

### **Early Intervention for Trauma and Traumatic Loss**

Brett T. Litz (ed.). New York: The Guilford Press ([www.guilford.com](http://www.guilford.com)). 2004, 338 pp., \$40.00 (hardcover).

On all too many days, the rationale for the Litz volume is as near as the news headlines. In the aftermath of traumas large and small, survivors, their families, and communities face the tasks of psychological coping and recovery. Individuals and families consider a wide array of personal and professional resources as they attempt to deal with their bereavement and grief. A large and diverse population of mental health providers with varying areas of expertise and competence work to provide the counseling and preventative services they believe will be most effective in the immediate aftermath of trauma and disaster. Clinicians and researchers continue with their ongoing efforts to develop those prevention programs and interventions that will be most useful in the days ahead. All the while, policymakers face decisions of how best to allocate limited mental health resources: what services should be provided, to whom, by whom, when, and how?

In this rigorous and timely book, Litz has compiled a work of three coherent parts. Part I consists of a useful theoretical and empirical grounding in what is known of both the correlates and course of acute stress disorder, posttraumatic stress disorder, and complicated grief. In his chapter on acute stress disorder, Richard Bryant sets forth a compelling critique of the diagnosis, and issues a call for new focus on developing a replacement that will be more useful in identifying those most likely to suffer from long-term trauma-related psychopathology. Daniel W. King, Dawne S. Vogt, and Lynda A. King then usefully summarize extant literature on the various personal, event-related, and contextual features that can serve as risk and protective factors in determining which trauma survivors do – and do not – go on to develop PTSD. At the same time, they provide an especially useful summary of methodological and statistical considerations for those seeking to conduct future research on the etiology, correlates, and eventual course of trauma-related pathologies. Part I concludes with a chapter by Matt J. Gray, Holly G. Prigerson, and Litz on complicated grief. It provides guidance on those features that distinguish complicated grief from depressive, anxiety, and adjustment disorders, before reviewing the state-of-the-art in its treatment. This chapter is one of several in the volume that highlights the extent of suffering that may be borne by survivors and family members who do not meet strict DSM-IV diagnostic criteria.

In its rigorous focus on evidence-based treatments, Part II of this book may represent the centerpiece of the volume for both clinicians and researchers alike. The introductory chapter of this section consists of a careful description and review by Litz and Gray of early intervention strategies designed for traumatized adults, with particular attention paid to the controversies surrounding the most popular approach, Critical Incident Stress Debriefing (CISD). The authors draw attention to the extent to which use of CISD is advocated – if not mandated as a condition of employment – by many organizations, despite the absence of rigorous empirical research in its support. In contrast, they provide a review of cognitive-behavioral approaches that show significant promise in preventing the development of post-traumatic stress disorder in the aftermath of trauma exposure. Also in this chapter, the authors present a compelling agenda for future early intervention research including the need to identify those at risk for developing PTSD, to take into account individual difference variables in recovery, and to test the efficiencies of different intervention methods.

Part II continues with a chapter by Patricia Van Horn and Alicia F. Lieberman on early interventions for those of preschool age and younger; it places the impact of childhood trauma in a developmental context, illustrates treatment approaches with compelling case material, and charts a research agenda focusing on the needs of the youngest of trauma survivors. Judith A. Cohen follows with a chapter on the state of early interventions for older children; she speaks to the value of early screening for youthful trauma survivors and summarizes extant literature on the efficacy of both psychological debriefing and trauma-focused CBT for children. Part II's lifespan review of treatment technologies concludes with a chapter by Beverley Raphael and Sally Wooding, who describe early interventions for adults who are experiencing bereavement, have survived a trauma, or are grappling with bereavement occasioned by unusually traumatic or violent circumstances. In their rigorous adherence to the principles of empirically supported treatment development, all of these Part II chapters focus not only on "what works," but also clearly identify some of those interventions not currently substantiated by appropriate scientific evidence. Thus it is fitting that Part II ends with a chapter by Gray, Litz, and Amy R. Olson, who describe the numerous important issues of methods and ethics that must underlie future clinical research in the area.

The volume concludes with Part III's chapters, which are focused on special topics and populations. These include the review by Yuval Neria, Eun Jung Suh, and Randall D. Marshall of the "lessons learned" by those in New York City who focused on providing mental health services and trauma treatment infrastructures in the aftermath of the events of September 11, 2001. Sheila A. M. Rauch and Edna B. Foa then review the medical and psychological impacts of sexual trauma, before describing correlates of subsequent PTSD diagnoses among survivors, and empirically supported early intervention techniques. Final topical chapters focus on service provision to emergency services providers and first responders; integration of psychological services into hospital-based care for traumatic injuries and accidents in general, and related forms of care for motor vehicle accident survivors in particular; and the challenges of providing prevention and early intervention services to members of the U.S. military.

Overall, several themes pervade the volume. Although the lifetime incidence of trauma and traumatic loss is significant, relatively few survivors will suffer debilitating, long-term psychological consequences. As a result, advances in early screening, as well as a better understanding of the personal, situational, and contextual correlates of PTSD, will go far in directing limited resources to those least likely to recover without extensive professional supports. Such targeting also promises to allow those who can achieve healing in their natural contexts to do so, without being mandated to participate in potentially unhelpful (or even harmful) debriefing programs. While these observations have important policy implications, so will further research on those features of groups, schools, and communities that promote personal and collective resilience in the face of trauma. In the final chapter, Litz concludes the volume with several important observations, including the tensions inherent in the necessary collaborations between clinicians and researchers, and the extent to which the field may be ill-served by a categorical (as opposed to dimensional or continuous) PTSD diagnostic technique.

In approaching these and other issues from multiple perspectives, Litz and his contributors provide a great service to clinicians, researchers, and policy-makers alike. While their explication of research agendas may vary by topical area, their steadfast dedication to the necessity of evidence-based treatments does not.

Rebecca Billings, M.A.  
Susan M. Orsillo, Ph.D.  
*Suffolk University*  
*Boston, Massachusetts*