

Posttraumatic Stress Disorder

Review 26

Wethington, H. R., Hahn, R. A., Fuqua-Whitley, D. S., Sipe, T. A., Crosby, A. E., Johnson, R. L.,... Task Force on Community Preventive Services. (2008). The effectiveness of interventions to reduce psychological harm from traumatic events among children and adolescents: A systematic review. *American Journal of Preventative Medicine*, 35(3), 287–313. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/18692745>.

Objectives	Evaluate common interventions used to reduce psychological harm among children and adolescents exposed to traumatic events.
Studies Included	Thirty-four U.S. and international studies published from 1988 to 2006
Participants in the Studies	Youth, aged 21 or younger, exposed to individual/mass, intentional/unintentional, or manmade/natural traumatic events; studies were conducted in high-income countries, as defined by the World Bank
Settings	Settings were not reported for all the studies.
Outcomes	Posttraumatic stress disorder (PTSD) symptoms, reduction of psychological harm (depression, anxiety, PTSD, externalizing and internalizing symptoms, suicidal ideation, substance abuse)
Limitations of the Studies	Some studies excluded children who were too disruptive, had severe mental health problems, or were seriously suicidal, making applicability to those populations unknown; play therapy studies did not report use of a manual or assessment of fidelity, potentially allowing for uncontrolled, confounding factors playing a role in effects of treatment; longer-term outcomes in pharmacologic therapy were not assessed; the studies were conducted in high-income countries, so the results may not be applicable to populations from low-income countries; information is not consistently reported; difficult to determine if the programs were implemented with fidelity; small number of studies; classification and comparison rest on numerous assumptions about what was sufficiently "the same" and "different," not only for the interventions themselves but also for the settings in which they were carried out, the outcomes assessed, and the methods of study; missing information made it difficult to determine whether what is described as the program is what was intended or what was actually implemented.

Results

Individual cognitive behavioral therapy (CBT) interventions had a higher reduction in the rate of psychological harm (e.g., depression, anxiety, PTSD, externalizing and internalizing symptoms, suicidal ideation, substance abuse) than comparison groups. These effects were greatest when compared to groups receiving either no treatment or wait-list groups. The effects of individual CBT appeared larger for people who reported types of trauma other than sexual abuse. Group CBT interventions were also associated with decreases in psychological harm, with greatest effects for group CBT in comparison with untreated control groups; some studies reported psychological benefits to the parents themselves, prevention of academic decline, and improvement in parent-child relationships. The evidence suggests CBT is effective for reducing PTSD symptoms associated with different types of trauma and with children who have experienced more than one form of trauma. However, there was insufficient evidence to determine the effectiveness of psychodynamic therapy, play therapy, art therapy, pharmacotherapy, and psychological debriefing in reducing psychological harm to these populations. Overall, individual and group CBT can decrease psychological harm among symptomatic children and adolescents exposed to trauma.