FEAR REDUCTION: PROLONGED EXPOSURE THERAPY VS PSYCHODYNAMIC THERAPY IN PTSD

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MALTA
POST-TRAUMATIC STRESS DISORDER (PTSD)

- PTSD consists of symptoms of re-experiencing, avoidance and numbing that last over a month after the trauma, causing significant disturbances in daily functioning (APA, 2000).
PROLONGED EXPOSURE THERAPY (PET)

- EXPOSURE THERAPY FOCUSES MAINLY ON HELPING PEOPLE TO FACE AND CONTROL THEIR FEAR BY REPEATEDLY WALKING THE PATIENT THROUGH THE TRAUMA MEMORY SO THAT THE EMOTIONAL BRAIN LEARNS THAT IT IS A SAFE PLACE. (LEBANO, 2015).
  - IN VIVO EXPOSURE
  - IMAGINAL EXPOSURE
PSYCHODYNAMIC THERAPY

- PSYCHODYNAMIC THERAPY FOCUSES ON THE FACTORS THAT MAY INFLUENCE OR CAUSE PTSD SYMPTOMS, SUCH AS

- EARLY CHILDHOOD EXPERIENCES, CURRENT RELATIONSHIPS AND DEFENSE MECHANISMS RESULTING FROM THE TRAUMA. PSYCHODYNAMIC THERAPY BRINGS CONFLICTS INTO CONSCIOUS AWARENESS HELPING INDIVIDUALS GAIN INSIGHT INTO THEIR DIFFICULTIES THROUGH THE THERAPIST.
FINDINGS: PROLONGED EXPOSURE THERAPY
“EXAMINING POTENTIAL CONTRAINDICATIONS FOR PROLONGED EXPOSURE THERAPY FOR PTSD” (AGNES VAN MINNEN, MELANIE S HARNED, LORI ZOELLNER, & KATHERINE MILLS, 2012).

- **DISSOCIATION** DECREASED SIGNIFICANTLY. EMOTIONAL NUMBING DOES NOT OBSTRUCT FEAR ACTIVATION DURING EXPOSURE.

- **BORDERLINE PERSONALITY DISORDER (BPD)** – PTSD PATIENTS WITH BPD IMPROVED AS MUCH AS THOSE WITHOUT DURING STANDARD PET.

- **HARNED, KORSLUND AND LINEHAN (2012)** – OPEN TRIAL OF INTEGRATED DIALECTICAL BEHAVIOUR THERAPY (DBT) AND PET SHOWED LARGE AND SIGNIFICANT IMPROVEMENTS.
• **PSYCHOSIS** – PET CONTRA-INDICATED - FEAR OF EXACERBATION OF SYMPTOMS (CONSISTENT WITH FOA ET AL’S PE MANUAL EXCLUSION CRITERIA, 2009).

• FREUH ET AL. (2009) – OPEN TRIAL OF PRE-EXPOSURE PHASE (TO ADDRESS PSYCHOSIS FIRST) SIGNIFICANTLY DECREASED SYMPTOMS.

• **SUICIDAL AND NON-SUICIDAL SELF INJURY**: EXCLUDED FROM PTSD TREATMENTS.

• HARNED, KORSlund AND LINEHAN, (2012) – OPEN TRIAL OF DBT TO STABILISE PATIENTS, THEN TREAT WITH PET. SAFE BUT NO CONCRETE EVIDENCE PROVED THIS.

• **SUBSTANCE USE DISORDERS**: ADDRESSED WITH PTSD IN TREATMENT PROGRAMS – LIMITED RESEARCH.
“CHANGES IN REPORTED PHYSICAL HEALTH SYSTEM AND SOCIAL FUNCTIONING WITH PET FOR CHRONIC PTSD”
(SHEILA A.M. RAUCH, TANIA E.E. GRUNFELD, ELNA YADIN, SHAWN P. CAHILL, ELIZABETH HEMBREE & EDNA B. FOA, 2008).

- FREQUENCY OF PHYSICAL HEALTH DIFFICULTIES REDUCED SIGNIFICANTLY IN PE AND PE/CR GROUPS WHEN COMPARED TO WAITLIST – NO CHANGE IN PHYSICAL HEALTH DISCOMFORT.

- GLOBAL SOCIAL FUNCTIONING WAS GREATLY IMPROVED AT POST-TREATMENT FOR BOTH TREATMENTS COMPARED TO WAITLIST – GREATER IMPROVEMENTS WERE FOUND AT 12-MONTH FOLLOW-UP.
• PTSD symptoms and cognitions were both significantly reduced.

• Negative trauma related cognitions declined.

• Significant reductions in posttraumatic cognitions inventory (PTCI).

