

## Posttraumatic Stress Disorder

### Review 1

Benish, S. G., Imel, Z. E., & Wampold, B. E. (2008). The relative efficacy of bona fide psychotherapies for treating post-traumatic stress disorder: A meta-analysis of direct comparisons. *Clinical Psychology Review*, 28(5), 746–758. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/18055080>.

<b>Objectives</b>	Assess the effectiveness of psychotherapies for posttraumatic stress disorder (PTSD) while controlling for potential confounds in previous meta-analyses by including only bona fide psychotherapies, avoiding the categorization of psychotherapy treatments, and including only direct comparison studies.
<b>Studies Included</b>	Fifteen U.S. and international studies of bona fide psychotherapies published from 1989 to 2005
<b>Participants in the Studies</b>	Adults meeting the DSM-III or DSM-IV diagnostic criteria for PTSD who were randomly assigned to a bona fide psychotherapy for PTSD treatment
<b>Settings</b>	Settings were not reported for all the studies.
<b>Outcomes</b>	PTSD symptomology; psychological functioning
<b>Limitations of the Studies</b>	Small number of studies and small effect sizes

### Results

The effectiveness of bona fide therapies in the treatment of PTSD was examined. Bona fide psychotherapies were defined as therapies delivered by a trained therapist that included an interaction in which the patient developed a relationship with the therapist, the treatment was tailored to the patient, and the treatment satisfied two of the following four criteria: (1) a citation to an established psychological approach was made, (2) a description of the therapy was provided and based on psychological principles, (3) a manual of the treatment was available and used to guide treatment, and (4) active ingredients of treatments were named and citations for these ingredients were provided in the article. Component, dismantling, or parametric studies that varied the presence or amount of one particular technique, psychotherapy, or intervention were excluded. There was no evidence to suggest outcome differences between bona fide psychotherapies in the treatment for PTSD. These results suggest no one particular therapy is superior to another and suggest factors common to all bona fide therapies might be responsible for the therapy benefits.