



# Meta-analysis of psychological treatments for posttraumatic stress disorder in adult survivors of childhood abuse



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## HIGHLIGHTS

- Treatment of PTSD is efficacious in survivors of child abuse.
- Trauma-focused treatments show higher effect sizes than non-trauma-focused ones.
- Individual treatments show higher effect sizes than pure group treatments.
- More research is needed using rigorous methodology.

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## ABSTRACT

Posttraumatic stress disorder (PTSD) is highly prevalent in adult survivors of childhood sexual and/or physical abuse. However, intervention studies focusing on this group of patients are underrepresented in earlier meta-analyses on the efficacy of PTSD treatments. The current meta-analysis exclusively focused on studies evaluating the efficacy of psychological interventions for PTSD in adult survivors of childhood abuse. Sixteen randomized controlled trials meeting inclusion criteria could be identified that were subdivided into trauma-focused cognitive behavior therapy (CBT), non-trauma-focused CBT, eye movement desensitization and reprocessing, and other treatments (interpersonal, emotion-focused). Results showed that psychological interventions are efficacious for PTSD in adult survivors of childhood abuse, with an aggregated uncontrolled effect size of  $g = 1.24$  (pre- vs. post-treatment), and aggregated controlled effect sizes of  $g = 0.72$  (post-treatment, comparison to waitlist control conditions) and  $g = 0.50$  (post-treatment, comparison with TAU/placebo control conditions), respectively. Effect sizes remained stable at follow-up. As the heterogeneity between studies was large, we examined the influence of two a priori specified moderator variables on treatment efficacy. Results showed that trauma-focused treatments were more efficacious than non-trauma-focused interventions, and that treatments including individual sessions yielded larger effect sizes than pure group treatments. As a whole, the findings are in line with earlier meta-analyses showing that the best effects can be achieved with individual trauma-focused treatments.

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## 1. Introduction

### 1.1. Treatment of PTSD in adult survivors of childhood abuse

Posttraumatic stress disorder (PTSD) is highly prevalent in adult survivors of childhood physical and/or sexual abuse<sup>1</sup> (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Ullman & Brecklin, 2002). In addition, individuals with PTSD following childhood abuse are a large subgroup of patients attending mental health services in general as well as specialist services for PTSD (Farley & Patsalides, 2001; Zayfert et al., 2005). The question how PTSD can best be treated in this specific group of trauma survivors is therefore of great clinical interest.

However, a definite answer to this question is complicated by the fact that individuals suffering from PTSD following childhood abuse have traditionally been underrepresented in PTSD treatment outcome research (Spinazzola, Blaustein, & van der Kolk, 2005). Consequently, existing meta-analyses on the efficacy of treatments for PTSD are mainly based on studies including survivors of adult-onset trauma. For example, in a frequently cited meta-analysis by Bisson et al. (2007), 27 (71%) out of 38 randomized controlled trials (RCTs) included exclusively focused on survivors of adult-onset trauma, whereby only three studies (8%) focused on adult survivors of childhood-onset trauma (mixed adult/childhood onset:  $n = 5$ , 13%; unclear:  $n = 3$ , 8%). There is currently no consensus in the literature whether evidence-based interventions originally developed for PTSD following adult-onset trauma are also applicable to adult survivors of child-onset trauma, or whether interventions specifically tailored for this group are necessary (Cloitre et al., 2011; van Minnen, Harned, Zoellner, & Mills, 2012). The current study therefore aimed to conduct the first meta-analysis focusing specifically on the efficacy of PTSD treatments in adult survivors of childhood sexual and/or physical abuse.

Results of a recent meta-analysis showed that PTSD symptom severity was successfully reduced by psychological interventions offered to adult survivors of childhood sexual abuse (uncontrolled pre vs. post

effect size:  $g = 0.72$ ; controlled effect size:  $g = 0.77$ ) (Taylor & Harvey, 2010). However, in this earlier study results were collapsed across highly heterogeneous samples that were mostly not selected based on PTSD symptomatology. In addition, the findings were collapsed across very different types of treatments, the majority of which did not have PTSD as their main treatment focus. Although this earlier meta-analysis therefore provides indirect evidence showing that PTSD symptomatology in adult survivors of childhood trauma can in principle be modified by psychological treatment, it does not provide valid estimates of the magnitude of treatment effects for PTSD in this group in general nor does it examine the relative efficacy of different types of PTSD treatments. The current meta-analysis directly addresses these two key issues.

### 1.2. Is PTSD following childhood abuse special?

Investigating the efficacy of PTSD treatments in a particular group of trauma survivors, in this case adult survivors of childhood abuse, only appears warranted if this particular population differs from other PTSD sufferers in important aspects. There is extensive evidence that survivors of childhood abuse tend to show high levels of symptom complexity beyond PTSD, including emotion regulation difficulties, interpersonal problems, impulsive and/or self-destructive behavior, high levels of dissociation, substance-related problems, or somatic symptoms (Briere, Kaltman, & Green, 2008; Cloitre et al., 2009; Cloitre, Garvert, Brewin, Bryant, & Maercker, 2013). Although most researchers agree on this basic finding, the jury is still out on the question whether this symptom complexity also requires a different treatment approach (Cloitre et al., 2011; van Minnen et al., 2012). In the literature, a key controversy concerns the question whether trauma-focused treatments are appropriate for PTSD sufferers with high levels of symptom complexity.

### 1.3. Are trauma-focused treatments appropriate for adult survivors of childhood abuse?

According to recent meta-analyses on the efficacy of treatments for PTSD in general, the best evidence currently exists for trauma-focused

<sup>1</sup> In the remainder of this article, the term *childhood abuse* will be used to indicate physical and/or sexual abuse in childhood.

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