



Title Psychosocial Interventions after Crises and Accidents

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Aim

To evaluate the preventive effects of psychosocial interventions delivered within I year following accidents and crises on trauma-related psychological disorders, functional impairments, and behavior problems.

Conclusions and results

We included 10 systematic reviews, 29 randomized controlled trials (RCTs) and 10 nonrandomized effect evaluations. The systematic reviews and the nonrandomized studies were accounted for only, while we performed more thorough analyses of the RCTs.

The 29 RCTs were published in 34 different articles. Interventions were:

- Psychological debriefing (PD) delivered in 1 or 2 sessions less than 3 weeks after trauma (7 studies)
- Other I- or 2-session interventions, such as information, practical assistance and memory structuring therapy (4 studies)
- Cognitive behavior therapy (CBT) delivered in 4 to 14 sessions less than 6 months after trauma (9 studies)
- Other multiple-session interventions, such as group interventions, counseling programs and individual support (4 studies)
- Pharmacological interventions (2 studies)
- Interventions for traumatized children (3 studies)

Meta-analyses showed no effect from PD compared to no intervention. The outcomes were posttraumatic stress disorder (PTSD), posttraumatic stress symptoms, anxiety, and depression after 3 to 6 months and 1 to 3 years.

Meta-analyses also showed that CBT was effective, both in comparison with no intervention and with other interventions. Relative risk for a PTSD diagnosis for CBT versus other interventions was 0.54 after 3 to 6 months, 0.38 after 9 months, and 0.25 after 3 to 4 years.

Conclusions:

- Cognitive behavior therapy for 4 weeks or more may prevent trauma-related psychological disorders.
- There is no evidence of preventive effects of psychological debriefing.
- There is not sufficient research evidence on other types of interventions to draw conclusions about effects.

Methods

We searched international scientific databases, selected studies according to preset criteria, appraised the methodological quality using checklists, and summarized the results narratively, in tables, and in meta-analyses.