

EFFICACY OF A LONG-TERM TRAUMA FOCUSED CBT IN PTSD, MAJOR DEPRESSION AND ANXIETY DISORDERS IN VICTIMS OF TERRORISM

A pilot study

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This article briefly examines the preliminary results of a pilot study about the efficacy of trauma-focused cognitive-behavioral therapy (TF-CBT) with an exposure component in victims of terrorist attacks with a longstanding history (> 5 years after terrorist attacks) of posttraumatic stress disorder (PTSD), anxiety, or depressive disorders. Thus, it aims to augment the limited scientific knowledge on the efficacy of treatments in this particular population.

127 direct and indirect victims of terrorist attacks committed in Spain, an average of 18.20 years ago, that presented separately or concurrently post-traumatic stress disorder (PTSD, 52%), major depressive disorder (MDD, 42.5%), and other anxiety disorders (75.8%) were randomized into either a 16 session CBT (cognitive behavioral therapy) focused in trauma (treatment group), or a 16 weeks waiting list (control group). The trauma-focused CBT was based in the prolonged exposure protocol of Foa and Rothbaum (1998) with specific techniques for mood disorders, and anxiety disorders, highlighting psychoeducation about posttraumatic reactions, cognitive restructuring and adding some other motivational strategies, emotional regulation and narrative therapy. Of the 63 people who were assigned to the experimental group, 25 (39.7 %) rejected the therapy and 9 (23.7 %) dropped out once it started.

People in the treatment group who finished the treatment ($n = 23$) had significantly lower average scores in post-traumatic (PCL), depressive (BDI-II) and anxiety (BAI) symptomatology than those obtained in pre-treatment, and none of them presented PTSD nor MDD post-treatment. These results were significantly better than those of the control group. The pre/post effect size was large (d PCL = 1.69; d BDI-II = 1.25; d BAI = 1.31), and the effect sizes across groups were large and medium (d PCL = 0.78, d BDI-II = 0.64, d BAI = 0.83).

The results of this study, similar to those of other previous efficacy studies, suggest that this trauma-focused CBT, adapted for victims of terrorism who suffer from PTSD or anxiety or depression disorders many years after the terrorist attacks, is effective. Although it is recommended to improve motivation techniques, and to investigate with larger sample sizes, with specific analysis of the components of treatment, with reliability

and adherence to protocol analysis and according to different groups of victims and risk factors, the results of this thesis strongly support the idea that cognitive-behavioral therapy focused on trauma should be the preferred treatment for victims of terrorism with PTSD, MDD or other anxiety disorders, even when they are comorbid and chronic.



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