

Evidence Update

Mental Health Series

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Does brief psychological debriefing help manage psychological distress after trauma and prevent post traumatic stress disorder?

There is no evidence that single session individual psychological debriefing prevents post traumatic stress disorder after traumatic events.

Inclusion criteria

Studies:

Randomized or quasi-randomized trials.

Participants:

People aged 16 and over, exposed to a traumatic event no more than four weeks prior to the intervention.

Intervention:

Any single session psychological intervention that involves some recollection of the trauma and subsequent emotional reactions.

Outcomes:

Rates of post-traumatic stress disorder (PTSD); general psychological and psychiatric morbidity; depression; anxiety; dropout from treatment; general functioning.

Results

- Fifteen trials met the inclusion criteria; six trials had adequate allocation concealment.
- No difference was shown in PTSD between those counselled and those not at one year of follow up in one trial (n=105); in a second trial, PTSD was worse in the counselled group (Peto odds ratio 2.51, 95% confidence interval 1.24 to 5.09; 1 trial, 105 participants).
- No difference in severity was demonstrated in one small trial with follow up to three years.
- No difference in depression was seen in early follow up, but it was more common in the intervention group after six months (standardised mean score difference 0.33, 95% CI 0.09 to 0.58; 3 trials, 265 participants).
- No difference in general psychiatric morbidity and general function was demonstrated in one trial (n=106).
- One trial comparing immediate (< 10 hours) with delayed (> 48 hours) counselling suggests early intervention is associated with better outcomes (weighted mean difference -26.16, 95% CI -30.59 to -21.73; 1 trial, 77 participants).

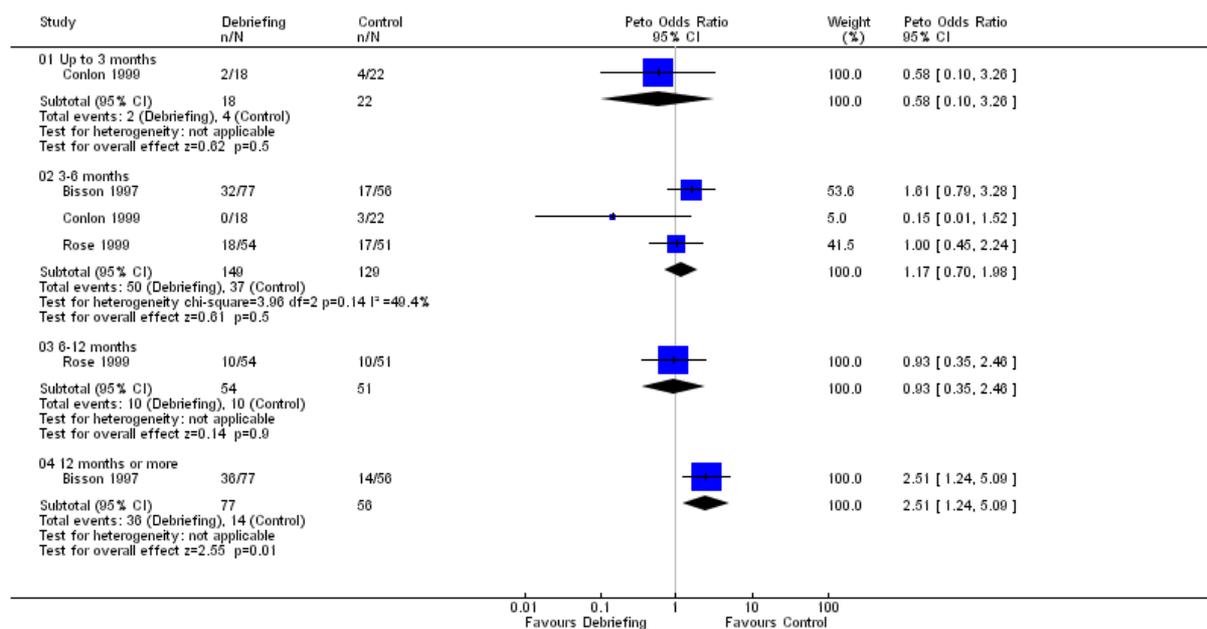


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Psychological debriefing versus control: people with post-traumatic stress disorder diagnosed at follow up



Authors' conclusions

Implications for practice:

There is no evidence of benefit of single session individual debriefing, and some evidence of possible harm. The practice of compulsory debriefing following trauma should cease pending further evidence.

Implications for research:

Large, well-designed trials are needed to evaluate the effects of psychological debriefing in emergency workers, children, and those with existing psychiatric conditions. Future trials should also evaluate the effects of group debriefing and debriefing after mass disasters. Trials should ensure that potential harms, as well as benefits, are assessed and reported.