

Narratieve exposure therapie bij PTSS gerelateerd aan vroegkinderlijk trauma: case series

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VGct





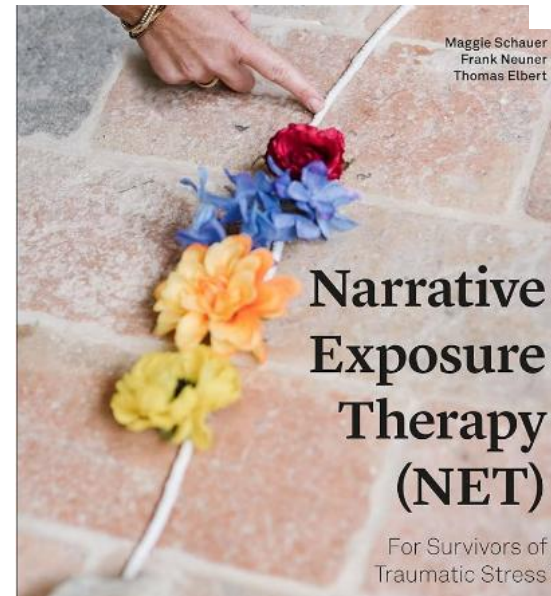
Vroegkinderglijk trauma

- Veel comorbiditeiten
- Hoge lijdensdruk
- Niet iedereen profiteert van behandeling
- Niet iedereen maakt behandeling af





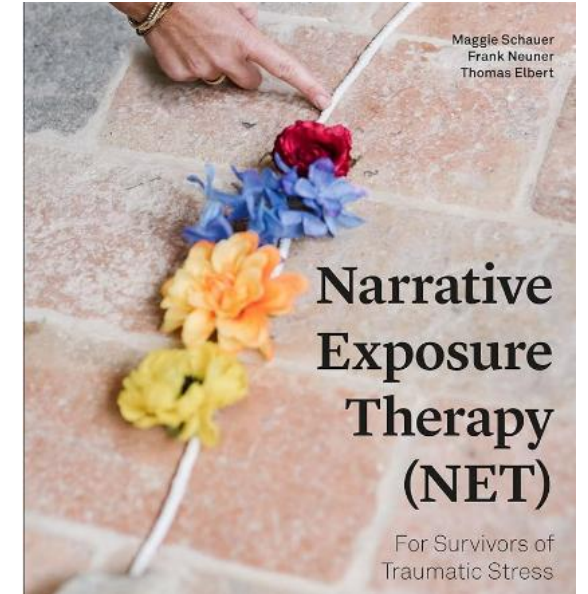
Alternatieve behandelingen





Narratieve Exposure Therapie

- Ontwikkeld als therapie in low-resource settings
- Combinatie van exposure en narratieve therapie
- Contextualiseren van trauma: integratie tijd en plaats in levensverhaal
- Recent veel onderzoek en toegevoegd aan guidelines





Narratieve exposure therapie





Huidige onderzoek

- Is NET een effectieve behandeling voor PTSS gerelateerd aan jeugdtrauma?
 - PTSS
 - Kwaliteit van leven
 - Kwalitatieve ervaringen



Deelnemers

- 9 patiënten met PTSS gerelateerd aan jeugdtrauma
- Leeftijd 29-59
- 8 vrouwen
- Veel revictimisatie
- Veel comorbiditeiten



