Early Interventions Do Not Prevent PTSD

BY KERRI WACHTER

Multiple-session early psychological interventions are no better at reducing posttraumatic stress disorder symptoms than no intervention at all and might even increase symptoms in some individuals, a review of 11 randomized, controlled studies showed.

"There was no evidence that a multiple session intervention aimed at everyone following a traumatic event was effective. There was a trend that just failed to reach significance for no intervention to result in less self-reported PTSD symptoms at 3- to 6-month follow-up than a multiple session intervention," wrote Neil P. Roberts, D.Clin.Psy., of the Traumatic Stress Service at Cardiff and Vale National Health Services (Wales), and his coauthors.

The results were published online in the Cochrane Database of Systemic Reviews (doi:10.1002/14651858.CD006869.pub2).

The researchers conducted searches of computerized databases (MEDLINE, Clin Psych, PsychLIT, EMBASE, and others) using key words such as trauma, PTSD, and early intervention.

The researchers also performed hand searches of the Journal of Traumatic Stress, the Journal of Consulting and Clinical Psychology, and reference lists. They also contacted key individuals in the field.

Any randomized, controlled trial was eligible for the review. The researchers focused on multiple-session early psychologic interventions intended to prevent symptoms of traumatic stress that were initiated within 3 months of the event.

Potential intervention categories included cognitive-behavioral therapy (CBT), trauma-focused CBT, trauma-focused group CBT, non–trauma-focused group CBT, stress management/relaxation, eye movement desensitization and reprocessing, other psychological interventions, education, provision of information, stepped care, and interventions aimed at enhancing positive coping skills and improving overall well-being.

'There is little evidence to support the use of psychological intervention for routine use following traumatic events' and some interventions 'may have an adverse effect.'

The researchers limited studies to those that compared a psychological intervention versus a waiting list/usual care control or psychological intervention versus another psychological intervention.

The primary outcome was the rate of PTSD among those subjected to trauma, as measured by a standard classification system.

Commonly used PTSD measures include the Impact of Event Scale and the Post-traumatic Diagnostic Scale.

The final review included 11 studies, involving 914 participants. Nine studies (775 participants)—two conducted in the United States, two in Australia, two in Sweden, and one each in Canada, France, and the Netherlands—provided data for the final analysis.

Traumatic events experienced by the participants included traffic accidents, armed robbery/violence, traumatic childbirth, physical trauma, diagnosis of childhood cancer, and a range of other civilian traumatic experiences.

The studies evaluated individual counseling, interpersonal counseling, adapted debriefing, CBT, counseling/collaborative care, and integrated CBT/family therapy.

The average number of sessions attended by those who completed therapy was six.

The study findings "suggest that at this time there is little evidence to support the use of psychological intervention for routine use following traumatic events and that some multiple-session interventions … may have an adverse effect on some individuals," the researchers wrote. ■