

## 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 *ahead of time*.
- Complete and send in the Case Info sheet for each of your identified cases by the first call.
- Track your progress through the model on our new online system. A survey is sent weekly from [oktf-cbt@ouhsc.edu](mailto:oktf-cbt@ouhsc.edu) with a survey link unique to you. You will also notice in this email that you have been assigned a random alphanumeric 'tag.' This will help maintain your privacy when the information you submit through the survey is published on our public website that is updated weekly:  
<http://shiny.ouhsc.edu/TfcbtPublic/Shiny/TherapistProgress/>.
- Upon completing a case and the accompanying surveys, email Carrie 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. Email [oktf-cbt@ouhsc.edu](mailto:oktf-cbt@ouhsc.edu) once you have a 2<sup>nd</sup> case so she can initiate surveys.
- Administer the CATS within the first few sessions and bring results onto the call with you. Re-administer the CATS 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!

\* Please send all questions and documents regarding consultation to [oktf-cbt@ouhsc.edu](mailto:oktf-cbt@ouhsc.edu)

## 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 can be used to guide this. Please include:
  - Age and Gender
  - Current caregivers
  - Trauma history
  - Presenting problem and diagnoses
  - Findings of intake assessment (CATS 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
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- ❖ Share with us any specific questions or concerns you would like to spend time discussing on the call.