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Acceptance and Commitment Therapy for improving the quality of life in person with complex PTSD

Nathalia Vargas, Ph.D Institute of Contextuales Therapies

Michel Reyes Ortega, Ph. D Institute of Contextuales Therapies

Edgar Miranda Terres, Ph.D. National Institute of Psychiatry Ramón de la Fuente Muñiz

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Post Traumatic Stress Disorder

- The main features of PTSD according to DSM-5 are:
  - Exposure to threat or actual death, serious injury or sexual violence
  - The presence of recurrent, involuntary, intrusive and painful memories and dreams
  - Persistent avoidance of stimuli associated with the traumatic event.
  - Negative alterations in cognitions and mood associated with traumatic event
  - Marked alterations in arousal and reactivity associated with the traumatic event
  - Can appear: Dissociative, Depersonalization or Derealization reactions

Nathalia Vargas, Ph.D Institute of Contextuales Therapies; Michel Reyes Ph.D Institute of Contextuales Therapies;
Edgar Miranda M.C National Institute of Psychiatry Ramón de la Fuente Muñiz

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Complex Psychological Trauma (Courtois & Ford, 2014)

- As a resulting form exposure to severe stressors:
  - Repetitive or prolonged
  - Involve harm or abandonment by caregivers
  - Ouccur at develepmentally vulnerable time

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Edgar Miranda M.C National Institute of Psychiatry Ramón de la Fuente Muñiz

PTSD prevalence in Mexico

CUASE	WOMAN	MEN
Rape	6.3%	1.3%
Sexual abuse	9.6%	1.2%
Beaten by their parents	18.4%	18.1%
Beaten by couple	10.7%	0.8%
beaten by others	3.2%	12.1%
Domestic violence	21.8%	18.5%
kidnapping	0.7%	3.8%
robbery with weapon	15.2%	34.9%
Peresecution/besieged	5.5%	1.7%
witnessed that injure or kill another	10.4%	22.7%
Death of a close relative	28.3%	25.3%
Traffic accident	14.7%	28.7%
NaturalNatural desatre	12.8%	14.7%
War or conflict	0.5%	1.5%

- According to the national survey of Epidemiology 1.4% of the general population suffers from PTSD.

(Medina-Mora, et, al., 2003)

Nathalia Vargas, Ph.D Institute of Contextuales Therapies; Michel Reyes Ph.D Institute of Contextuales Therapies; Edgar Miranda M.C National Institute of Psychiatry Ramón de la Fuente Muñiz

MODEL FOR COMPLEX PTSD (Vargas, Reyes & Miranda, 2014)

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Multiple Traumatic Event

Variety of stimuli associated with the trauma (internal/External) Situations, places, sensations, thoughts, memories, flashbacks.

Intense Emotions: Fear, anger, shame, helplessness

Mechanism of control and avoidance oriented to emotion: Avoidance, suppression, rumination, worry eg: drinking alcohol, isolated, engage with the thoughts

Consequences:

Positive: Attention, decreased emotion.

Negative: Loss of relationships, poor performance, health problems.

Loss of positive reinforcers

Increased Aversive stimulation

Poor solve problems

Increased unpleasant emotions

Increased avoidance

VULNERABILITY TO OTHER PSYCHIATRIC DISORDERS

EXPERIENCIAL AVOIDANCE AND COGNITIVE FUSION

Nathalia Vargas, Ph.D Institute of Contextuales Therapies; Michel Reyes Ph.D Institute of Contextuales Therapies; Edgar Miranda M.C National Institute of Psychiatry Ramón de la Fuente Muñiz

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ACT FOR COMPLEX PTSD
Objetives

- This work is piloting an intervention model for complex PTSD.

- The main objective was to design an intervention program based on ACT for the treatment of complex PTSD and evaluate their effectiveness in reducing symptoms of PTSD, depression and increased quality of life for program participants over nine months.

Nathalia Vargas, Ph.D Institute of Contextuales Therapies; Michel Reyes Ph.D Institute of Contextuales Therapies;
Edgar Miranda M.C National Institute of Psychiatry Ramón de la Fuente Muñiz

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PSYCHOTHERAPEUTIC MODEL

- The intervention program was designed to:
  - Group mode
  - For 10 to 12 participants
  - We need the presence of a trained therapist, co-therapist
  - The duration of the sessions was 90 minutes
  - Because a lot of participants suffer of dissociation and depersonalization, the co-therapist has the function of monitoring the dissociative, depersonalization and desrealization symptoms and do interventions to keep focused and attentive to the participants in the session

Nathalia Vargas, Ph.D Institute of Contextuales Therapies; Michel Reyes Ph.D Institute of Contextuales Therapies;
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SUBJECTS AND CHARACTERISTICS

- Access to participants was conducted by the National Institute of Psychiatry and a randomized sampling
- Inclusion criteria
  - Having suffered multiple traumatic events throughout their lives.
  - The type of trauma is interpersonal
  - Have more than one year with symptoms of PTSD
  - Have a diagnosis of major depressive disorder secondary to PTSD
- Exclusion criteria:
  - Have more than 6 months receiving psychotherapy.
  - Have substance dependence (abuse accepted).
  - Being diagnosed with: Schizophrenia, BPD, Bipolar Disorder, delusion, acute psychosis, OCD, feeding and eating disorder
  - Unable to move unit.

