

The Treatment of Psychological Trauma: Current Evidence and Future Directions

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Outline

- Impact of negative life events
- Psychological therapies and effectiveness for
 - ✓ adulthood trauma
 - ✓ childhood trauma
- Future developments

Adverse life events



Adverse or negative life events

Can be **traumatic** (i.e. can affect our well being in some way) but not always. WHY?

Why and How adverse life events become traumatic?

- Is it the severity of the event? Human loss? Litigation?
- Is it the individual? Previous experience? His / her perception of what is happening? How serious it was? How it was processed in the brain? Neurobiology?
- Is it the situation? Pre- during – post – trauma factors?
- A combination of all the above?
 - Do we really know?

Not really ... but we know for sure that....

Janoff-Bulman's Assumptive World Theory (1992)

Adverse life events violate our positive perceptions of ourselves and others, and our belief in a **just, meaningful, and benign world**.



Psychological Interventions

What is a traumatic event (APA, 2000)?

*A traumatic event involves the **threat** of death or serious injury or a threat to the physical integrity of self or others that is accompanied by intense feelings of fear, helplessness or horror*

Any event can be potentially traumatic



How prevalent is exposure to traumatic events?

- Representative sample of n = 1000 adults in US (Noris, 1992)
- Over their lifetimes, **69% of the sample had experienced at least one event including** robbery, physical assault, sexual assault, tragic death, motor vehicle accident, combat, fire, other disaster, other hazard
- **Tragic death** occurred most often (30.2%)