• Trauma-related cognitions are intertwined with PTSD symptoms.
“CHALLENGES AND SUCCESSES IN DISSEMINATION OF EVIDENCE-BASED TREATMENTS FOR POSTTRAUMATIC STRESS: LESSONS LEARNED FROM PROLONGED EXPOSURE THERAPY FOR PTSD”

(EDNA B. FOA, SETH J. GILLIHAN, & RICHARD A. BRYANT, 2013).

• CHALLENGES –
  • DIFFICULT TO ADOPT.
  • RELUCTANCE OF THERAPISTS – THERAPY SEEN AS ‘BORING’.

• SUCCESSES –
  • DIFFERENT PETS PROVED EFFECTIVE WITH DIFFERENT TRAUMAS THUS APPLICABLE TO COMMUNITY SETTINGS ALSO WITHOUT NEED FOR EXPERT CLINICIANS (FOA ET AL., 2005).
  • DERUBEIS, BROTMAN AND GIBBONS (2005), IDENTIFIED PET AS THE MORE EFFICACIOUS TREATMENT.
FINDINGS: PSYCHODYNAMIC PSYCHOTHERAPY
“NUMBING AFTER RAPE, AND DEPTH OF THERAPY” (PETER BARGLOW, 2014).

• CASES 3 & 4: MINOR NUMBING PRESENT.
  • PSYCHOLOGICAL INTERPRETATIONS WERE APPROPRIATE AND EFFECTIVE.

• CASES 1 & 2: PROFOUND AND PERSISTENT NUMBING PRESENT.
  • CHALLENGING AND ONLY ACCOMPLISHED WITH CONSTANT MONITORING AND SUPPORT.
“BRIEF PSYCHODYNAMIC TREATMENT OF PTSD” (JANICE L. KRUPNICK, 2002).

• STRATEGY:
  • FORMATION OF A THERAPEUTIC ALLIANCE
  • IDENTIFY AVOIDED WISHES AND FEARS.

• EFFECTIVE IN:
  • PREVIOUSLY WELL-FUNCTIONING INDIVIDUALS
  • EXPLORING AND RE-ESTABLISHING MEANING TO LIFE.
• FINDINGS: PROLONGED EXPOSURE THERAPY VS. PSYCHODYNAMIC PSYCHOTHERAPY
“EFFECTS OF PSYCHOTHERAPEUTIC TREATMENTS FOR PTSD: A META-ANALYSIS OF CONTROLLED CLINICAL TRIALS”

- PSYCHOTHERAPEUTIC TREATMENTS ARE HIGHLY EFFICACIOUS IN TREATING COMBAT, CRIME AND TRAUMATIC BEREAVEMENT-RELATED PTSD.
- PTSD SYMPTOMS, DEPRESSION AND ANXIETY ARE SIGNIFICANTLY REDUCED.
- TREATMENT EFFECTS ALSO MAINTAINED AT FOLLOW-UP.
- EXPOSURE TECHNIQUES MOST SIGNIFICANT AND MOST USED.
“EMPIRICALLY SUPPORTED PSYCHOLOGICAL TREATMENTS FOR ADULT ACUTE STRESS DISORDER AND POSTTRAUMATIC STRESS DISORDER: A REVIEW”
(KATHRYN PONNIAH & STEVEN D. HOLLON, 2009).

- EYE MOVEMENT DESSENSITISING AND REPROCESSING (EMDR) GREATLY REDUCES SYMPTOMS – MORE RESEARCH NEEDED.
- LITTLE SUPPORT FOR PSYCHODYNAMIC PSYCHOTHERAPY.
- EXPOSURE WITH/WITHOUT COGNITIVE RESTRUCTURING – MOST EFFICACIOUS TREATMENT.
CONCLUSION

• RESULTS FOR PE HAVE SHOWN GOOD OUTCOMES IN PATIENTS WITH PTSD AND CO-MORBIDITIES, AS SYMPTOMS ARE SIGNIFICANTLY REDUCED TOGETHER WITH A REDUCTION IN FREQUENCY OF PHYSICAL HEALTH DIFFICULTIES AND INCREASED GLOBAL SOCIAL FUNCTIONING.

• ON THE OTHER HAND, PSYCHODYNAMIC THERAPY IS EFFECTIVE IN EXPLORING AND RE-ESTABLISHING A SENSE OF MEANING TO THE PATIENTS’ LIVES. HOWEVER, THERE IS INSUFFICIENT EMPIRICAL SUPPORT TO VALIDATE THESE FINDINGS. THUS, AS ARGUED BY MANY, PE IS THE OPTIMAL TREATMENT FOR REDUCTION OF PTSD SYMPTOMS.
THANK YOU