

Are Psychological Interventions Supportable? **By Michael C. King, Ph.D**

In the wake of the Pine Lake tornado disaster this summer, the provincial government announced it would make funding available for post-trauma counselling of victims of the disaster. After this announcement, a letter to the Editor of the *Edmonton Journal* took the government to task for this initiative. The writer claimed that Critical Incident Stress Debriefing (CISD) is “dangerous and counterproductive” and that the psychological “industry” is the “most unregulated, questionable mental health body. . .”

Although the writer’s rhetoric was a bit overheated, his science may not have been that far off the mark. A meta-analysis of CISD published in the *Cochrane Review* concluded that single-session CISD did not reduce psycho-logical distress or prevent the development of Post-traumatic Stress Disorder (PTSD) among victims of trauma. The *Review* further noted that individuals who had received debriefing were significantly *more* likely to develop PTSD than were those who had not.

Clearly, we need much more research before we can consider abandoning an intervention with such a plausible theoretical foundation and such a wealth of clinical lore behind it as CISD. However, there is a broader issue for the College and the profession in this debate. How do we continue to monitor the worth and effectiveness of the methods we provide to the public? Do we offer services that are harmful, or simply ineffective? What criteria ought to shape the decision to limit or proscribe certain interventions, if any?

More specifically, do we offer services that are fundamentally implausible in their theoretical foundations and completely lacking in credible supporting evidence? Are there are no grounds whatsoever for offering some services to the public under the guise of professional psychology? And how do we safeguard the spirit of free inquiry and experimentation among both scientists and practitioners in psychology that has been the lifeblood of so many therapeutic innovations in the past?

Already, for example, one psychology regulatory board in North America has sanctioned a psychologist in that jurisdiction for using Thought Field Therapy in his practice. The board cited the psychologist for “purporting to deliver psychological services for a fee that did not constitute psychology by current standards, (and) for making claims without empirical basis that the practice is superior to all other forms of treatment, . . .” (*APA Monitor*, 1999).

What should psychologists be able to offer the public in the way of psychological interventions, and what do consumers of service need to know about the foundations and status of such interventions? The Council of the College of Alberta Psychologists has asked the Practice Review Committee to look into this issue and advise on scientific, professional, and regulatory issues around North America that may shape a coherent policy on such matters. We hope to hear the views of Chartered Psychologists

on this issue as the Practice Review Committee pursues its work, and we will keep you apprised of information as it emerges through this project.

References

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