

Posttraumatic Stress Disorder

Review 17

Roberts, N. P., Kitchiner, N. J., Kenardy, J., & Bisson, J. I. (2009). Systematic review and meta-analysis of multiple-session early interventions following traumatic events. *The American Journal of Psychiatry*, 166(3), 293–301. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/19188285>.

Objectives	Examine the efficacy of multiple-session psychological interventions to prevent and treat traumatic stress symptoms beginning within 3 months of a traumatic event.
Studies Included	Twenty-five U.S. and international studies from 1993 to 2008
Participants in the Studies	Adults who experienced traumatic events, including assaulted bus drivers, those with physical injury from civilian trauma, outpatient victims of motor-vehicle accidents, outpatients following industrial accidents or nonsexual assault, outpatients with mild traumatic brain injury, outpatient victims of civilian trauma
Settings	Settings were not reported for all the studies.
Outcomes	Posttraumatic stress disorder (PTSD) or acute stress disorder (ASD) symptoms
Limitations of the Studies	Not all studies described methods of allocation to group, which could yield biased results; small sample sizes; not all studies used adequate concealment procedures or adequate blinding of the assessor of outcome measures; variability in design quality; variability or lack of reporting on assessor training, reliability checks of assessors, treatment fidelity checks, whether follow-up extended beyond 6 months, reasons for loss to follow-up/absence of tolerability assessment, or whether there were any side effects; the impact of inadvertent intervention by virtue of contact through symptom monitoring in the wait-list groups was not evaluated; limited number of studies; heterogeneity complicates interpretations; tolerability assessment is missing and is a key shortcoming

Results

There was no evidence that a multiple-session intervention (any specified nonpharmaceutical intervention aimed at preventing the onset of PTSD offered by one or more health professionals or lay persons, with contact between therapist and participant on at least two occasions) aimed at everyone, irrespective of their symptoms, following a traumatic event was effective. Trauma-focused cognitive behavioral therapy (TF-CBT) was significantly better than wait list or usual care at reducing traumatic stress symptoms in individuals who were symptomatic at entry into the study, but the magnitude of effect varied. The magnitude was largest for

individuals who were diagnosed with ASD or acute PTSD. Evidence of the benefits of TF-CBT for symptomatic individuals who did not meet full diagnostic criteria for these conditions was weak. Moreover, multiple-session interventions, like single-session interventions, may have an adverse effect on some individuals.