TF-CBT Consultation Information

Participation in TF-CBT consultation conference calls is recommended after completion of the two-day Introductory TF-CBT training. The goals of consultation are two-fold. First, consultation provides therapists the opportunity to seek advice and feedback on the real-life application of the TF-CBT model with clients. This greatly advances therapist skill and experience beyond the didactic training. Secondly, consultation serves to enhance therapist fidelity to the TF-CBT model. By walking through the PRACTICE components applied to a case, therapists can gain ideas and suggestions on how to be flexible and creative in meeting an individual client’s needs, while staying true to the model.

Structure of Calls:

* 12 calls will be held, occurring twice per month for approximately 6-8 months (no calls held on holidays)
* Calls will be one hour
* Two therapists will be assigned as “Therapist of the Day” for each call and will present a case they are using TF-CBT. Each case will be staffed for ~20minutes.
* Each person will be Therapist of the Day approximately every two months; however, there is time available on calls to address questions on days you are not assigned as Therapist of the Day.

Requirements of Consultation:

* Each therapist must have an active TF-CBT case. Be in contact with your supervisor or whoever assigns cases at your agency to help ensure you have a case.
* Attend regularly and let us know if you will miss a call.
* Complete and send in the Case Info sheet (page 1 only) by the first call.
* Track your progress on the Case Tracking sheet (pages 2 & 3) and email to [carrie-venezia@ouhsc.edu](mailto:carrie-venezia@ouhsc.edu) a day prior to the calls when you are assigned to be Therapist of the Day.
* Upon completing a case, email a finalized tracking sheet to [carrie-venezia@ouhsc.edu](mailto:carrie-venezia@ouhsc.edu) and she will provide your consultation certificate.

Getting the Most Out of Consultation:

* Identify more than one case to begin TF-CBT. This saves you from scrambling if a client drops out of treatment.
* Administer the UCLA within the first few sessions and bring results onto the call with you. Re-administer UCLA at mid-tx and end of treatment.
* Plan to share the trauma narrative on the call. This is the newest skill in TF-CBT for most therapists and thus, the most helpful to get feedback on.
* Share your knowledge and skills with others on the call! We appreciate a group discussion and hearing of new creative ways to apply TF-CBT with clients.
* We know it can be anxiety inducing to staff your case ☺ Keep in mind our goal is to be supportive as you develop new skills. Feel welcome to share both successes and challenges in your case!

Guidelines for Staffing a TF-CBT Case

Below is information that will be helpful to consider and provide when you are assigned as the Therapist of the Day.

* Provide a **brief description of your client**. The Case Information Sheet (pg1) can be used to guide this. Please include:
* Age and Gender
* Current caregivers
* Trauma history
* Presenting problem and diagnoses
* Findings of intake assessment (UCLA scores if available)
* Any other relevant case information
* Describe your **progress in TF-CBT** thus far, including how many sessions have been held. For each component in the TF-CBT model, discuss the activities you have attempted with the client/family and how they have responded. Below are things to consider for various components.

The “PRAC” skills (Psychoeducation, Parenting, Relaxation, Affect Management, Cognitive Coping) and Enhancing Safety

* What activities were used to teach this component?
* How engaged was client and how supportive were caregivers?
* What home activity was assigned?
* Have you seen improvements in child’s skill/understanding?

Trauma Narrative and Cognitive Processing

* Preparation for exposure (e.g., timeline or fear hierarchy)
* Format and structure (book chapters or other)
* Managing distress (measuring SUDS & planned relaxation, grounding)

Conjoint Sessions

* Expectations for caregiver involvement
* Preparation of caregiver
* Agreement with client on plan for sharing
* Activities in conjoint session
* Share with us any specific questions or concerns you would like to spend time discussing on the call.