Comparison of trauma and non-trauma focused treatments for ptsd

Abstract

Post -traumatic stress syndrome is a persistent mental and emotional condition that is brought about by psychological trauma or shock. This disorder develops out of anxiety when a stressful, frightening, dangerous, or distressing event occurs in one’s life. PTSD affects millions of individuals and has been recognized as a mental health disorder. Often, symptoms of PTSD are a direct result of changes in the body and brain that affect hormone production. If PTSD is left untreated it can have detrimental and lasting effects. A combination of both psychotherapy and medications is usually recommended in effectively treating PTSD. In this paper, we will discuss trauma focused treatments and non-trauma- focused treatments. We will also review specific treatments used in treating PTSD while examining current research methodologies.

Post-Traumatic Stress Syndrome

When thinking of well-established treatments, we often think in the field of research, these treatments are linked to evidence-based approaches. The identification, examination, and classification of treatments are shown to be effective in treating and recognizing psychopathologies. The use of well-established treatments require the use of two or more studies and are completed by different researchers that are used between- group research designs so that treatment can show its superiority or its equivalence in the outcome to another treatment that has been empirically supported. Psychological treatments that are well-established benefit a majority of patients. Efficacious treatments require two or more studies with superior

outcomes that meet a criterion for a well-established treatment. Efficacious treatments are designed to treat specific disorders. There are observation studies, different clinical studies, and intrasubject replication studies that illustrate the most efficacious treatments.

Some treatments regarded as probablyefficaciousin the case of PTSD is exposure therapy, cognitive processing therapy, andeye-movement desensitization. Exposure therapy is a cognitive-behavioral psychotherapy technique that helps in treating PTSD. This type of therapy helps a patient face their fear and regain control. Often with this therapy technique (flooding) is done where a patient confronts all their traumatic memories at once. Or patients can gradually face their traumatic experiences by using relaxation techniques. Other techniques implemented in this type of therapy include mindfulness, relaxation, or imagery exercises. Cognitive processing therapy has been deemed effective in reducing symptoms in patients with PTSD. (CPT)Cognitive processing therapyconsists of twelve sessions that help patients modify and challenge thoughts and ideas related to their trauma (American Psychological Association, 2019). A new understanding and conceptualization occur so it reduces the patient’s negative effects on their life. This is a highly recommended treatment for those who suffer from PTSD. Psychoeducation is introduced to patients regarding their thoughts and emotions and they write about their most traumatic experience while reading it and trying to break the pattern of avoiding the feelings and emotions that are attached to those memories. The next efficacious treatment was eye-movement desensitization. This treatment is administered for about three months. With this type of therapy, a patient is

asked to recall images that are traumatic while a professional directs the bilateral sensory input. This is done by tapping the hand, different tones, and side- to -side eye movements. This treatment directly focuses on altering emotions and thoughts by changing the way memories are stored in the brain. It helps to eliminate and reduce problematic symptoms.

Some well-established treatments in terms of PTSD include medications such as Selective Serotonin Reuptake Inhibitors (SSRIs). This medication is widely used in the treatment of PTSD. This medication blocks the reabsorption of serotonin with certain nerve cells in the brain. This leaves the patient with more serotonin which will improve their mood. This medication is proven effective in the treatment of anxiety disorders. Another well-established treatment is Psychodynamic Therapy. Psychodynamic Therapy focuses on unconscious processes and the goal of this type of therapy is to have the patient understand the influence of their past behaviors through self-awareness. The patient can explore and then resolve symptoms and conflicts that arise from past experiences. Psychological debriefingfor PTSD was also found to be a well-established treatment for PTSD patients. Psychological debriefing provides emotional and psychological support instantly following any type of traumatic event (Society of Clinical Psychology, 2016).

