

# Intensive short-term multi-model trauma treatment for people with C-PTSD:

## A Pilot Study

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## Introduction

C-PTSD has received significant attention in recent years due to the recognised extensive impact on social, affective and occupational functioning. Traditionally people with complex trauma histories have been offered a phased approach to their treatment, with a period of stabilisation work prior to the trauma therapy itself. While their flashbacks and nightmares may cause considerable distress and impact their functioning, relationships and general well-being, therapists can feel cautious about proceeding with trauma work from the outset for fear of destabilising the person further.

We became interested in the innovative research conducted in the Netherlands. In order to address the low retention rates, diminished motivation and hope in the existing phased-treatments (Bongaerts et al., 2017), de Jongh et al. (2019) proposed an intensive programme conducted over just two weeks with multiple treatment components. A study conducted by Voorendonk et al. (2020) revealed significant clinical improvements in the PTSD symptoms of 85% of the sample, with more than half achieving sub-clinical levels at the end of the treatment.

**Aim:** To replicate the outpatient intensive trauma treatment programme of the Netherlands and test the effectiveness of a short-term multi-model intervention for complex trauma with a small group of people referred to CMHTs within Aneurin Bevan University Health Board.

## Method

- **Participants:** Six people who met the diagnostic criteria for C-PTSD. Able to identify their six most distressing target memories. Consented to full engagement with the two-week programme.
- **Therapists:** 12 therapists trained in Imaginal Exposure (IE), EMDR, EMDR 2.0 and Suzy Matthijssen's training in the delivery of intensive trauma treatment programmes. Additional input from a Peer Mentor, Psychological Therapists and Assistant Psychologists for the psycho-education groups and exercise components (yoga and walking groups).
- **Outcome Measures:** CAPS-5, LEC-5, PCL-5, BDI-II, BSI and ITQ, plus a trauma visual analogue scale (TVAS). Qualitative feedback forms for both participants and therapists. Measures completed at six intervals: Screening, Pre, Post, One-week F/U, One month F/U and Six months F/U.
- **Treatment:** Six days over two weeks (March 2022). Each day included:
  1. 90 minutes of IE
  2. 60 minutes of a trauma psycho-education group
  3. 90 minutes of EMDR (EMDR 2.0 principles and techniques)
  4. 60 minutes of exercise
  5. Homework – exposure to triggers

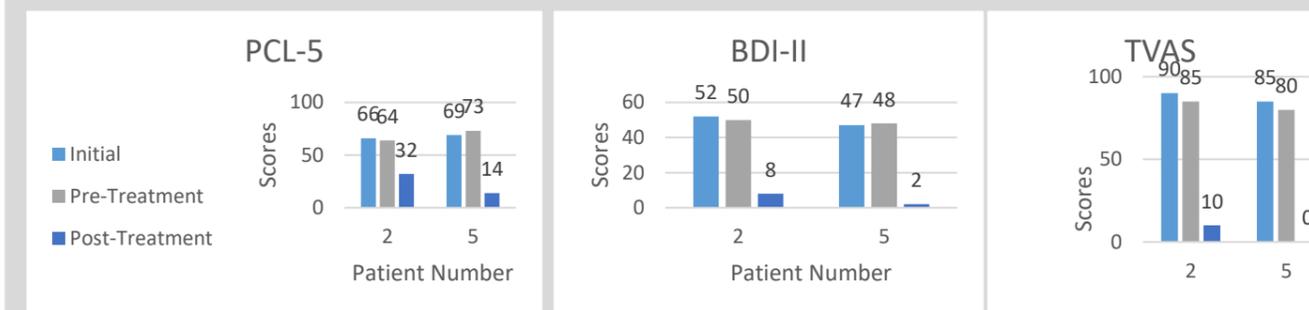
**Therapist rotation** – Participants received their individual IE and EMDR sessions from different therapists according to a rota.

Daily therapist handovers from the IE to the EMDR sessions.

No drop-outs over the two-week treatment period.

## Outcomes

**Quantitative Data (Initial results for two of the participants in relation to PTSD, depression and self-reported impact of trauma symptoms)**



### Qualitative Data

#### Participants Feedback

- "I doubted the 6 days would repair 46 years of abuse – wow, what a change"
- "I must have gone through every emotion in the book but now I feel great"
- "The nervousness eased to near nothing. And the doubt was proved wrong"
- "It's been way, way, way more life-changing than I expected", "I feel like a new man"

#### Therapists Feedback

"I came to feel a symbiosis of the IE and EMDR – a kind of potential energy built by IE and then a cathartic release by EMDR"

"I was uncertain about swapping over therapists, given how much we value therapeutic relationships. From taking part I now see the value...it seems to cut down on non-treatment related discussions and means that the work is more focused"

"The whole environment becomes the container rather than just the single therapeutic relationship", "A sense of togetherness from the beginning"

All therapists and participants felt this was an approach worth repeating or even developing on a larger scale. The added value of the different treatment components was recognised, as was the supportive community aspect of the cohort – for both the therapists and participants.

## References

- Voorendonk, E. M., de Jongh, A., Rozendaal, L., & van Minnen, A. (2020). **Trauma-focused treatment outcome for complex PTSD patients: results of an intensive treatment programme.** *European Journal of Psychotraumatology*, 11(1).
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