

Posttraumatic Stress Disorder

Review 16

Ponniah, K., & Hollon, S. D. (2009). Empirically supported psychological treatments for adult acute stress disorder and posttraumatic stress disorder: A review. *Depression and Anxiety, 26*(12), 1086–109. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/19957280>.

Objectives	Assess which psychological treatments are empirically supported for acute stress disorder (ASD) and posttraumatic stress disorder (PTSD).
Studies Included	Fifty-seven U.S. and international studies (55 relating to the treatment of PTSD and 2 relating to the treatment of ASD) published from 1989 to 2008
Participants in the Studies	Adults with a primary diagnosis of PTSD or ASD, including combat veterans, earthquake victims, former political detainees, survivors of assault or abuse, refugees, and mixed trauma; persons affected by terrorism, police officers, road traffic accident victims
Settings	Settings were not reported for all the studies.
Outcomes	PTSD or ASD symptoms
Limitations of the Studies	Small sample size in the eye movement desensitization and reprocessing (EMDR) and relaxation training study; conclusions were not drawn about the efficacy of particular psychological treatments for PTSD related to specific trauma types owing to the inability to generalize treatment for all trauma types; methodological limitations of group cognitive behavioral therapy (CBT) studies and insufficient evidence of efficacy with regard to supportive counseling; two different clinicians provided interventions with EMDR, which could have affected results; particular interventions that are effective with specific populations may not be effective with other populations; because not all therapies have been applied to all types of trauma, one runs the risk of making errors of omission

Results

Trauma-focused cognitive behavioral therapy (TF-CBT) involving exposure and/or cognitive restructuring for PTSD had the most support as an efficacious treatment. Possibly efficacious treatments include EMDR, stress management involving stress inoculation training for PTSD, other psychological treatments (i.e., hypnotherapy, interpersonal psychotherapy, psychodynamic therapy), and TF-CBT for ASD involving exposure. TF-CBT, involving exposure alone or in combination with cognitive restructuring, was found to be more efficacious than wait list and supportive counseling in preventing PTSD. Overall, TF-CBT and to a lesser extent EMDR are the

psychological treatments of choice for PTSD, but further research of these and other therapies with different populations is needed.