The first article discussed was a 90-Minute versus 60-Minute Sessions of prolonged exposure for posttraumatic stress disorder with those who have PTSD. The specific treatment used was Prolonged Exposure therapy. There were anywhere from eight to fifteen sessions done either once or twice a week. The 90-minute appointments, because lengthy were shorter 60-minute sessions were implemented due to high demand of patients and limited

behavioral health providers. The goal of this study was to determine if Prolonged exposure therapy could be delivered in 60-minute sessions as opposed to 90-minute sessions and still provide the efficacy and efficiency of the treatment. All the participants were active in the military and consisted of personnel ages 18–65 who are seeking treatment for PTSD. Each session included several major components. These include repeated, prolonged imaginal exposure to traumatic memories, psychoeducation about PTSD and common reactions to trauma, repeated in vivo exposure to safe situations avoided due to trauma-related distress, and breathing training (Foa, Zandberg, McLean, Rosenfield, Fitzgerald, Tuerk & Peterson, 2019). A PTSD Checklist for DSM–5 was used. A score of ≥25 and either (1) was determined by a clinical interview. A (2) a CAPS-5 severity ≥ 25 was also determined by a clinician. The results of the study show that the 60-minute sessions are equally effective but not equally efficient. This is because it takes more sessions to achieve the same goal when switching to 60-minute sessions as opposed to the 90-miunte sessions. 60- minute sessions are helpful due to military time restraints and many insurance companies reimburse patients. Clinicians can also utilize shorter treatment formats knowing that shorter treatment times can be just as successful, thus, increasing their access to evidence-based care for all patients.

The next article discussed is about the Effectiveness of Eye movement desensitization and reprocessing (EMDR) in patients with substance use disorder and comorbid PTSD. 158 patients between the ages of 18-65 were tested from September 2015 until December 2017 using a single- blinded randomized controlled trial (RCT). This study was done to expand the

knowledge and advantages of using EMDR in patients with PTSD symptoms. EMDR has been known to be extremely effective in treating PTSD. Patients were admitted to a rehabilitation center that specializes in treatments with those who have PTSD. Each patient received two 90-min and two 60min non-trauma-focused group therapy sessions per week (Schäfer, Chuey-Ferrer, Hofmann, Lieberman, Mainusch & Lotzin, 2017). Each patient also received a face to face interview that was semi-structured, and a diagnosis of PTSD is done so by using the Clinician-Administered PTSD Scale. Patients were required to do a 3-month follow up and then a 6-month follow up after initial treatment. The results showed that there were changes in patients treated using EMDR regarding depressive symptoms, dissociative symptoms, addiction-related problems, and emotion dysregulation and quality of life (Schäfer et., al, 2017). A reduction in PTSD symptoms was extremely effective.

The third article that will be discussed is Posttraumatic nightmares and imagery rehearsal: The possible role of lucid dreaming with those who have PTSD. Rehearsal therapy was investigated in 33 veterans with PTSD and reoccurring nightmares. Six clinical trial sessions of 1of 2 therapies, Cognitive–Behavioral Therapy for Insomnia (cCBT-I) or IR + cCBT-I were implemented(Harb, Brownlow & Ross, 2016). Both treatments were done in six weekly hour -long individual sessions. Each patient completed a questionnaire about sleep patterns, nightmares and other PTSD symptoms both before and after treatment occurred. Twenty- six of the participants completed one of the two treatments and the other participants dropped out before treatment started. The cCBT-I test included psychoeducation on how

stress affects sleep, sleep problems with PTSD, sleep hygiene, stimulus control, and methods for reducing cognitive hyperarousal through muscle relaxation. The results show that more than a third of the participants have some type of frequent awareness of ongoing dreams. After treatment, many individuals had a significantly greater change in controlling the content of their dreams. When combining IR + cCBT-I, dream content control was strongly and significantly related to decreased nightmare distress (Harb, Brownlow & Ross, 2016).