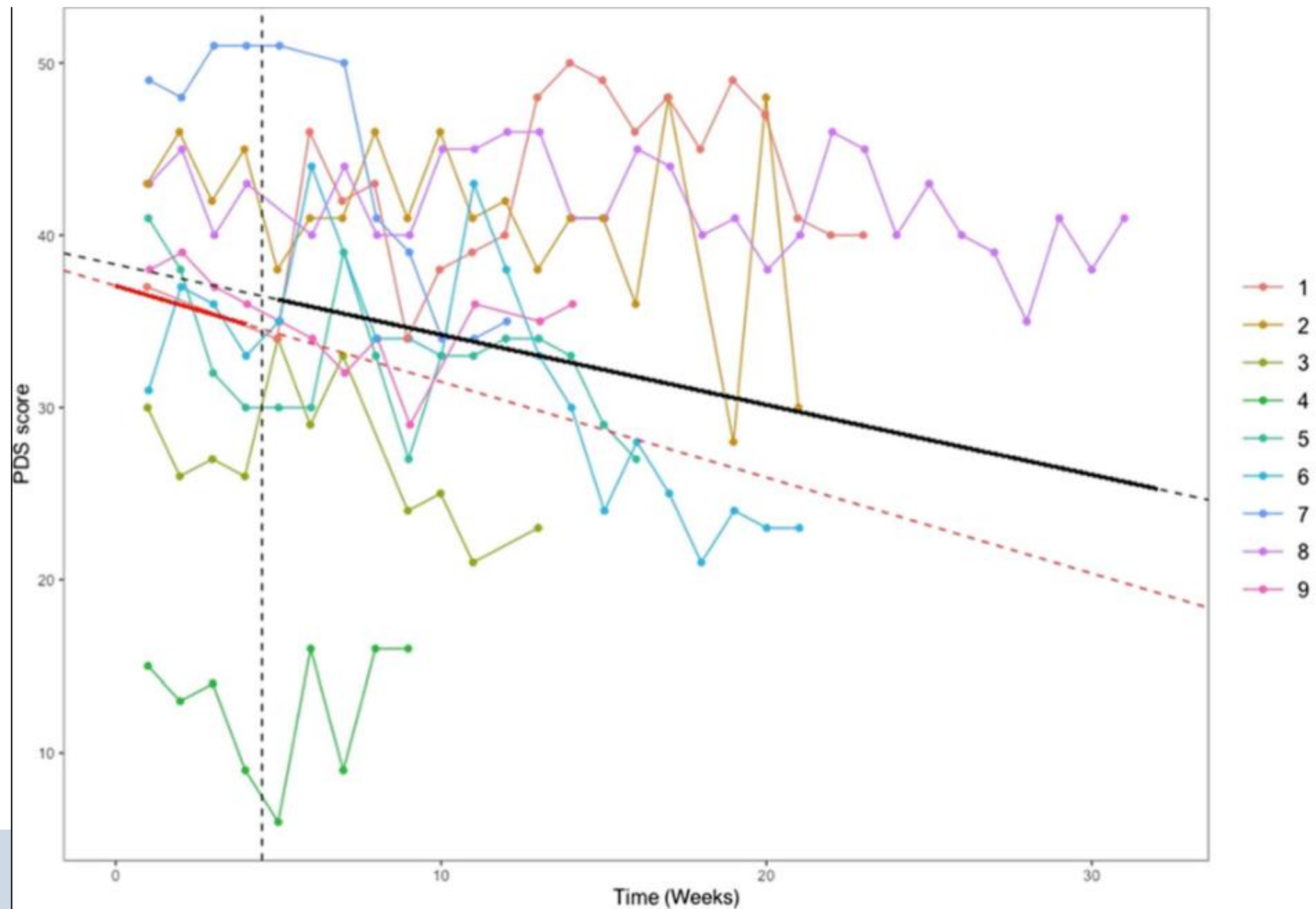
Opzet

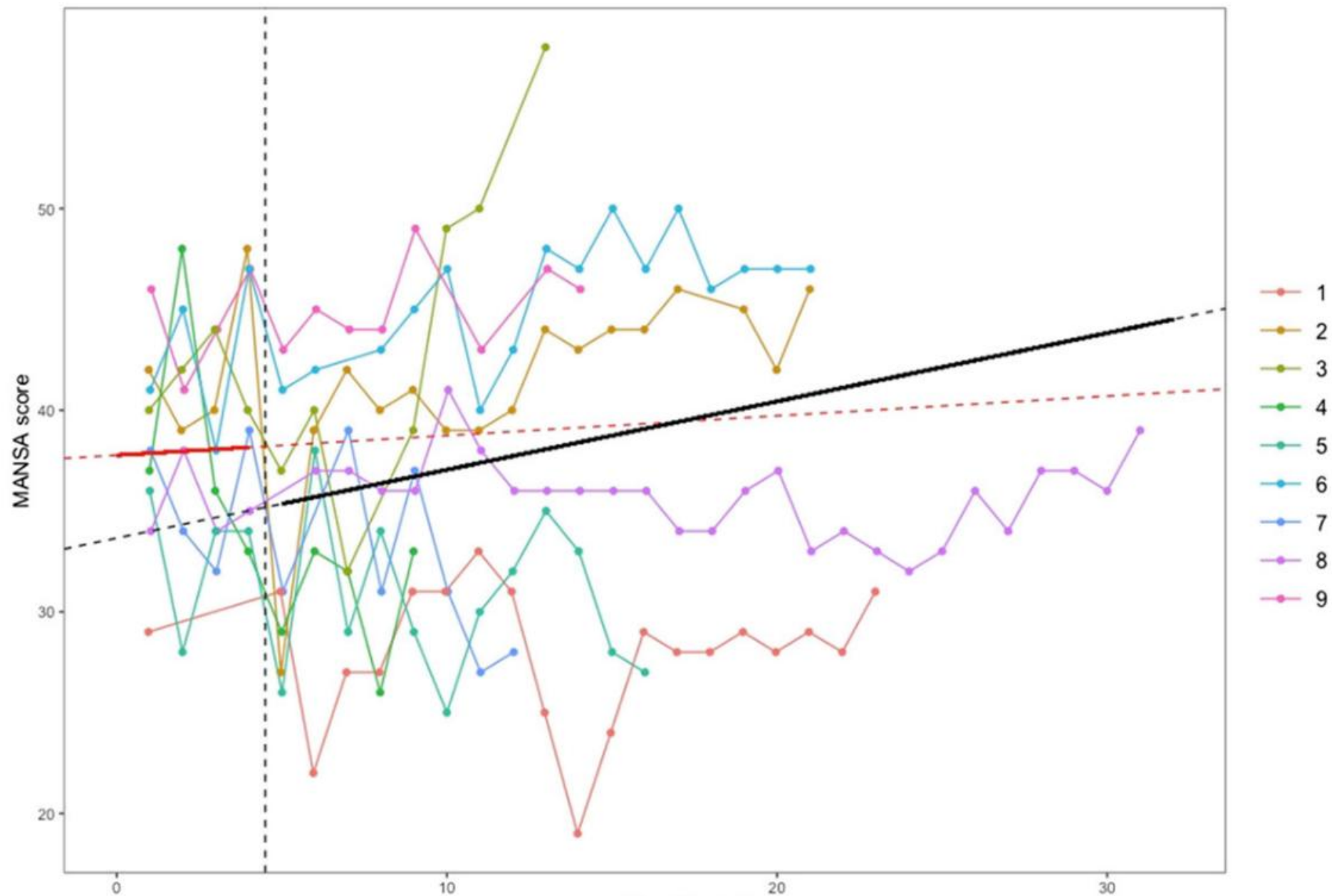
- Wekelijkse metingen tijdens baseline (4x) en tijdens behandeling na elke sessie (5-27 sessies)
 - PDS - PTSS klachten
 - MANSA - kwaliteit van leven
- Follow-up interviews na 3 en 6 maanden
- 2 ervaren therapeuten (>15 jaar ervaring + NET training)
- Onafhankelijke interviewers

