Trauma-focused CBT reduces anxiety and post-traumatic stress disorder in children exposed to intimate partner violence

**QUESTION**

**Question:** How effective is a trauma-focused cognitive-behavioural therapy (TF-CBT) programme for children with post-traumatic stress disorder (PTSD) related to intimate partner violence (IPV)?

**Patients:** 124 children aged 7–14 years old with mental health symptoms identified through self-referrals to a women’s community centre and shelter. Children in this age group were eligible if they had at least five IPV-related PTSD symptoms and were English-speaking with an English-speaking mother (if she was the direct IPV victim). **Exclusions:** developmental disorder, living in an IPV shelter or if the participant or parent had serious symptoms of psychosis.

**Setting:** A women’s community centre and shelter in Pittsburgh, Pennsylvania, USA; recruitment September 2004 to June 2009.

**Intervention:** TF-CBT was delivered to mothers and children over eight 45 min sessions; some sessions were delivered separately to the mother and child, and some to both together. Sessions included psychoeducation, relaxation and stress management techniques, cognitive coping techniques, addressing maladaptive thoughts related to the child’s experience of IPV and sharing of these experiences with the mother during joint sessions (adapted from a 12-week programme). Participants in the control arm received usual care.

**Outcomes:** Primary outcome: child total PTSD symptoms, assessed on two scales: (1) Kiddie Schedule for Affective Disorders and Schizophrenia, Present and Lifetime Version (K-SADS-PL) and (2) DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition) PTSD symptoms. Secondary outcomes: child scores on a number of cognitive and mental health scales including K-SADS-PL, the Screen for Child Anxiety Related to Emotional Disorders (SCARED), the Children’s Depression Inventory, the Child Behaviour Checklist and the Kaufman Brief Intelligence Test.

**Patient follow-up:** 75 children completed treatment (60.5%). Follow-up data were not available for those who dropped out. Intention-to-treat (ITT) analysis based on last observation carried forward (LOCF) for those who did not complete treatment.

**METHODS**

**Design:** Randomised controlled trial.

**Allocation:** Concealed.

**Blinding:** Single blind (assessors).

**Follow-up period:** Unspecified; participants were assessed for symptoms pretreatment and post-treatment.

**MAIN RESULTS**

Children in the TF-CBT arm demonstrated greater improvement in K-SADS-PL total scores compared with usual care (mean difference (MD) in score improvement 1.63, 95% CI 0.44 to 2.82). Children in the TF-CBT arm had greater improvements in the SCARED score (MD 5.13, 95% CI 1.31 to 8.96) and the PTSD Reaction Index (MD 5.5, 95% CI 1.37 to 9.63). Small significant improvements were also found in the K-SADS-PL avoidance score and hyperarousal scores. Significantly more children receiving TF-CBT went into remission as determined by K-SADS-PL PTSD score compared with control (75% vs 44%; χ²=4.67, p=0.03). The direction of effect was similar when only completers were analysed.

**CONCLUSIONS**

An 8-week programme of TF-CBT reduces symptoms associated with PTSD in children exposed to IPV, assessed across a range of scores.

**ABSTRACTED FROM**


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