

# Should we debrief and counsel people who have had psychological shock?

**Trial:** Hobbs M, Mayou R, Harrison B, Worlock P. A randomised controlled trial of psychological debriefing for victims of road traffic accidents. *BMJ* 1996; 313: 1438–1439.

Mayou R, Ehlers A, Hobbs M. Psychological debriefing for victims of road traffic: three year follow-up of a randomised controlled trial. *Br J Psychiatry* 2000; 176: 589–593.

## Question

How effective is psychological debriefing for people subject to unpleasant psychological shock?

## Trial details

**Design:** Randomised controlled trial of psychological debriefing.

**Setting:** A British teaching hospital (the Radcliffe Hospital, Oxford).

**Patients:** 66 men and 40 women, aged 17–69 years, admitted to hospital after a motor vehicle accident. Most had been the driver of a car. Median admission duration was four days for the 52 control patients and eight days for the 54 who underwent the intervention.

**Interventions:** A debriefing of about one hour on Day 2 of admission, encouraging patients to describe the accident and express their emotions, followed by a cognitive appraisal which included describing common reactions to traumatic experiences and suggesting a range of people who might be able to assist in the future, including the patient's general practitioner. 91 patients were assessed at four months and 61 were assessed at three years. Control patients had no debriefing or counselling.

**Main outcome measures:** Impact of Event Scale (IES, which focuses on intrusive thoughts and avoidance of similar situations to the event); Brief Symptom Inventory (BSI, a measure of 53 symptoms); and other questions related to physical pain and functional activities.

**Main results:** At four months there was still considerable psychological morbidity among the patients who were followed up. There was a significant difference ( $P < 0.05$ ) in changes of IES between the 42 who received the intervention, in whom it increased from 15 (standard deviation [SD], 15) to 16 (SD, 15), and the 49 controls, in whom it fell from 15 (SD, 12) to 13 (SD, 14). Similarly, two subscales of the BSI score changed significantly between the intervention group, among whom it deteriorated from 0.5 (SD, 0.5) to 0.6 (SD, 0.8), and the controls, in whom it hardly changed from 0.4 (SD, 0.3) to 0.4 (SD, 0.4). Among the 61 patients followed for three years, the 30 randomised to receive the intervention were significantly worse, by self-report, both psychologically and physically. Their mean IES score deteriorated from a baseline of 15 (SD, 14) to 16 (SD, 18). In comparison, scores for the 31 control patients improved from 16 (SD, 12) to 13 (SD, 17). The difference in change was significant ( $P < 0.05$ ). Among all patients with high initial scores, these decreased among the controls but not among those receiving the intervention.

**Conclusion:** Psychological counselling should only be used in the context of trials rather than routine care.

## Commentary

### Rationale for the trial

Victims of psychological shock are vulnerable for many years after the incident to a cluster of symptoms (including intrusive thoughts, avoidance symptoms, functional prob-

lems extending to social problems, and pain and other physical symptoms), commonly called “post-traumatic stress” disorder. The response of society has been to try to deflect this.<sup>1</sup> For example, after the Port Arthur tragedy, teams of counsellors were flown to the scene and made available for those who wanted to talk through the horrors of the incident. The trial under consideration was a clever way of testing such debriefing for people subject to a sudden, unexpected event in which some were physically hurt.

### Trial methods

The methods appear to have been well constructed. However, despite random allocation by random number tables, the patients in the intervention group were worse affected (nearly double the hospital stay and higher IES scores). Presumably, this happened by chance, but it might explain some of the result. Also, the rate of follow-up at four months was higher among control patients (49 out of 52) than intervention patients (42 of 54), although both follow-up rates were equally poor at three years. It is reassuring that the different measures of severity were the same for those followed up and those not.

### New information

The results are compelling. There was a very strong suggestion that the sort of counselling we expect should be effective was actually harmful. It might be that we have some sort of mechanism (“denial”, or a method of dismissing disturbing memories from our minds) that protects us from further psychological effects that interfere with normal living.