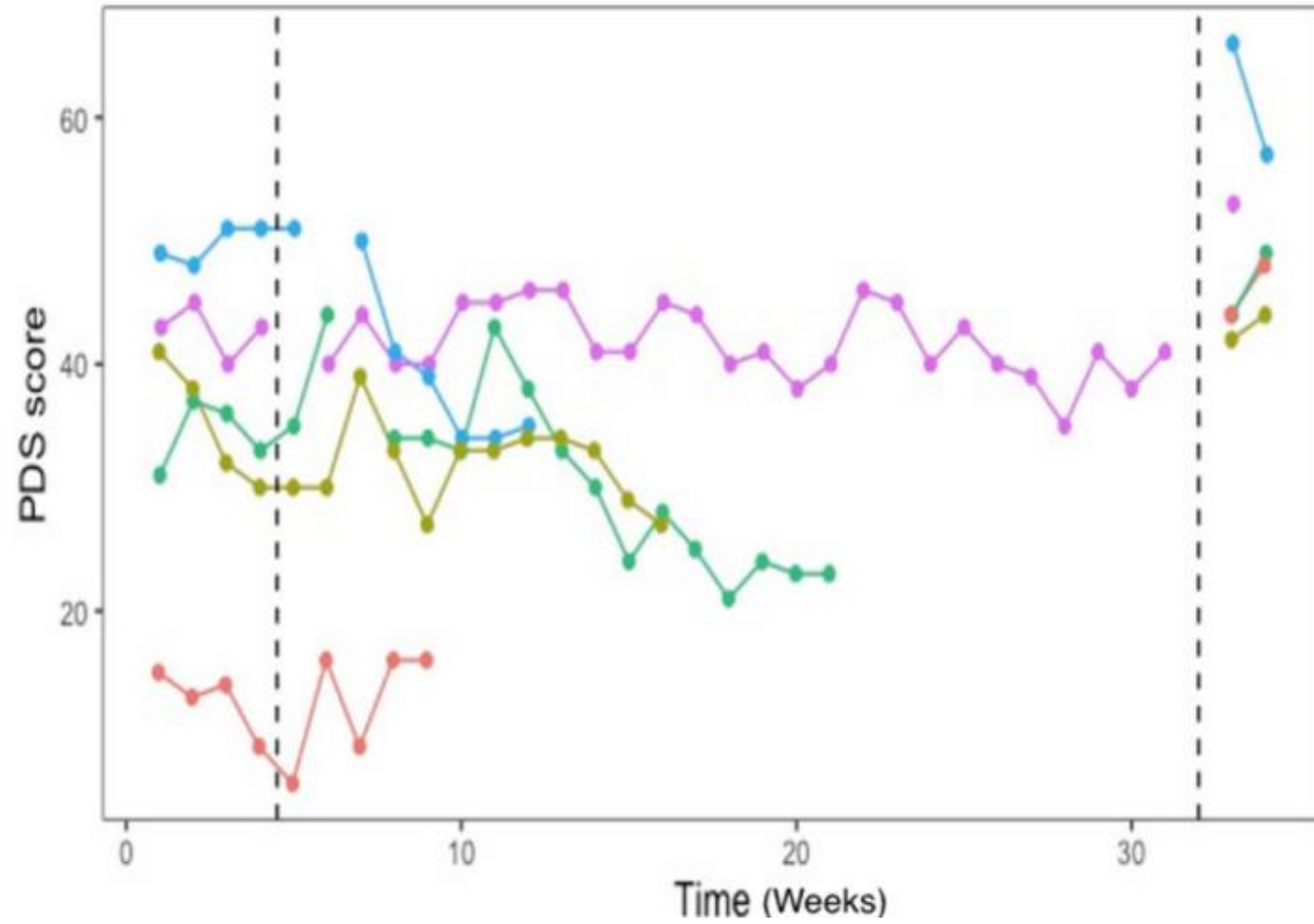


Recruitment

- PsyQ locatie Den Haag
- Van de oorspronkelijke 14 deelnemers vielen er 5 uit (36%)
- Recruitement duurde erg lang (2015-2019)

