Posttraumatic Stress Disorder

Review 12

Kowalik, J., Weller, J., Venter, J., & Drachman, D. (2011). Cognitive behavioral therapy for the treatment of pediatric posttraumatic stress disorder: A review and meta-analysis. *Journal of Behavior Therapy and Experimental Psychiatry, 42(3)*, 405–413. PubMed abstract available at http://www.ncbi.nlm.nih.gov/pubmed/21458405.

Objectives	Examine the effectiveness of cognitive behavioral therapy (CBT) in the treatment of pediatric posttraumatic stress disorder (PTSD) as measured by outcome data on the Child Behavior Checklist (CBCL).
Studies Included	Eight U.S. and international studies published from 1996 to 2005
Participants in the Studies	Sexually abused children (preschool to age 17) and their caretakers
Settings	Settings were not reported for all the studies.
Outcomes	Four indices from the CBCL were used as a marker for PTSD symptoms: total problems (TP), internalizing (INT), externalizing (EXT), and total competence (TCOMP).
Limitations of the Studies	Methodological inconsistencies across studies and lack of a randomized control group design yielded a limited number of studies for meta-analysis; small sample sizes; variance in the type and fidelity of CBT used; variances in participant characteristics, severity of symptoms, therapist sophistication/training, and number of sessions/length of treatment; differences in dropout rates; small number of studies; publication bias

Results

CBT was compared to active control groups (i.e., supportive psychotherapy, nondirective supportive treatment, child-centered therapy). Pre- and postintervention assessments indicated strong evidence that CBT is effective in the treatment of child PTSD. Specifically, CBT interventions improved scores on three of the four outcome measures of the CBCL relative to the control groups: the TP, INT, and EXT indices, but not on the TCOMP index. Statistical analyses indicate the results regarding the EXT and TCOMP should be interpreted with caution owing to publication bias and the small number of studies included. However, CBT may better address internalizing symptoms such as depression and anxiety than externalizing symptoms such as aggression and/or rule breaking.