Moreover, this finding is supported by evidence from another trial in which women who had had operative childbirth were debriefed to defer postnatal depression. This intervention also failed to be effective, with a trend in the direction of causing more harm than good.<sup>2</sup>



### Implications for clinical practice

This trial's findings challenge an assumed and conventional approach to protecting people against post-traumatic stress disorder. It may be another case of the empirical informing the psychopathological process.

We should reconsider the impulse to assist people who have undergone an unpleasant psychological event by counselling them and getting them to talk about it and relive the event. It may be harmful. Could it be that the unfashionable British “stiff upper lip” is the better approach after all?

We should provide such psychological counselling only in the context of trials rather than routine care.

The stroke of genius here was that the authors thought to challenge an intervention whose benefits seemed self-evident. From this we learn that we must continue to do so with many other interventions whose benefits we take for granted.

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## References

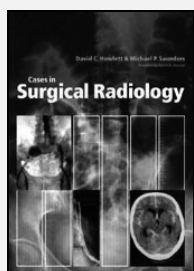
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## book reviews

### Surgical snapshots



Cases in surgical radiology. David C Howlett and Michael P Saunders. Oxford: Blackwell Science, 2001 (ix + 220 pp, \$88). ISBN 0 632 05822 6.

THE PRESENTATION OF radiological images is an excellent method for teaching all aspects of medicine to students and advanced trainees. It provides an introduction to the condition under examination and acts as a springboard

for further discussion. *Cases in surgical radiology* is a published version of this commonly utilised teaching technique. It is set out as a series of tutorials constructed by nine consultant radiologists from Eastbourne, Guy's and St Thomas's hospitals in the United Kingdom and Vancouver General Hospital in Canada. Each "tute" consists of 12 diverse surgical cases, including radiographs, computed tomography (CT), ultrasound, contrast studies, occasional magnetic resonance imaging (MRI) and nuclear medicine scans, and is set out as a brief clinical history and accompanying radiological study. The reader is asked a series of questions based on these studies. Image interpretation is provided on the following page, together with further imaging and a clinical perspective such as differential diagnosis. Follow-up reading on the subject is facilitated by the inclusion of a literature or textbook reference.

The book works and is fun. The format is simple and concise, and this pocket-size, soft-cover book is easy to whip out and read when a spare moment arises. It is not a comprehensive text for the on-call surgical or radiology registrar, although it does have a reasonable index allowing for review of a specific pathological condition. My only complaints are that the contributors have delved a little too deeply into their teaching files, producing one or two cases that are quite esoteric, and that photographic reproduction, especially for the abdominal radiographs, is not always optimal.

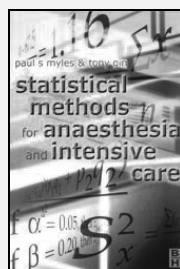
I have no hesitation in recommending this book for a medical library catering to students or surgical trainees. Given that it is reasonably cheap, it would also be a good buy for individuals. In summary the concept is excellent,

the format well executed and the cases instructive. It is a useful resource for the teaching of surgery through the interpretation of radiological studies.

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### Statistical gem



Statistical methods for anaesthesia and intensive care. Paul Myles and Tony Gin. Oxford: Butterworth-Heinemann, 2000 (viii + 152 pp, \$68.75). ISBN 0 7506 4065 0.

FOR SOME TIME I have pondered on how a statistician chooses one method of analysis over another for a research project. One time it's the Student's *t* test and the next it's ANOVA. Words such as *parametric* and *non-parametric* have always sounded quite "scientific", but had no real meaning in my limited understanding of research methods. This book has changed all that. I can now recite definitions for confidence intervals, relative risks and odds ratios, but, more importantly, I can make more sense of the research I am trying to use to improve health outcomes for my patients.

Thirteen clear and concise chapters demystify how medical research data are described and analysed. Simple, worked examples illustrate the principles elegantly and effortlessly. Just a couple of hours will have you well on the way to understanding statistical methods used in health research. No longer will you have to say to yourself "I should know that" — you will "know that". This would be a good book to consider using for Continuing Medical Education, Maintenance of Professional Standards and for all doctors in training.

Why keep this little gem just for the intensivist and anaesthetist? It's fantastic!

**Sue Inglis**

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