

Posttraumatic Stress Disorder

Review 13

Nickerson, A., Bryant, R. A., Silove, D., & Steel, Z. (2011). A critical review of psychological treatments of posttraumatic stress disorder in refugees. *Clinical Psychology Review*, 31(3), 399–417. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21112681>.

Objectives	Investigate the efficacy of trauma-focused therapy and multimodal interventions in treating refugees with posttraumatic stress disorder (PTSD).
Studies Included	Nineteen U.S. and international studies published from 1990 to 2010
Participants in the Studies	Adult refugees from various countries including Sudan, Rwanda, Somalia, Turkey, the Balkans, Africa, Romania, Cambodia, Vietnam, Bosnia, and former Yugoslavia
Settings	Some of the reported settings were outpatient clinics, torture and trauma clinics, university-based clinics, inpatient settings, community mental health service settings
Outcomes	Reduction in PTSD symptoms, depression, anxiety, pain, panic symptoms, emotion regulation ability, general distress, social support, severity of psychological distress, quality of life
Limitations of the Studies	Designs without control conditions or nonequivalent control conditions do not allow nonspecific factors to be excluded as the primary therapeutic mechanisms; trauma-focused interventions varied in content and extent to which various components were applied; absence of treatment fidelity checks complicates the clarification of the specific treatment components that are effective; level of pretreatment pathology, chronicity, and disability may mediate the size of treatment effects; small sample size; absence of posttreatment or long-term follow-up assessments; lack of blind assessment; restrictive inclusion criteria limit generalizability; lack of clear delineation of treatment components; incomplete data

Results

All studies comparing trauma-focused therapy with a control condition reported a significant reduction in symptoms of PTSD following trauma-focused therapy. In some studies, trauma-focused therapy was also associated with a greater reduction in other symptoms (such as depression, anxiety, or physical health symptoms) than the control group. For studies not involving a control condition, trauma-focused treatments were associated with significant decreases in PTSD symptoms and significant decreases in the levels of depressive symptoms.

There have been no randomized controlled trials evaluating multimodal interventions (operationalized as including psychological interventions that occur alongside other treatment components, such as medical, psychosocial, or resettlement assistance), and the emerging research has failed to find substantial reductions in symptomatology following extended treatment. Overall, preliminary evidence suggests that trauma-focused approaches may have some efficacy in reducing PTSD symptoms in refugees, but limitations in the methodologies of studies caution against drawing definitive inferences.