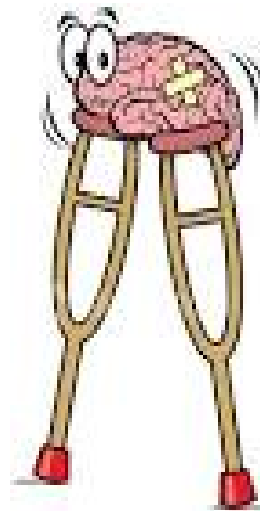


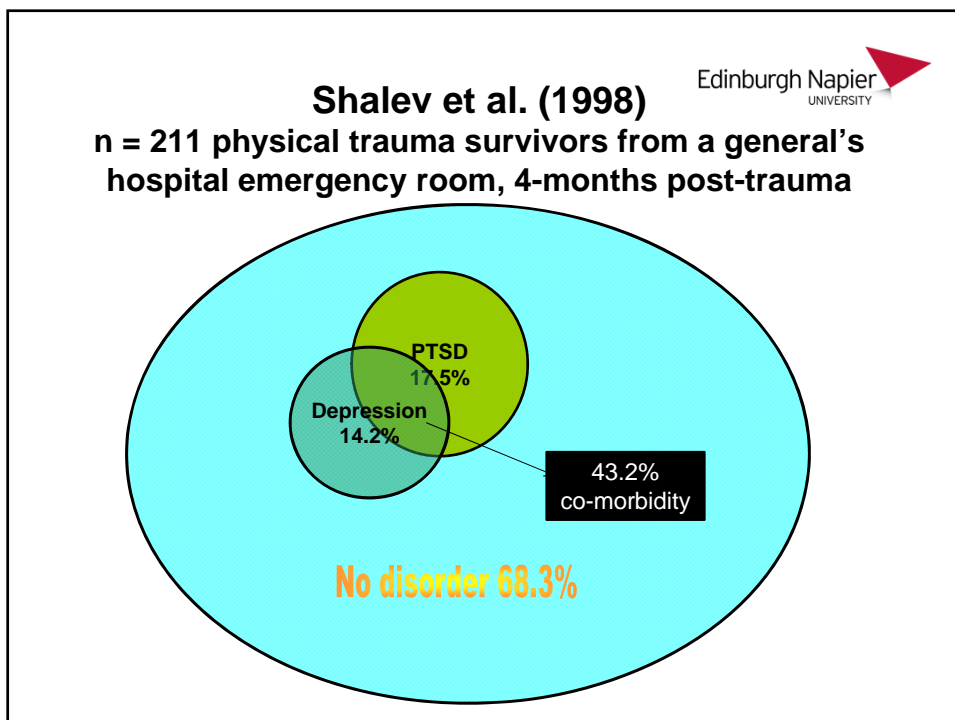
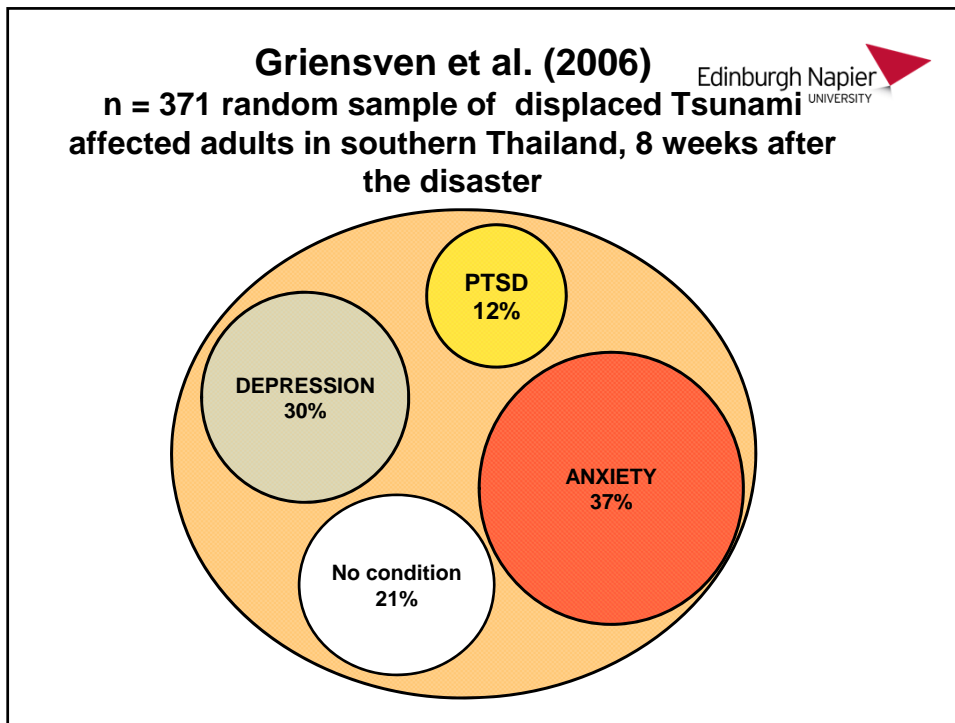
Is exposure to traumatic events serious?

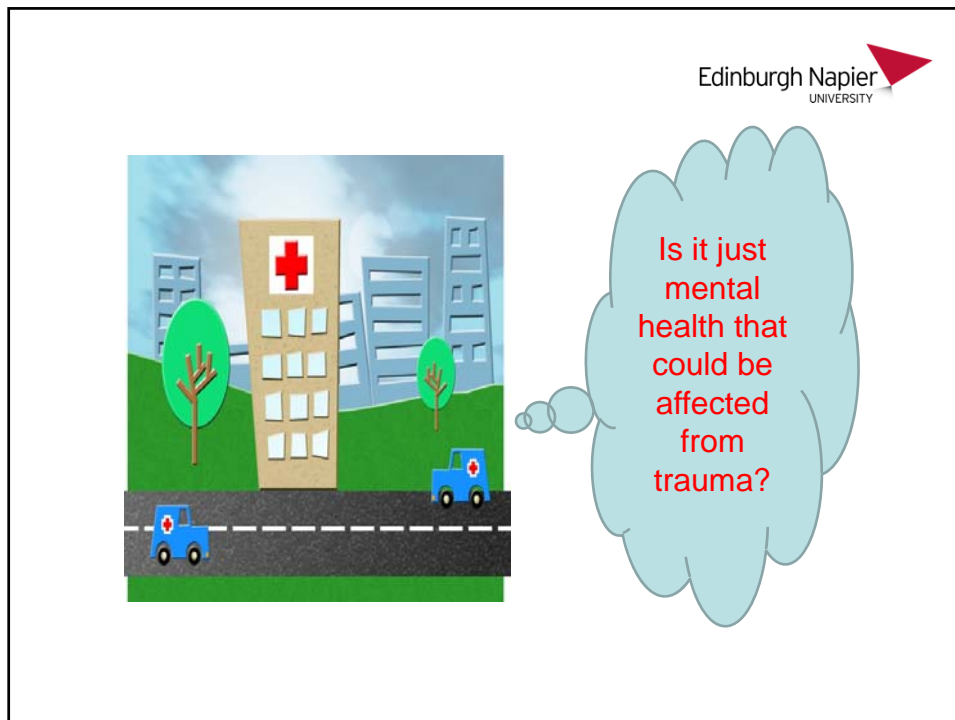
- It has been estimated that by 2020 psychological trauma will be amongst the **leading causes of disability** alongside depression and heart disease (Michaud et al., 2001).