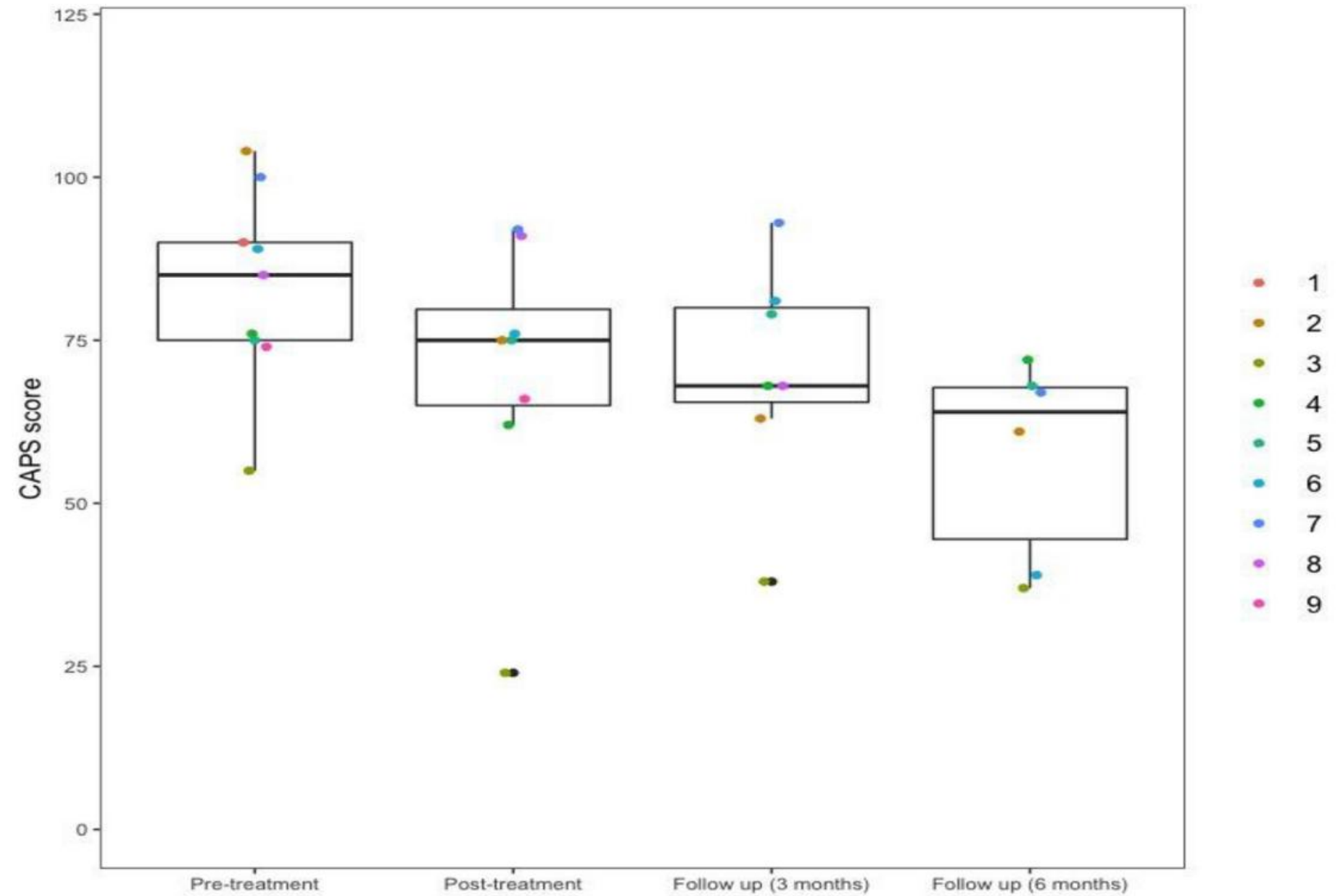








CAPS data





Patiënt perspectief

2 participanten duidelijk geen positief effect en 2 mensen twijfelde over of de therapie enig positief effect had gehad.

‘Een paar praatsessies kunnen niet alles wegmaken wat ik heb meegemaakt’



Patiënt perspectief

1 participant vond het praten over trauma niet prettig en profiteerde tijdens de follow-up periode wel van EMDR



Patiënt perspectief

3 participanten ervoeren wel een positief effect van de behandeling op PTSS klachten en waren blij met nieuwe inzichten die ze kregen tijdens de behandeling

‘Ik voelde me gehoord en begrepen door de therapeut’

‘Ik voel me nu sterker’



Single case series - voordelen

- Inzoomen wekelijkse traject
- Kwalitatieve informatie
- Dichtbij de klinische realiteit
- ‘Makkelijk’ uitvoerbaar



Single case series - nadelen

- Geen tweede baseline fase na behandeling
- Korte baseline
- Geen randomisatie
- Minder controle, bv. op duur en dropout



Single case series - nadelen

- Wat betekenen de resultaten nu precies?
- Gaan we nu als nog een RCT aanraden? Wat was dan de meerwaarde?
- Publiceren we negatieve uitkomsten wel?

Clinical Psychology & Psychotherapy

WILEY

RESEARCH ARTICLE **OPEN ACCESS**

Effectiveness of Narrative Exposure Therapy for Treatment of PTSD Following Childhood Trauma: A Single-Case Series Design

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Keywords: childhood-related trauma | narrative exposure therapy | posttraumatic stress disorder | PTSD treatment | quality of life | single-case analysis

ABSTRACT

Background: Narrative exposure therapy (NET) has shown promising outcomes for treating posttraumatic stress disorder (PTSD) in refugees and veterans. Its effectiveness in patients with PTSD following childhood trauma is, however, still unknown.

