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Exposure Inhibition Therapy as a Treatment for Chronic Posttraumatic Stress Disorder: A Controlled Pilot Study

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ABSTRACT

Exposure inhibition therapy as a treatment for chronic posttraumatic stress disorder (PTSD) is evaluated in a randomized treatment outcome pilot study. The exposure inhibition therapy is based on crucial parts of the behavioral-cognitive inhibition theory (Paunović, 2010). In this treatment primary incompatible respondent memories are utilized in order to 1) directly counter numbing and depressive symptoms, 2) incorporate the primary trauma memory into primary incompatible memories, and 3) inhibit primary respondent trauma memories. Twenty-nine crime victims with chronic PTSD were randomized to a group that received exposure inhibition therapy immediately (N = 14), or a wait-list control group (N = 15) that waited for 2.5 months and then received the treatment. The group that first received treatment improved significantly on PTSD symptoms, (CAPS, IES-R, PCL) depression (BDI), anxiety (BAI), posttraumatic cognitions of self, others and guilt (PTCI), and coping self-efficacy (CES) compared to the wait-list control group. The treatment efficacy was high for PTSD symptoms, depressive and anxiety symptoms, as well as on most cognitive measures. When the wait-list control group received treatment similar results were observed. Results were maintained at a 3-months follow-up in the treatment group, and on some measures improvement continued. Three empirically derived cut-off criteria (44, 39 27) were used for the CAPS, and one cut-off level for the BDI (10), in order to assess the clinical significance of the results. The majority of clients no longer fulfilled PTSD as a result of the treatment regardless of the level of cut-off criteria, and similar results were observed on the BDI. In conclusion, exposure inhibition therapy was an effective treatment for chronic PTSD in this study. A proposal is made to compare exposure inhibition therapy with the state-of-the-art therapy for chronic PTSD, i.e. exposure therapy. Several hypotheses are presented; e.g. that exposure inhibition therapy may be more effective for some symptoms, and involving less emotional pain in the therapeutic process.

KEYWORDS

Exposure Inhibition Therapy, Posttraumatic Stress Disorder, Crime Victims, Randomized Treatment Outcome Pilot Study, Behavioral-Cognitive Inhibition Theory, Primary Respondent Memories

Cite this paper

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