What happens to people after they are exposed to traumatic events?








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Physical health following traumatic events

D'Andrea et al. (2011) review

- **Cardiovascular disorder**: stress increases systolic pressure 
- **Immune disorders**: stress decreases natural killer [NK] cells and cytotoxic T cells
- **Gastrointestinal conditions**: trauma alters contractile responses of the colon
- **Reproductive disorders**: Preterm delivery is 2.8 times more likely in women with PTSD than women without (Regal et al, 2007)
- **Musculoskeletal and pain disorders** particularly fibromyalgia

No wonder then

**Increased health care utilization following trauma
Hulme (2000)**

- Female survivors of sexual abuse report
 - ✓ More physical and psychosocial symptoms
 - ✓ Greater intensity and frequency of symptoms
 - ✓ More primary care visits



INCREASED HEALTH CARE COSTS

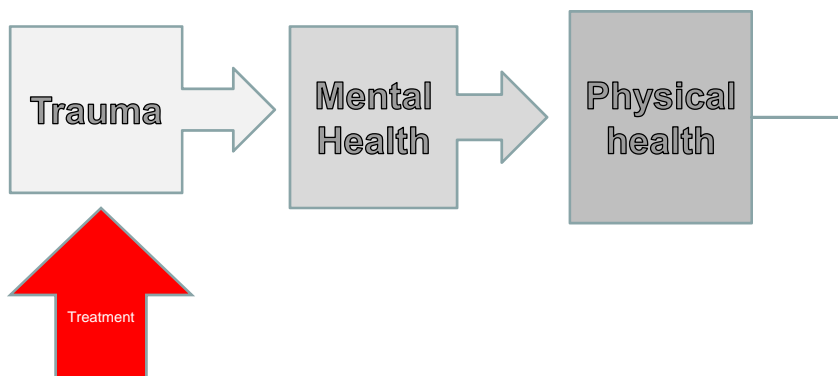


Focus on psychological trauma and PTSD



Why?

By treating trauma symptomatology we may be able to improve mental health (co-morbidities) and perhaps physical health and well-being



DSM – IV Diagnostic Criteria 309.81 Post-traumatic Stress Disorder

- A. Exposure to a traumatic event.
- B. Persistent **re-experienced** through images, thoughts, or perceptions or recurrent dreams.
- C. **Persistent avoidance** of stimuli associated with the trauma.
- D. Persistent symptoms of **increased arousal** (e.g. inability to stay asleep, difficulty concentrating, anger outbursts).
- E. **Duration** for more than 1 month.
- F. Clinical **impairment** in social, occupational, or other important areas of functioning.

Prevalence of PTSD in the general population

- The lifetime prevalence of PTSD is about **6.8%** (Kessler et al., 2005).
- **80%** of individuals with PTSD meet criteria for one additional co-morbid psychiatric condition, and **40%** meet criteria for two or more additional co-morbid psychiatric conditions such as depression, anxiety, substance use (e.g. Tarriner & Sommerfield, 2003).

