

## Posttraumatic Stress Disorder

### Review 2

Bisson, J. I., Ehlers, A., Matthews, R., Pilling, S., Richards, D., & Turner, S. (2007). Psychological treatments for chronic post-traumatic stress disorder. Systematic review and meta-analysis. *British Journal of Psychiatry*, 190, 97–104. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/17267924>.

<b>Objectives</b>	Using a meta-analysis, examine the effectiveness of specific psychological treatments for chronic posttraumatic stress disorder (PTSD).
<b>Studies Included</b>	Thirty-eight U.S. and international studies of PTSD psychotherapies published from 1989 to 2005
<b>Participants in the Studies</b>	Males and females aged 16 or older with PTSD symptoms for at least 3 months following a traumatic event, including Vietnam veterans
<b>Settings</b>	Settings were not reported for all the studies.
<b>Outcomes</b>	Retention of PTSD symptoms and clinician- and self-rated severity of PTSD symptoms; anxiety symptoms, depression symptoms, and withdrawal rate
<b>Limitations of the Studies</b>	Comparisons were difficult because of variations in study design quality (e.g., some treatment occurred in several of the wait-list/control conditions, not all trials within the same group used identical interventions); no blind assignment; considerable clinical diversity within the studies; small sample sizes; withdrawal rate of up to 30 percent in some studies suggesting the active treatment was not acceptable to some patients.

### Results

This systematic review examined the following therapies in the treatment of PTSD symptoms (presence and severity), anxiety, and depression: trauma-focused-cognitive behavioral therapy (TF-CBT), eye movement desensitization and reprocessing (EMDR), stress management, other therapies (e.g., supportive/nondirective therapy, psychodynamic therapy, hypnotherapy), and group cognitive behavioral therapy (CBT). Results indicated—

- Participants in TF-CBT and EMDR conditions demonstrated better results on the severity of PTSD outcomes than participants in wait-list/control conditions.
- Vietnam veterans-only studies yielded less evidence favoring TF-CBT and EMDR over wait-list/control conditions in reducing PTSD symptoms.
- Female-only studies demonstrated a better response to TF-CBT than mixed-gender and male-only studies, while the positive effects of EMDR found in female-only studies were similar to those found in other EMDR studies.

- Stress management therapy was more effective than wait-list/control conditions on the presence and severity of (clinician-rated) PTSD symptoms.
- “Other therapies” (i.e., supportive/nondirective therapy, psychodynamic therapy, hypnotherapy) were the least effective of all treatments.