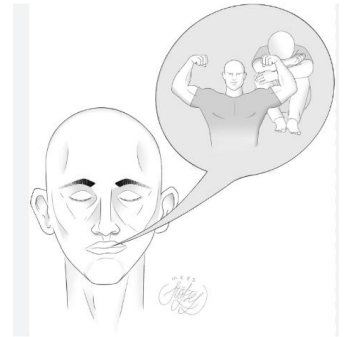
Aims: We investigated whether NET is an effective treatment for patients with PTSD following childhood trauma.

Method: We studied treatment outcomes of nine adult patients in an outpatient setting. An AB single-case series design was used with a baseline of 4 weeks prior to treatment. Participants filled in weekly online questionnaires to assess their PTSD



Conclusies

- Wij vonden geen effect van NET bij PTSS gerelateerd aan jeugdtrauma op PTSS en kwaliteit van leven
- Bij voorkeur andere traumagerichte behandeling zoals EMDR of exposure bij deze doelgroep inzetten.



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CLINICAL RESEARCH ARTICLE

OPEN ACCESS

Effect of Prolonged Exposure, intensified Prolonged Exposure and STAIR +Prolonged Exposure in patients with PTSD related to childhood abuse: a randomized controlled trial

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ABSTRACT

Background: It is unclear whether the evidence-based treatments for PTSD are as effective in patients with CA-PTSD.

Objective: We aimed to investigate the effectiveness of three variants of prolonged exposure therapy.

Method: We recruited adults with CA-PTSD. Participants were randomly assigned to Prolonged Exposure (PE; 16 sessions in 16 weeks), intensified Prolonged Exposure (IPE; 12 sessions in 4 weeks followed by 2 booster sessions) or a phase-based treatment, in which 8 sessions of PE were preceded by 8 sessions of Skills Training in Affective and Interpersonal Regulation (STAIR+PE; 16 sessions in 16 weeks). Assessments took place in week 0 (baseline), week 4, week 8, week 16 (post-treatment) and at a 6- and 12-month follow-up. The primary outcome was clinician-rated PTSD symptom severity.

Results: We randomly assigned 149 patients to PE (48), IPE (51) or STAIR+PE (50). All treatments resulted in large improvements in clinician-assessed and self-reported PTSD symptoms from baseline to 1-year follow-up (Cohen's $d > 1.6$), with no significant differences among treatments. IPE led to faster initial symptom reduction than PE for self-report PTSD symptoms ($t_{135} = -2.85, p = .005, d = .49$) but not clinician-assessed symptoms ($t_{135} = -1.65, p = .10$) and faster initial symptom reduction than STAIR+PE for self-reported ($t_{135} = -4.11, p < .001, d = .71$) and clinician-assessed symptoms ($t_{135} = -2.77, p = .006$; Cohen's $d = .48$). STAIR+PE did not result in significantly more improvement from baseline to 1-year follow-up on the secondary outcome emotion regulation, interpersonal problems and self-esteem compared to PE and IPE. Dropout rates did not differ significantly between conditions.

Conclusions: Variants of exposure therapy are tolerated well and lead to large improvements in patients with CA-PTSD. Intensifying treatment may lead to faster improvement but not to overall better outcomes.

The trial is registered at the clinical trial registry, number NCT03194113, <https://clinicaltrials.gov/ct2/show/NCT03194113>

ARTICLE HISTORY

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KEYWORDS

Posttraumatic stress disorder; CA-PTSD; trauma-focused treatment; childhood trauma; prolonged exposure; STAIR; intensified treatment

PALABRAS CLAVE

Trastorno de estrés posttraumático; TEPT-AI; tratamiento centrado en el trauma; trauma infantil; exposición prolongada; STAIR (en su sigla en inglés); tratamiento intensificado

关键词

创伤后应激障碍; CA-PTSD; 聚焦创伤治疗; 童年创伤; 延长暴露; STAIR; 强化治疗

HIGHLIGHTS

• Childhood abuse-related PTSD can be effectively



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