teen development and staff wellness.



SECTION 1: BACKGROUND AND OVERVIEW

What is Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)?

TF-CBT is an evidence-based treatment for children and adolescents impacted by trauma developed by Esther Deblinger, Judith Cohen and Anthony Mannarino. It is a components-based treatment that integrates trauma-sensitive interventions with cognitive-behavioral strategies to reduce emotional and behavioral symptoms. The treatment addresses distorted beliefs and attributions related to trauma and provides a supportive environment in which children are provided the skills and support to address their traumatic experiences. TF-CBT also helps caregivers and other supportive adults, who are valued participants in the treatment, to support their children. The treatment is appropriate for children and adolescents who have experienced a range of traumatic experiences including sexual abuse, physical abuse, witness to violence, traumatic loss and separation, etc. as well as complex trauma history and symptoms. Other traumatic events may be exposure to parental substance abuse and/or mental illness, homelessness, medical traumas, or system-induced traumas.

Key components include psychoeducation about trauma, trauma symptoms, and associated developmental considerations; individualized stress management skills, emotional regulation skill including identifying and modulating feelings, cognitive coping skills including increasing helpful and accurate thought patterns, personal safety skills, and gradual exposure and processing of thoughts and emotions directly related to the traumatic event.

Who can participate in TF-CBT?

TF-CBT has been researched with youth between the ages of 3 – 18 and their families. Safe caregivers are actively involved in each step of the treatment model. In fact, a TF-CBT therapist spends equal time with the child and their caregivers to ensure the caregivers have support, guidance, and skills to transport the benefits of TF-CBT outside of therapy.

TF-CBT has been found to reduce parental depression, parental stress, and parental shame and guilt.

What if the child is in foster care or system-involved?

TF-CBT has been found to reduce trauma-related symptoms in youth who are involved in the child welfare system. All children in foster care have experienced a loss and separation from their biological family. In addition to loss, many children enter foster care because of exposure to a traumatic event. Youth in foster care can also experience trauma-related symptoms from system-induced traumas like frequent placement changes or abuse in foster care.

How long is TF-CBT?

TF-CBT can usually be completed within 12 – 30 sessions. The short term nature of the treatment allows for youth and their families to get back on the typical trajectory and engage in typical life events after exposure to a traumatic event.

TF-CBT can be offered as individual therapy or as a group therapy model. Group therapy is typically 12 – 16 sessions of group with 2 – 5 individual sessions to complete the trauma narration portion of treatment.

What diagnoses can TF-CBT treat?

The most common diagnosis of youth who participate in TF-CBT is Posttraumatic Stress Disorder. However, a youth does not have to meet full criteria for PTSD in order to benefit from TF-CBT. Youth who have subthreshold trauma symptoms or adjustments disorders following a traumatic event also demonstrate improvement. Additionally, TF-CBT has been found to be effective in reducing trauma-related depression, inappropriate shame and guilt, and other mental health symptoms.

Is TF-CBT culturally responsive?

TF-CBT has been researched and clinically utilized with clients and their families from various backgrounds. Below are some specific applications of TF-CBT:

- 1) Cultural Applications for Black/African American Clients (Metzger, Anderson, Are, & Richwood, 2021): This application of TF-CBT integrates racial socialization, preparation for bias, and strategies to heal interpersonal and racial trauma and oppression.
- 2) Culturally Modified TF-CBT for Children of Latino/a/x Descent (de Arellano, Danielson, & Felton, 2012): This application of TF-CBT integrates culture specific topics like spirituality, gender roles (machismo & marianismo), family (familismo), personalism (personalismo), respect (respeto) and others. This application can also be helpful when working with children who have immigrated or migrated with or without their family.
- 3) Honoring Children, Mending the Circle (Bigfoot & Schmidt, 2006): This application of TF-CBT supports American Indians and Alaskan Native children and their families and integrates a cultural view of wellbeing and is based on AI/AN worldviews such as all things are interconnected, all things have a spiritual nature, and existence is dynamic.
- 4) TF-CBT Applications for LGBTQIA+ Youth (Cohen, Mannarino, Wilson, & Zinny, 2018): This application includes trauma-responsive education and strategies for lesbian, gay, bisexual, transgender, queer/questioning, and gender diverse youth and their families. Special consideration is given to helping family members become more accepting of their youth's sexual and/or gender identity and finding support persons outside of the traditional family if needed.

These are just four examples of applications that contribute to TF-CBT's cultural responsiveness. Regardless of the background of the youth and family, TF-CBT should always incorporate a youth and family's culture while treating their trauma symptoms.

TF-CBT has been utilized extensively with youth who are underserved or un-served.