Prevalence of PTSD in specific populations

- Parents of premature babies: 67 - 76% (Karatzias et al., 2007)
- Prisoners 4% to 21.4% (Goff et al. 2007)
- HIV: 30-35% (Tedstone and Tarrier, 2003)
- People with LDs: ?
- Older adults: ?

Is PTSD Treatable?



Psychological Therapies for PTSD

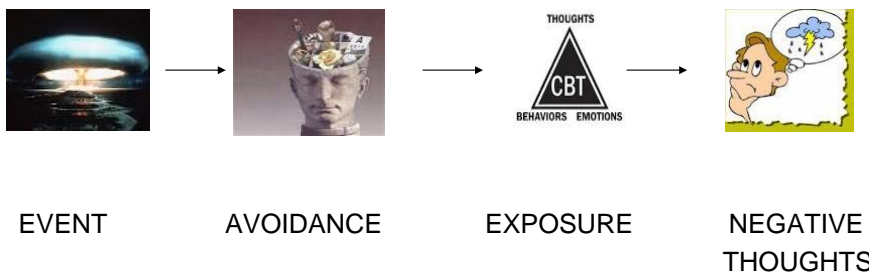
NICE Guidelines (2005)
recommend:

- ✓ Trauma focused Cognitive Behavioural Therapy (TfCBT)
- ✓ Eye Movement Desensitization and Reprocessing (EMDR)

A minimum of 8-12 sessions
should be routinely offered



What is TfCBT?



What is EMDR?

Patient performs bilateral saccadic eye movements while he/she simultaneously concentrated on traumatic memories



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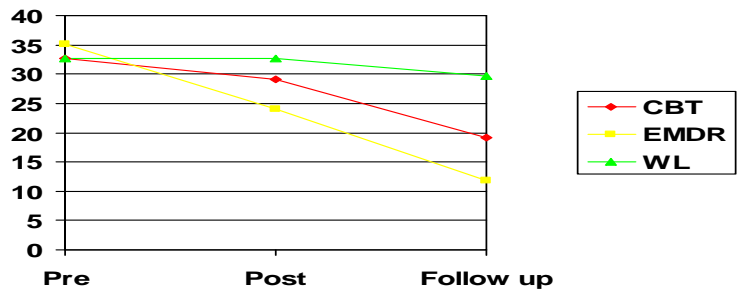
Eye movements will facilitate processing of traumatic memories

Scottish trials of TfCBT and EMDR



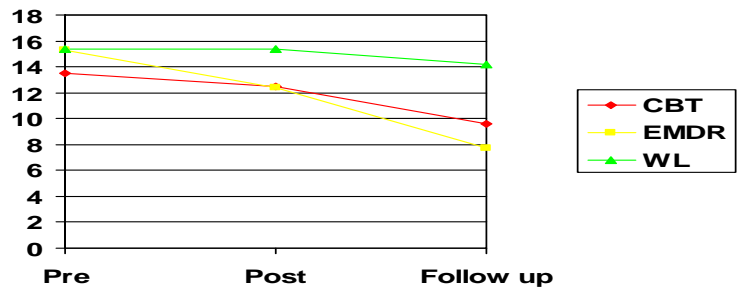
EMDR vs. TfCBT vs. WL (Power et al., 2002; Karatzias et al., 2007)

PTSD

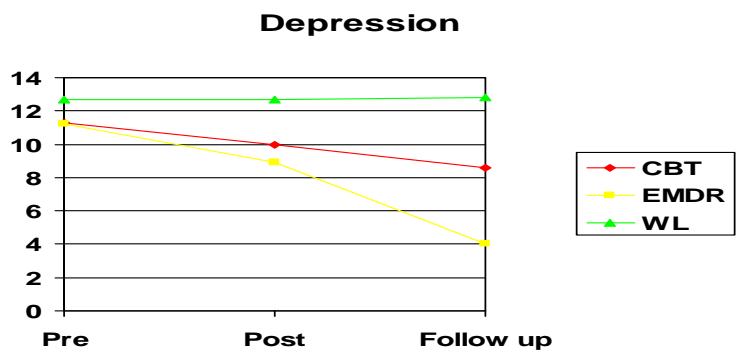


EMDR vs. TfCBT vs. WL (Power et al., 2002; Karatzias et al., 2007)

