

Crisis intervention is the urgent as well as the acute psychological intervention after trauma (Flannery & Everly, 2000). Its purpose is to mitigate acute distress of victims, stabilize emotion and restore the self-adaptation (Flannery & Everly, 2000). Numerous studies have suggested that crisis intervention may effectively prevent the onset or reduce severity of the stress and trauma related disorders, such as acute stress disorder (ASD) and post-traumatic stress disorder (PTSD). However, some studies have showed that improper use of crisis intervention may increase or aggravate the development of trauma related diseases (Gist, 2015; Nash & Watson, 2012). Thus, it is important to review and evaluate the efficacy of the common approaches of crisis intervention. In this article, the psychological first aid (PFA), critical incident stress debriefing (CISD), cognitive behavioral therapy especially trauma-focused cognitive behavioral

Watson, 2012). Four to five sessions of brief TF-CBT intervened two weeks after trauma was thought to be more effective in preventing PTSD as well as reducing depressive symptoms (Nash & Watson, 2012). Brief TF-CBT involved psychological education about trauma reactions, relaxation training, anxiety management, imaginary and vivo exposure and cognitive restructuring (Bryant et al., 2003; Bryant et al., 1999; De Jongh et al., 2011; Jiang et al., 2014; Liu, 2009). Psychological education has emphasized that sadness, numbness,

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