SECTION 2: TRAINING AND IMPLEMENTATION PLAN



Pre-Training Work

- Participants will enroll and complete the 10-hour webcourse [TFCBT-Web \(musc.edu\)](https://www.musc.edu) through the Medical University of South Carolina (MUSC). Fee is \$35.00 for course. 10 CEUs are provided
- Participants will purchase and read through the TF-CBT Training Manual "Treating Trauma and Traumatic Grief in Children and Adolescents, 2nd Edition (Cohen, Mannarino, & Deblinger, 2017)



Live Introductory TF-CBT Training

- 16-hours of live training either in person or via telehealth will be provided by a Nationally Certified TF-CBT Trainer and one additional trainer. The training will emphasize active learning and sharing among participants
- Objectives for the live training are the following:
 - Participants will review definitions and dynamics of trauma including neurobiological, psychological (affective and cognitive), and physiological reactions to trauma.
 - Participants will learn to assess and interpret trauma exposure and trauma-related symptoms using at least one standardized measure to measure treatment outcome.
 - Participants will utilize the PRACTICE components of TF-CBT through lecture, discussion, role plays, and activities.
 - Participants will identify and implement tools to manage compassion fatigue, vicarious trauma, and secondary traumatic stress while engaging in trauma work with youth and their families.



Consultation Calls

- A minimum of 12 hours of consultation calls will be provided over 6 – 8 months after the live training to continue to develop and refine clinical competencies related to effectively delivering TF-CBT. Resources and creative strategies will be shared with participants.
- Participants will be required to:
 - Attend at least 9 of the 12 consultation calls.
 - Carry 2 active TF-CBT cases throughout the duration of the calls.

- Complete 2 case presentations.
- Actively participate in case discussions.



Advanced TF-CBT Training

- Participants will attend at least 6 – 8 hours of live advanced training in TF-CBT approximately 6 – 8 months after introductory training.
- Advanced TF-CBT Training topics will be a collaborative decision amongst trainers, agency leadership, and participants/therapists. Some example advanced TF-CBT Training topics are:
 - Gradual Exposure and Trauma Processing – a full day training on creative strategies to implement the gradual exposure and trauma processing portion of TF-CBT.
 - Motivating Families to Engage in TF-CBT – a half or full day training on helping motivate reluctant and avoidant youth and/or caregivers to engage in the TF-CBT process using motivational interviewing strategies.
 - Effective TF-CBT Supervision – a half or full day training for clinicians who will be taking on a supervision role in TF-CBT
 - Multicultural Considerations in TF-CBT – a half day training focused on applications of TF-CBT for various populations such as LGTQBIA+, youth and families of various cultural backgrounds.
 - TF-CBT for Preschoolers – a half day training focused on TF-CBT applications for young children ages 3 – 6.
 - TF-CBT for Adolescents – a half day training focused on TF-CBT application for adolescents ages 13 – 18.



TF-CBT Nationally Certified Therapist Program

- Participants engaging in this training program will meet the training eligibility portions of the TF-CBT Nationally Certified Therapist Program including the introductory training and the consultation calls.
- Additional requirements to be completed by participants include:
 - Completion of three TF-CBT cases in which at least two of the cases had active caregiver involvement and all included pre-post treatment measures.
 - Pass the TF-CBT Knowledge Competency Exam
 - Pay associated application and exam fees to the National Certification Program

SECTION 3: THE TRAINERS AND THE RED LEAF TEAM



Dr. Brandi D. Liles

Dr. Brandi Liles is a licensed clinical psychologist and co-founder of Red Leaf Psychology Inc. She graduated with her PhD in clinical psychology from the University of Tulsa in Tulsa, Oklahoma in 2012. She completed her predoctoral internship at the UC Davis Children's Hospital Child and Adolescent Abuse, Resource, and Evaluation (CAARE) Center in 2013 and has been employed by the CAARE Center for the past decade.

Over the course of her career, Dr. Liles has developed an expertise in working with children, youth, young adults, and their families who have experienced trauma and maltreatment including commercial child sexual exploitation. She has worked extensively with socially, culturally, and economically diverse and disadvantaged children and families. In addition to providing evidence-based assessment and treatment to clients, she provides training and consultation for students, interns, community providers, and child welfare and juvenile justice system partners in a variety of topics related to trauma-responsive care.

Dr Liles has been a Nationally Certified Trauma-Focused Cognitive Behavioral Therapy Trainer since 2016 and is currently the only Certified Trainer in the Northern California area.



Dr. Brandi Hawk

Dr. Brandi Hawk is a licensed clinical psychologist and co-founder of Red Leaf Psychology Inc. She earned her Ph.D. in Clinical and Developmental Psychology from the University of Pittsburgh, where she studied the impact of institution-wide caregiver interventions on the development of young children reared in institutions in the Russian Federation. She is currently employed as a supervising psychologist by the UC Davis Children's Hospital CAARE Center.

Dr. Hawk's clinical work and research have focused on the intersection of childhood trauma and the parent-child relationship. She co-developed the evidence-based brief parenting intervention, Parent-Child Care (PC-CARE), and has trained providers and trainers around the world in PC-CARE and Parent-Child Interaction Therapy (PCIT). She has also conducted trainings on childhood trauma, children's mental health, interventions for children, parenting, and secondary traumatic stress both nationally and internationally. Clinically, Dr. Hawk has

developed an expertise in working with young children who have experienced trauma and disruptions in their parent-child relationships, particularly those in the child welfare system, as well as working with teens presenting with both chronic pain and trauma symptoms.

RED LEAF TEAM

During training you will work closely with your trainers, but because we work collaboratively, you may also receive support from the rest of the Red Leaf Team:



Shayla Allen, LMFT
Chief Compliance and Experience Officer



Deanna Boys, MA
Chief Marketing and Data Officer



Lindsay Armendariz, MS
Chief Knowledge and Training Officer

