NCTSN The National Child Traumatic Stress Network

# Combined TF-CBT and SSRI Treatment

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| **Treatment Description** | • **Acronym (abbreviation) for intervention:** Combined TF-CBT + SSRI<br>• **Average length/number of sessions:**<br>• **Aspects of culture or group experiences that are addressed** *(e.g., faith/spiritual component, or addresses transportation barriers):*<br>• **Trauma type** *(primary):* Sexual abuse, community violence, and multiple traumas.<br>• **Trauma type** *(secondary):*<br>• **Additional descriptors** *(not included above):* This treatment combines TF-CBT with SSRI (Selective Serotonin Reuptake Inhibitors) treatments for youth with PTSD (with or without co morbid psychiatric conditions) |
| **Target Population** | • **Age range:** *(lower limit)* to *(upper limit)* 10-18 years<br>• **Gender:** ☐ Males ☒ Females ☐ Both<br>• **Ethnic/Racial Group** *(include acculturation level/ immigration/refugee history--e.g., multinational sample of Latinos, recent immigrant Cambodians, multigenerational African Americans):* Multiracial.<br>• **Other cultural characteristics** *(e.g., SES, religion)* :<br>• **Language(s):**<br>• **Region** (.e.g., rural, urban)**:**<br>• **Other characteristics** (not included above): |
| **Essential Components** | • **Theoretical basis:**<br>• **Key components:** TF-CBT combined with introduction, titration, and management of SSRI medication by a psychiatrist (current study is evaluating Sertraline titrated to a maximum of 200 mg/day as clinically indicated and tolerated. |
| **Clinical & Anecdotal Evidence** | • **Are you aware of any suggestion/evidence that this treatment may be harmful?** ☐Yes ☒No ☐ Uncertain<br>• **Extent to which cultural issues have been described in writings about this intervention** *(scale of 1-5 where 1=not at all to 5=all the time).*<br>• **This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group.** ☐Yes ☐No<br>• **Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)?** ☐Yes ☐No<br>**If YES, please include citation:**<br>• **Has this intervention been presented at scientific meetings?** ☐Yes ☐No<br>**If YES, please include citation:**<br>• **Are there any general writings which describe the components of the intervention or how to administer it?** ☒Yes ☐No<br>**If YES, please include citation:**<br>• **Has the intervention been replicated anywhere?** ☐Yes ☒No<br>**Other countries?** *(please list)*<br>• **Other clinical and/or anecdotal evidence** (not included above)**:** No increased occurrence of suicidal thoughts or actions in this small study. Recruitment was severely curtailed following the August 2003 FDA warning about increased |

suicidality.

**Research Evidence**

| | | Number of Participants | Sample Breakdown | Citation |
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| **Published Case Studies** | ☐Yes ☐No | N = | By gender:<br>By ethnicity:<br><br>By other cultural factors: | |
| **Pilot Trials/ Feasibility Trials (w/o control groups)** | ☐Yes ☐No | N = | By gender:<br>By ethnicity:<br><br>By other cultural factors: | |
| **Clinical Trials (w/ control groups)** | ☐Yes ☐No | N = | By gender:<br>By ethnicity:<br><br>By other cultural factors: | |
| **Randomized Control Trials** | ☒Yes ☐No | N = | By gender:<br>By ethnicity:<br><br>By other cultural factors: | Compared TF-CBT+Placebo to TF-CBT+Sertraline in 10-17 year olds with sexual abuse-related PTSD. |
| **Studies describing modifications** | ☐Yes ☐No | N = | By gender:<br>By ethnicity:<br><br>By other cultural factors: | |
| **Other research evidence** | ☒Yes ☐No | N = | By gender:<br>By ethnicity: X<br>By other cultural factors: | Compared TF-CBT+Placebo to TF-CBT + Sertraline in 10-17 year old Caucasian and African American children with sexual abuse-related PTSD |

**Outcomes**

- **What assessments or measures are used as part of the intervention or for research purposes, if any?**
- **If research studies have been conducted, what were the outcomes?** Double blind RCT comparing TF-CBT+Placebo to TF-CBT+Sertraline in 10-17 year olds with sexual abuse-related PTSD. The findings show a significant benefit was found for adding sertraline to TF-CBT for better remission of PTSD symptoms. Also, analyses looking at the effect of race/ethnicity for children in this study indicated that for Caucasian children, regardless of getting Placebo or Sertraline, the TF-CBT worked. Conversely, African-American children showed no improvements in both the Placebo and Sertraline groups even though all of our previous studies have shown that TF-CBT alone works for African-

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| | Americans. |
| Implementation Requirements and Readiness | • **Space, materials or equipment requirements?**<br>• **Supervision requirements (e.g., review of taped sessions)?**<br>• **In order for successful implementation, support should be obtained from:** |
| Training Materials & Requirements | • **List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.**<br>• **How/where is training obtained?** Participants must complete one day for TF-CBT plus ongoing consultation; 2 hours for medication management (in trained child & adolescent psychiatrist). Completed trainings: approximately 20 for pharmacological intervention.<br>• **What is the cost of training?**<br>• **Are intervention materials (handouts) available in other languages?**<br>☐Yes ☐No<br>**If YES, what languages?**<br>• **Other training materials &/or requirement** (not included above): |
| Pros & Cons/ Qualitative Impressions | • **What are the pros of this intervention over others for this specific group (e.g., addresses stigma re. treatment, addresses transportation barriers)?**<br>• **What are the cons of this intervention over others for this specific group (e.g., length of treatment, difficult to get reimbursement)?:** Further research must be conducted and interventions may need to be adjusted for African-American children based on recent analyses indicating that AA children show no improvements with TF-CBT+SSRI; however DO seem to respond to TF-CBT alone.<br>• **Other qualitative impressions:** |
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