

Posttraumatic Stress Disorder

Review 9

Bradley, R., Greene, J., Russ, E., Dutra, L., & Westen, D. (2005). A multidimensional meta-analysis of psychotherapy for PTSD. *American Journal of Psychiatry*, 162(2), 214–227. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/15677582>.

Objectives	Examine the effectiveness of psychotherapy for posttraumatic stress disorder (PTSD).
Studies Included	Twenty-six U.S. and international studies published from 1980 to 2003
Participants in the Studies	Adults diagnosed with PTSD from assault, motor-vehicle accident, childhood sexual abuse, childhood physical abuse, combat, adult sexual assault, adult physical assault, police work, crime, mixed trauma
Settings	PTSD symptoms, sustained efficacy
Outcomes	Settings were not reported for all the studies.
Limitations of the Studies	Exclusion criteria and failure to address polysymptomatic presentations make generalizability to the population of PTSD patients difficult; lack of follow-up data beyond brief intervals; pre- versus posttreatment comparisons can confound treatment effects with the passage of time and other variables that are unrelated to the specific treatment; small number of studies

Results

The following therapies were examined in the treatment of PTSD symptoms: exposure therapy, cognitive behavioral therapy, eye movement desensitization and reprocessing, a combination of these treatments. Across all treatments, more than half of the patients no longer met criteria for PTSD after receiving treatment; however, the data do not support differential efficacy within the range of treatments examined. The majority of follow-up studies did not assess sustained efficacy greater than 6 months after treatment; however, at follow-up, 62 percent of patients fell below diagnostic thresholds for PTSD, and 32 percent met investigator criteria for improvement. The extent to which these effects are maintained beyond 6–12 months is unknown.

Although few studies made the distinction between types of trauma experienced or reported complete trauma history, preliminary findings regarding moderator variables indicated that the type of trauma was a significant predictor of pre- versus posttreatment effect size such that the combat group showed the least change, followed by the mixed group, and then the assault group.