

META-ANALYSIS OF CHILD PSYCHOLOGICAL TRAUMA TREATMENTS FOR CO-OCCURRING DISRUPTIVE BEHAVIOR PROBLEMS

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Background: Disruptive behavior disorders are strongly associated with greater exposure to potentially traumatic events (McLaughlin et al., 2013) and increased odds of comorbid posttraumatic stress disorder (PTSD; Nock et al., 2006; 2007). At the population level, approximately 15% of the individuals who meet diagnostic criteria for conduct disorder have a comorbid PTSD diagnosis (Afifi et al., 2011). Despite this, little is known about whether treatments for youth exposed to traumatic events can effectively reduce co-occurring disruptive behaviors such as aggression, oppositionality, rule-breaking, and destructive behavior. Prior reviews and meta-analyses examining behavior problems as an outcome excluded a large proportion of the empirical research on trauma-informed psychological treatment.

Materials/Methods: The current study replicated and expanded the results of a recent, comprehensive meta-analysis of psychological treatments for trauma-affected youth (Gutermann et al., 2016). Studies of psychological treatments for childhood trauma were included in the analysis if they reported measures of both posttraumatic stress symptoms and disruptive behavior as outcomes. Main effects of treatment on posttraumatic stress and disruptive behavior problems were examined. Both methodological and demographic moderators of these effects were also examined.

Results: Forty-three studies met inclusion criteria. Fewer studies had samples of youth with clinically-elevated scores on established disruptive behavior problem measures. Effect sizes for trauma-focused treatments on externalizing problems ranged from near-zero to large. However, the results from waitlist- and actively-controlled trials suggest that the impact of trauma-focused treatments on co-occurring behavioral problems were small, after considering the impact of waiting and the nonspecific aspects of therapy.

Conclusions: These results suggest that trauma-focused treatments do not substantially reduce co-occurring behavior problems among trauma-affected youth. Given that few studies employed samples of youth with clinically-elevated behavioral problems, further research is needed to determine whether existing trauma-focused treatments can be adapted for youth with trauma-related symptoms and comorbid disruptive behaviors such as aggression. Interventions combining essential practice elements for both trauma- and disruptive behavior-focused treatments may be warranted.