



POST-TRAUMATIC STRESS DISORDER Factsheet

August 2021

Can PTSD be prevented?

Early intervention models suggest psychological interventions given to any individual exposed to a traumatic event may prevent the onset of trauma-related symptoms and a diagnosis of PTSD. Cognitive behavioural therapy (CBT) is one of the most common psychological treatments that are effective for the treatment of PTSD. CBT challenges distorted, negative thinking patterns associated with the trauma to help people develop more adaptive cognitions and behaviours, and to rethink assumptions and reactions to the event. Exposure therapies are also frequently recommended for treatment. These aim to desensitise people to trauma-related memories and to help people overcome symptoms by exposing them to specific or non-specific cues or memories related to the trauma. Eye movement desensitisation and reprocessing (EMDR) may also be effective. EMDR involves the patient focussing on a disturbing image, memory, emotion, or cognition associated with the trauma while the therapist initiates rapid voluntary eye movements. This is based on the observation that the intensity of traumatic memories can be reduced through eye movements, although the underlying mechanisms remain unclear. Other therapies include narrative therapy, which can be used to help people reconstruct a consistent narrative about the trauma. Psychoeducation may help normalise stress reactions. Psychodynamic therapy can help people process the trauma emotionally and gain a better understanding of their responses to it. Supportive therapy involves counsellors giving support, listening, and helping people talk over their problems, while family therapy focusses on improving family communication and functioning.

What is the evidence on effectiveness of therapies for prevention of PTSD?

Moderate quality evidence found a medium-sized reduction in rates of PTSD diagnosis, and more improvement in PTSD symptoms, for up to one month following psychological therapy (mostly CBT) in children and adolescents exposed to trauma when compared to usual care. However, these effects were not significant over the longer term. Direct comparisons between interventions showed no differences in rates of PTSD diagnosis in children receiving CBT, EMDR, or supportive therapy, although CBT was better than EMDR, play therapy, and supportive therapy for PTSD symptom improvement.

There was a small reduction in PTSD diagnoses in adults exposed to trauma by 3-6 months following multiple-session, early psychological interventions compared to usual care. However, there were no differences immediately post-treatment or at 7-12 months after treatment. There were also no differences in PTSD symptom severity, depression, anxiety, or quality of life. Authors report a high risk of bias in the included trials.

For more information see the technical table



NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about PTSD and its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at neura.edu.au/donate