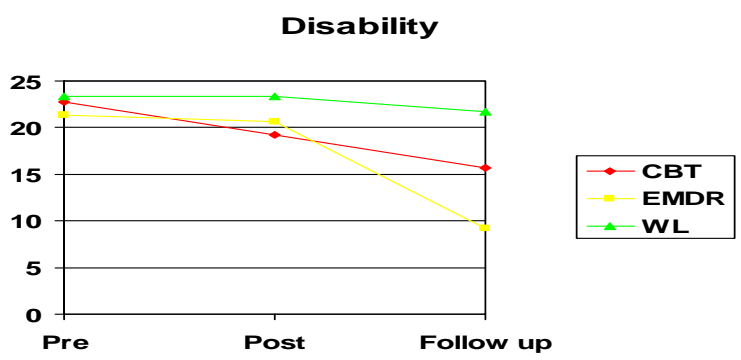
Anxiety



EMDR vs. TfCBT vs. WL (Power et al., 2002; Karatzias et al., 2007)



EMDR vs. TfCBT vs. WL (Power et al., 2002; Karatzias et al., 2007)



EMDR vs. TfCBT vs. WL

(Power et al., 2002; Karatzias et al., 2007)



Both treatments equally effective with a slight advantage in favour of **EMDR** for symptoms of depression



Female patient gender is one of the best predictors of treatment outcome (women engage better in therapy)

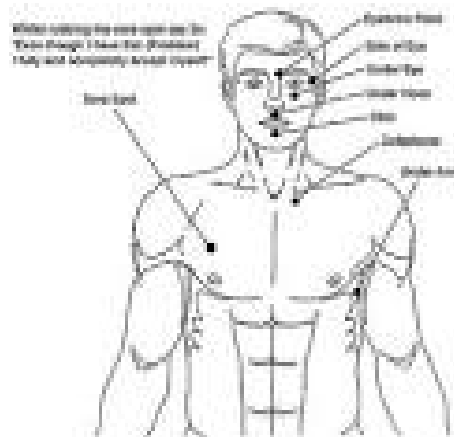


Results were produced in fewer number of treatment sessions for EMDR (mean 4.2) than TfCBT (mean 6.4) patients.

EMDR vs. Emotional Freedom Techniques

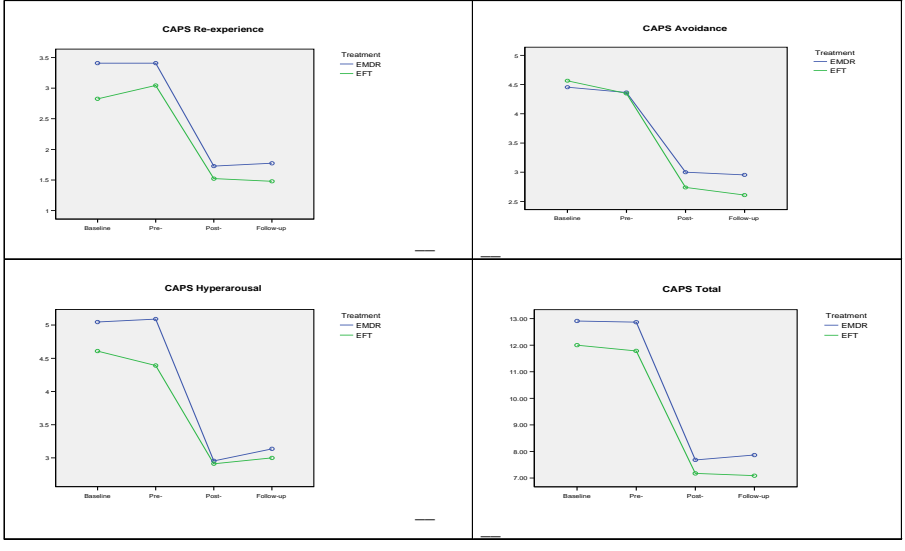
Karatzias et al. (2011)

The patient is tapping on the ends of the 14 major meridian points located on the face, upper body and hands, while he / she is concentrating on a traumatic event.



