
GUIDELINE 3

Early Cognitive- Behavioral Interventions for Adults

Description

In the past decade, a number of randomized controlled trials (RCTs) have examined the efficacy of cognitive-behavioral therapy (CBT) to prevent the development of PTSD in the weeks and months following a traumatic event. Use of CBT to target PTSD in the early intervention context mirrors the techniques found to have efficacy with chronic PTSD in tertiary care. The published trials employed a family of CBT strategies, including psychoeducation, stress management skills training, cognitive therapy, and exposure therapy. The interventions were collaborative and experiential, and utilized homework and *in vivo* application of strategies learned in face-to-face therapy.

General Strength of the Evidence

Capitalizing on natural recovery trajectories, open and uncontrolled trials are considerably less revealing than RCTs; accordingly, only evidence from Level A RCTs was considered. With the exception of indices of effect size, the trials are not easily compared because they differ in terms of gender of the subjects, nature of the index trauma targeted, procedural variations (e.g., number of sessions, differing assessments), and specific CBT techniques employed. Nevertheless, as trauma types and contexts vary, practitioners need to know whether CBT is effective as an early intervention for the challenges their patients face. Accordingly, the reviewed CBT trials were categorized according to the types of trauma survivors (and subject gender) studied.

Mixed-Gender Motor Vehicle and Industrial Accidents

Four Level A RCTs targeting motor vehicle and industrial accident survivors were evaluated. CBT was robustly more effective in reducing PTSD symptom burden and in preventing chronic PTSD relative to supportive counseling, repeated assessments, and self-help booklets.

Mixed-Gender Accidents and Nonsexual Assaults

Treatment outcome was strong in the five Level A RCTs of men and women who experienced an accident or nonsexual assault. In some of the studies, CBT was found to be superior to supportive counseling in reducing PTSD symptoms and in preventing PTSD, although attrition rate was greater for the CBT arms. In some studies, CBT robustly reduced avoidance behaviors, yet there was little impact on other PTSD symptoms. In a trial of individuals with physical injury, CBT conferred little advantage compared to standard hospital care.

Female-Only Sexual and Nonsexual Assault Trials

CBT appears to hasten recovery in female assault survivors compared to supportive care, but supportive care also leads to marked improvement over time. In one of the best-designed studies to date, CBT did not provide any lasting advantage relative to an assessment-only condition. Trials that include assault survivors may have less positive results because adaptation to interpersonal violence, especially sexual violence, appears to be more complicated and multifaceted.

Course of Treatment

Early-intervention CBT ranges from five to 12 weekly sessions, 60–90 minutes in length.

Recommendations

CBT is recommended as an early intervention for survivors of relatively discrete accidents who endorse significant, enduring posttraumatic difficulties in the aftermath of trauma. It is more difficult to draw definitive recommendations from studies that include both physical and sexual assault survivors because the efficacy data from these are less compelling at this time. In the early aftermath of trauma (days and weeks), treatment with CBT should only be provided to sexual assault and nonsexual assault survivors following a period of sustained monitoring and support. For some assault and accident

survivors, such a policy could readily be part of a treatment plan. One added benefit of routine monitoring within the first weeks is that it can also trigger self-referral to formal CBT, if symptoms or impairment are sufficiently severe. During a monitoring phase, assault survivors might be prepared for CBT treatments to enhance readiness and motivation for care.

Summary

Evidence for the efficacy of CBT in preventing chronic PTSD is unequivocally strong (Level A) among discrete trauma survivors (motor vehicle and industrial accidents), and is less clear-cut for traumatic events that involve interpersonal violence, such as sexual and nonsexual assault. The field needs more studies of the efficacy of a standardized CBT as an early intervention following trauma exposure, employing a standardized number of sessions, as well as comparable process and outcome measures. Clinical trials that target groups at high risk for trauma exposure, namely, emergency services personnel, first responders, and military combatants, would also be especially welcome.

Suggested Readings

- Bryant, R. A., & Harvey, A. G. (2000). *Acute stress disorder: A handbook of theory, assessment, and treatment*. Washington, DC: American Psychological Association.
- Litz, B. T. (Ed.). (2004). *Early intervention for trauma and traumatic loss*. New York: Guilford Press.