

Posttraumatic Stress Disorder

Review 7

Powers, M. B., Halpern, J. M., Ferenschak, M. P., Gillihan, S. J., & Foa, E. B. (2010). A meta-analytic review of prolonged exposure for posttraumatic stress disorder. *Clinical Psychology Review, 30(6)*, 635–641. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/20546985>.

Objectives	Estimate the overall efficacy of prolonged exposure (PE) for posttraumatic stress disorder (PTSD) relative to adequate controls.
Studies Included	Thirteen U.S. and international studies from 1991 to 2007
Participants in the Studies	Adolescents and adults who met full DSM criteria for PTSD diagnosis
Settings	Settings were not reported for all the studies.
Outcomes	Severity of PTSD symptoms was the primary outcome and general subjective distress measures (e.g., depression, anxiety) were the secondary outcomes.
Limitations of the Studies	Insufficient numbers of eligible studies comparing PE with cognitive processing therapy, eye movement desensitization and reprocessing (EMDR), or stress inoculation therapy (SIT) to obtain a stable estimate of the effect sizes; many of the studies did not include follow-up assessment, making it unclear whether posttreatment gains were maintained over time; the analysis did not compare the effectiveness of PE to pharmacotherapy for PTSD; several of the studies were carried out by the same research group, so the findings were similar, but not significantly different from other researchers

Results

The average participant receiving PE did better than most of the control participants at posttreatment and follow-up for severity of PTSD symptoms, anxiety symptoms, and depression symptoms. The effect size of PE compared to the wait-list control was significantly larger than the overall effect size of PE compared to psychological placebo (i.e., supportive counseling, relaxation, present-centered therapy, time-limited psychodynamic therapy, and treatment as usual).

Overall, the authors conclude that PE is a very effective form of treatment for PTSD and significantly more effective than wait-list controls and psychological placebos (i.e., supportive counseling, relaxation, present-centered therapy, time-limited psychodynamic therapy, and treatment as usual). However, there were no significant differences between PE and the other active treatment conditions (cognitive behavioral therapy, EMDR, cognitive therapy, and SIT).