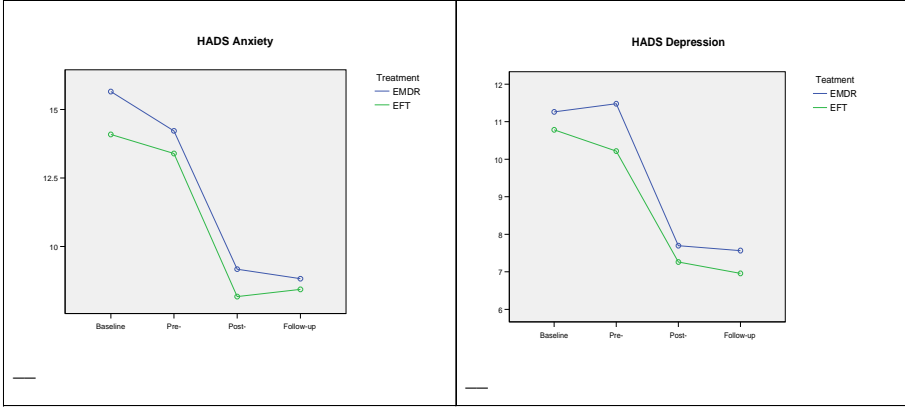
EMDR vs. EFT

Karatzias et al. (2011)



EMDR vs. EFT

Karatzias et al. (2011)



EMDR vs. Emotional Freedom Techniques

Karatzias et al. (2011)

- ✓ Equally effective
- ✓ Equally acceptable
- ✓ Equal response rapidity (4 sessions)

BUT



BOTH INTERVENTIONS REMAIN ATHEORETICAL TO A LARGE EXTENT

Treatment Outcome for PTSD

CBT = EMDR
EMDR = EFT

COMMON FACTOR?

ADULTHOOD
TRAUMA



EXPOSURE



What about childhood trauma?



Is childhood trauma common?

WHO (2010)

World statistics:



- 20% of women and 5–10% of men report being sexually abused as children
- 25–50% of all children report being physically abused

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Is childhood trauma more serious?





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Adulthood vs. childhood trauma

Disasters
Accidents
Death of a loved one
Interpersonal violence


↓

PTSD
Depression
Anxiety
Substance Misuse

Abuse (Physical, Psychological
Sexual)
Neglect (Physical, emotional)

↓

PTSD, depression, anxiety eating,
personality, sexual, psychotic,
dissociative and somatoform
disorders, behavioural problems
including self injurious behaviour, self
mutilation, early involvement in
sexual activity or prostitution, sexual
perpetration, alcohol problems, later
revictimization and social impairment
and emotional difficulties such as
high levels of hostility, anger,
interpersonal sensitivity and self-
esteem impairment

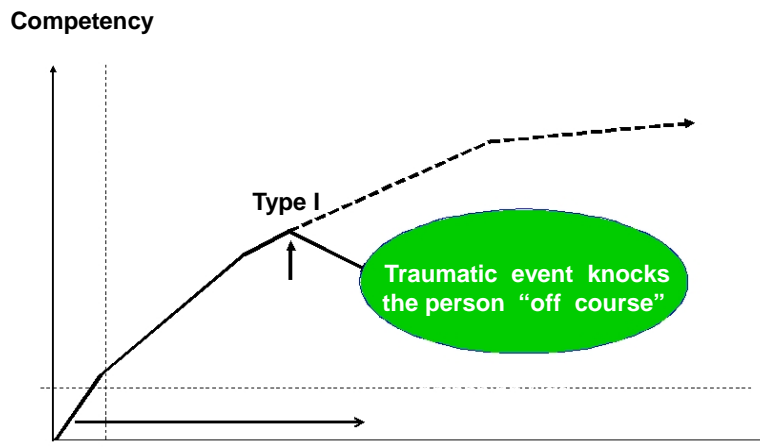


Childhood adversity and mental health
Kessler et al. (2010)