This next article discusses progressive counting therapy with patients who have PTSD. Progressive counting is designed for trauma resolution. It helps in reducing anger, depression, anxiety, guilt, and post-traumatic symptoms by using a counting method. 128 participants were involved. Treatment started with putting memories in chronological order. Clients then, had to discuss traumatic memories, starting with one memory at a time, then talk about it from beginning to end while a therapist counted out loud from one to ten. As time went on the therapist would start counting from zero to twenty and zero to thirty and so on. A patient would then have to tell the therapist their distress level when taking about, a memory by using a number 0-10. The lower the number such as a 2, the better the level of distress was. This means distress levels are going down. Clients have to discuss the severity of presenting problems by using a rating scale of 0-10, zero being that there is no problem (Jarecki & Greenwald, 2016). Progressive counting was found to be very beneficial for clients who have PTSD. It was found that benefits could last up to a year.

This last article discusses spiritual techniques for treating those with PTSD. This method involves using spiritual interventions. Religion/spirituality (R/S) has been widely incorporated into medical care over the years and has shown many positive outcomes in one's health in a wide variety disorders (Smothers & Koenig, 2018). Alternative approaches to treating PTSD are on the rise. A 27-item checklist was designed to report the systematic review of randomized trials. Spiritual concerns are not always addressed when it comes to individuals suffering from PTSD symptoms. R/S has shown positive growth and improvement with those who have PTSD and have experienced traumatic events. Questions with controlled keywords and vocabulary were used with veterans regarding spirituality or religion. Then based on the answers to each question individuals were scored on a scale rating from weak, moderate, or strong. Eight sessions were held that address religious strain. The goal of spiritual therapy is to address spiritual concerns that can arise with PTSD patients. It does so by helping them to resolve and recognize spiritual contributions to distress.

When treating someone myself for PTSD the treatment that I would find the most beneficial is Cognitive processing therapy (CPT). Processing the actual trauma with the patient is critical in their road to recovery. Facing fears and dealing with PTSD symptoms head -on can help patients in learning how to regain control of their feelings, thoughts, and emotions. Getting to the root of the trauma is laying a foundation so that patients can work on feeling safe again while strengthening various aspects of their well-being. Under no circumstances would I find myself using treatments that were not empirically validated. As professionals, we must provide patients with the best care and

treatment options available and not take risks concerning their treatment, healthy, safety, and well-being.

References

- American Psychological Association, (2019). *Cognitive Processing Therapy* (CPT). Retrieved from: https://www. apa. org/ptsd-guideline/treatments/cognitive-processing-therapy
- Foa, E. B., Zandberg, L. J., McLean, C. P., Rosenfield, D., Fitzgerald, H., Tuerk, P. W., ... Peterson, A. L. (2019). The efficacy of 90-minute versus 60-minute sessions of prolonged exposure for posttraumatic stress disorder: Design of a randomized controlled trial in active- duty military personnel. *Psychological Trauma: Theory, Research, Practice, and Policy, 11* (3), 307–313. https://doi. org/10. 1037/tra0000351
- Harb, G. C., Brownlow, J. A., & Ross, R. J. (2016). Posttraumatic nightmares and imagery rehearsal: *The possible role of lucid dreaming. Dreaming, 26* (3), 238–249. https://doi. org/10. 1037/drm0000030
- Jarecki, K., & Greenwald, R. (2016). Progressive counting with therapy clients with post-traumatic stress disorder: Three cases. *Counselling & Psychotherapy Research, 16* (1), 64–71. https://doi. org/10. 1002/capr. 12055
- Schäfer, I., Chuey-Ferrer, L., Hofmann, A., Lieberman, P., Mainusch, G., & Lotzin, A. (2017). Effectiveness of EMDR in patients with substance use disorder and comorbid PTSD: study protocol for a randomized controlled trial. *BMC Psychiatry, 17* (1), 95. https://doi. org/10. 1186/s12888-017-1255-9

- Smothers, Z. P. W., & Koenig, H. G. (2018). Spiritual Interventions in Veterans with PTSD: A Systematic Review. *Journal of Religion and Health, 57* (5), 2033–2048. https://doi. org/10. 1007/s10943-018-0680-5
- Society of Clinical Psychology (2016). *Division 12 of the American Psychological Association* . Retrieved from: https://www. div12. org/treatment/psychological-debriefing-for-post-traumatic-stress-disorder/