

Posttraumatic Stress Disorder

Review 22

Silverman, W. K., Ortiz, C. D., & Viswesvaran, C., Burns, B. J., Kolko, D. J., Putnam, F. W., Amaya-Jackson, L.Z (2008). Evidence-based psychosocial treatments for children and adolescents exposed to traumatic events. *Journal of Clinical Child & Adolescent Psychology*, 37(1), 156–183. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/18444057>.

Objectives	Examine psychosocial treatments for children and adolescents who have been exposed to traumatic events.
Studies Included	Twenty-one U.S .and international studies published from 1996 to 2007
Participants in the Studies	Children and adolescents (birth to 17 years) who have been exposed to traumatic events, including violence, sexual abuse, physical abuse/neglect, marital violence, motor-vehicle accidents, or natural disaster
Settings	Some of the reported settings were community and hospital.
Outcomes	Posttraumatic stress, posttraumatic stress symptoms (PTSS), depressive symptoms, anxiety symptoms, externalizing and internalizing behavior problems
Limitations of the Studies	Small sample size; lack of specific details of how treatment materials were adapted to some treatment samples, including minority groups, making replication difficult; lack of follow-up data, or brief time intervals between end of treatment and follow-up impacts generalization of findings over time; generalizability of results across measures is also affected by the wide array of outcome measures used; low effect size findings may be reflective of variability in clinical severity across studies or other factors; lack of analysis of treatment; noncompleters may lead to a more inflated effect on outcomes; lack of formal checks on treatment integrity or whether experimental and comparison treatments were delivered in a standardized fashion may make the key ingredients of therapeutic change difficult to isolate; small number of studies; most of the studies that compared two active treatments did not have sufficient power to detect a small or medium effect size; the studies lacked detailed explanations regarding how they adapted/modified their treatment program to ensure the treatment was sensitively attuned to the cultural context of the minority group as well as more attractive to that group than nonculturally attuned treatments

Results

On average, the treatments examined had a positive, though modest, effect on posttraumatic stress disorder, PTSS, depression symptoms, and externalizing behavior symptoms, with minimal effect on anxiety symptoms. The treatment effects were generally similar on PTSS and depression, whether compared to active controls or wait-list controls.

There were several moderating influences that affected the effectiveness of treatment for these outcomes; specifically—

- Type of treatment: cognitive behavioral therapy (CBT) was more effective than non-CBT interventions, whether compared to wait-list or active control conditions, with the exception of CBT having a much larger effect on externalizing behavior problems than wait-list as compared to active-control conditions.
- Type of trauma (i.e., sexual abuse versus other types of trauma): Sexual abuse treatments had a greater effect on PTSS than treatments for other types of trauma; the impact of sexual abuse treatments on depressive symptoms was smaller than PTSS but still greater than treatment for other types of trauma; and sexual abuse treatments were less effective than treatment for other types of trauma on externalizing behaviors.
- Parent involvement in the child's treatment (i.e., child-parent studies versus child only): Parents included in the child's treatment appeared to enhance effects for reducing symptoms of anxiety and depression but did not seem to enhance the effects for decreasing PTSS and externalizing behavior problems; however, when compared against active controls, child-parent treatments had about the same or smaller effect on PTSS, depression, anxiety, and externalizing behavior problems than child-only treatments.

Overall, results for four outcomes (posttraumatic stress, depressive symptoms, anxiety symptoms, externalizing behavior problems) across all treatments compared to wait-list control and active control conditions combined reveal that, on average, treatments had positive though modest effects for all four outcomes.