

A Brief Note on Trauma Focusing on Cognitive Behavioral Therapy

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Description

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based psychotherapy or counseling aimed at children and adolescents suffering from Post-Traumatic Stress Disorder (PTSD) and other problems associated to traumatic life events.

The purpose of TF-CBT is to educate both the child and non-offending guardians before assisting them in identifying, coping with, and re-regulating maladaptive emotions, thoughts, and actions. TF-CBT has been shown to be effective in the treatment of childhood PTSD and in the treatment of children who have experienced or witnessed traumatic events, such as physical or sexual victimization, child maltreatment, domestic violence, community violence, accidents, natural disasters, and war, according to research. The Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is a treatment approach that integrates a number of trauma-sensitive therapeutic components. Its goal is to tailor TF-CBT procedures to the specific needs of children and their situations while establishing a therapeutic relationship with both the child and the parent. Children and adolescents who have suffered traumatic life events can benefit from TF-CBT treatment.

It's a 12 to 16 session programmer that combines trauma-informed therapies with cognitive behavioral therapy techniques. It can also be used as part of a larger therapy plan for children with a variety of problems. TF-CBT includes individual sessions for both the kid and the parents, as well as parent-child joint sessions.

Psycho-education regarding childhood trauma and individualizing relaxation skills are two major components of TF-CBT. There are three stages to the treatment (stabilization, trauma narration and processing, and integration and consolidation). Throughout these sessions, there are eight different components, which are designated by the term 'PRACTICE' seen below. Each phase will have 4-5 sessions led by the provider, with the PRACTICE components provided in order.

1. Parenting skills and psycho-education.
2. The effects of relaxation on expression and regulation.
3. Trauma cognitive coping *in vivo* narrative development and processing conjoint parent child sessions gradual exposure.
4. Improving safety and planning for the future.

Treatment Phases

Phase 1: Stabilization

Parenting skills and psycho-education: It is given, normalized, and validated information concerning trauma responses and reminders. Guardians are also taught skills for dealing with trauma reactions.

Relaxation: In order to cope with their stress responses, the children are trained relaxation practices.

Expression and regulation of affect: This component helps the child become more comfortable expressing his or her feelings and thoughts so that he or she can practice and acquire skills to manage their stress reaction. Cognitive Coping is a term used to describe the process of coping. This component assists both the child and the caregiver in identifying and replacing irrational cognitions, feelings, and behaviors with more accurate ones.

Phase 2: Trauma narration and processing

Development and processing of trauma narratives: This is an interactive process in which the youngster can discuss precise specifics about their trauma experience. A written summary is created using a creative medium as a means of processing these reactions. This information is then shared with the caregiver, who is given the opportunity to process these thoughts as well.

Phase 3: Integration and consolidation

This is the single optional component in TF-CBT. A risk hierarchical and methods for dealing with each fear are created by the caretaker and the child. The caretaker's role is crucial in this session because they must provide constant support and perseverance for the child to practice their relaxation and TF-CBT skills. Improving safety and planning for the future practical solutions for strengthening the child's sense of safety and trust are established.

Evaluation

TF-CBT has been demonstrated to be a successful treatment plan for a number of diseases in both children and adolescents in randomized clinical trials. In traumatized children, TF-CBT has been shown to improve symptoms of PTSD, sadness, anxiety, externalizing behaviors, sexualized behaviors, and feelings of

shame. Through improved parent-child communication, TF-CBT has been found to improve positive parenting skills and child support. A study that looked at the combined effect of TF-CBT and sertraline indicated that there were only minor benefits to adding sertraline to the treatment, indicating that TF-CBT should be tried first before medication.

While TF-CBT has been proven to be just as successful as Eye Movement Desensitization and Reprocessing (EMDR) in the treatment of persistent Post-Traumatic Stress Disorder (PTSD) in adults, the findings are tentative due to limited study numbers, high dropout rates, and a significant risk of experimenter bias.