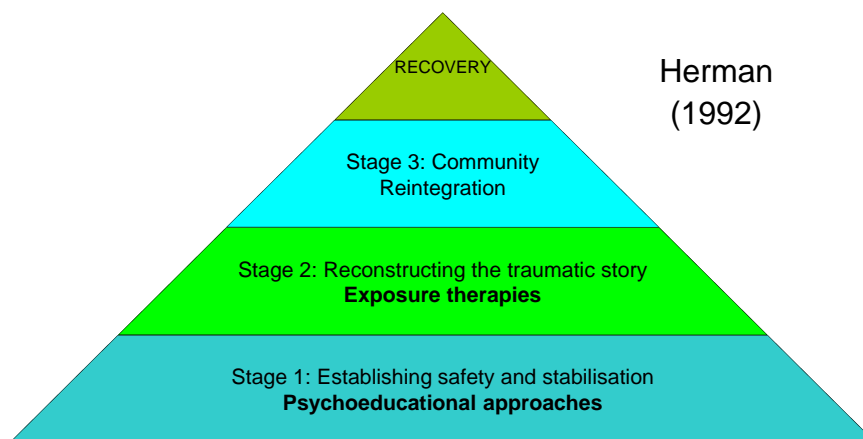
**Childhood
adversities account
for **29.8%** of all
disorders**

**Why childhood
trauma can be
more severe?**

Trauma and Developmental Trajectories



Interventions following disclosure of complex trauma



Developing and evaluating new interventions for complex trauma (Stage I)



Stage I: Survive & Thrive

- Psychoeducational in nature as suggested by MATRIX (NES)
- 10 sessions
- Low intensity
- Group based
- Aim: To help patients stabilise, help them make the links between traumatic history and current pathology, prepare them for intensive therapy.

What's in the course: example sessions

- Week 5: Anxiety
- Week 6: Anger
- Week 7: Depression
- Week 8: Shame and guilt
- Week 9: Flashbacks, nightmares and dissociation
- Week 10: Assertiveness and looking forward

Survive & Thrive Evaluation



Karatzias et al. (in press)

In a sample of community CSA survivors (n=37). Completers were less likely to report self-harm, alcohol and substance misuse and involvement in illegal and antisocial behaviours at post-treatment and follow – up



Ball, Karatzias et al. (2013)

In a sample of female offenders (n=24) with a history of interpersonal trauma, traumatic symptomatology and overall distress significantly improved at post-treatment.

Stage II: Trauma Recovery and Empowerment (TREM)

- Manualised, structured group intervention program of 33 sessions (75 minutes) offered over a 9-month period. The programme is divided into four parts:

Part I: Empowerment (11 sessions)

E.g. gender identity, sexuality, interpersonal boundaries.

Part II: Trauma Recovery (10 sessions)

E.g. impact of physical, emotional and sexual abuse.

Part III -- Advanced Trauma Recovery Issues (9 topics)

E.g. blame, responsibility, and the role of forgiveness in recovery.

Part IV -- Closing Rituals (3 topics)

i.e. planning own continued recovery journey.

Effectiveness of TREM (Karatzias et al., in preparation for submission)

- A Scotland wide study
- 5 Health Boards
- Modified version of TREM



Key questions for the future

- How and why interventions are effective?
- Are interventions helpful for vulnerable traumatised populations such as people with LDs and forensic populations?
- Do interventions improve physical health?

Focus on specific populations

- **Prisoners and forensic populations**

Mahoney & Karatzias (2012): Trauma highly prevalent in forensic populations.

Power, Karatzias et al. (2014): EMDR vs. WL in female prisoners

Mahoney & Karatzias (2014): S+T vs. WL in female prisoners

- **People with LDs**

Karatzias, Brown et al. (2013): Phenomenology of trauma and adaptation of psychological interventions for people with LDs

Focus on new interventions or existing ones?

ADULTHOOD TRAUMA

- Active ingredients and predictors of outcome of treatments

CHILDHOOD TRAUMA

- Effectiveness of person centred approaches
- Effectiveness of integrative approaches.

Thank you for attending



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