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TREATMENT (1)

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session 1

- Mindfulness
- Psychoeducation of their emotions
- Pain cicle

Session 2

- Mindfulness
- Creative hopelessness

Session 3

- Mindfulness
- My struggle

Session 4

- Mindfulness
- Demons on the boat

Session 5

- Mindfulness
- The function of my mind

Session 6

- Mindfulness
- Regain trust

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TREATMENT (2)

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session 7
- Mindfulness
- Exercising my wiliness

Session 8
- Mindfulness
- I'm not broken or damaged: Seeking work as the perspective and self acceptance.

Session 9
- Mindfulness
- Regain my values

Sesión 10
- Mindfulness
- Giving direction to my life

Session 11
- Mindfulness
- The thousand journey coordinates

Session 12
- Mindfulness
- New personal goals, reinforcing skills obtained and the end of a treatment.

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MEASUREMENTS

- **Check list of PTSD symptoms (PCL-C)** Weathers, Litz, Herman, Huska & Keane, (1993). Translate and adapte for mexican population (Flores, Reyes & Reidl 2012)

- **Beck Depression Inventory (BDI).** Beck (*1988).Adaptación Robles, Varela, Jurado y Páez (2001).*

- **Inventory of Quality of Life and Health (INCAVISA)** Riveros, Sánchez Sosa y Groves (2003): evaluating 12 areas, each with four items, in Likert scale. These areas are: 1) Concerns, 2) physical performance 3) insolation, 4) Body Perception, 5) cognitive functions, 6) attitude towards the treatment, 7) Leisure , 8) Daily Life, 9) Family, 10) Social Networking 11) Medical dependency 12) Relationship with medical

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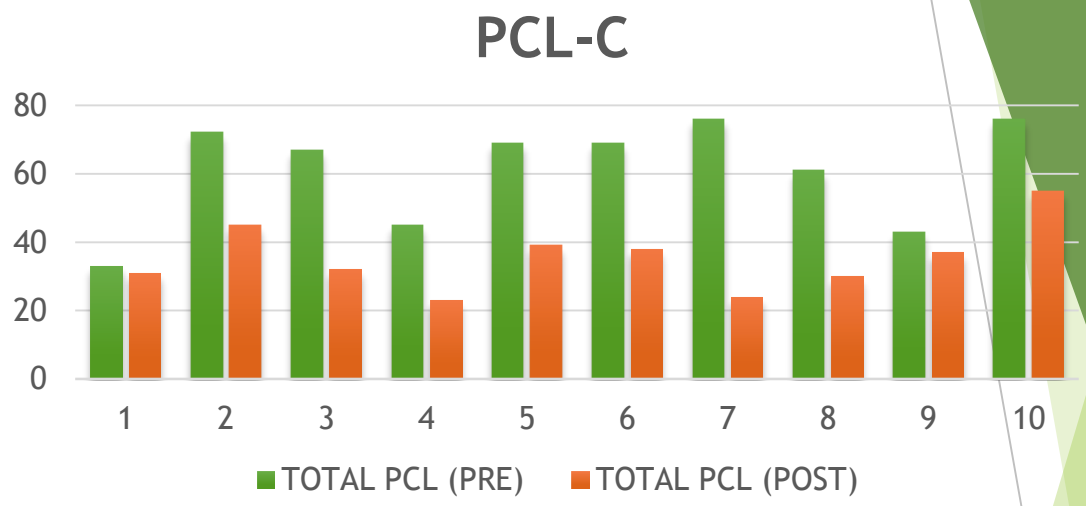
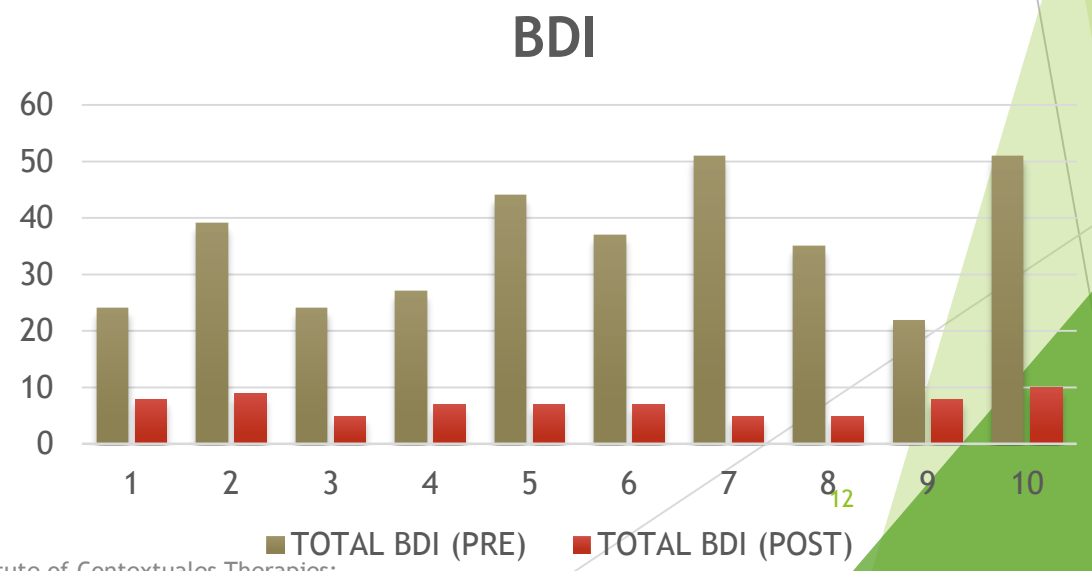
RESULTS

- The results show clinical and statistically significant difference in reduction of PTSD symptoms, symptoms of MDD and increased quality of life.

- Wilcoxon test applied to pretest and postest measurements both in the checklist of PTSD symptoms (PCL-C) as the Beck Depression Inventory (BDI), show a **significance level of .005**





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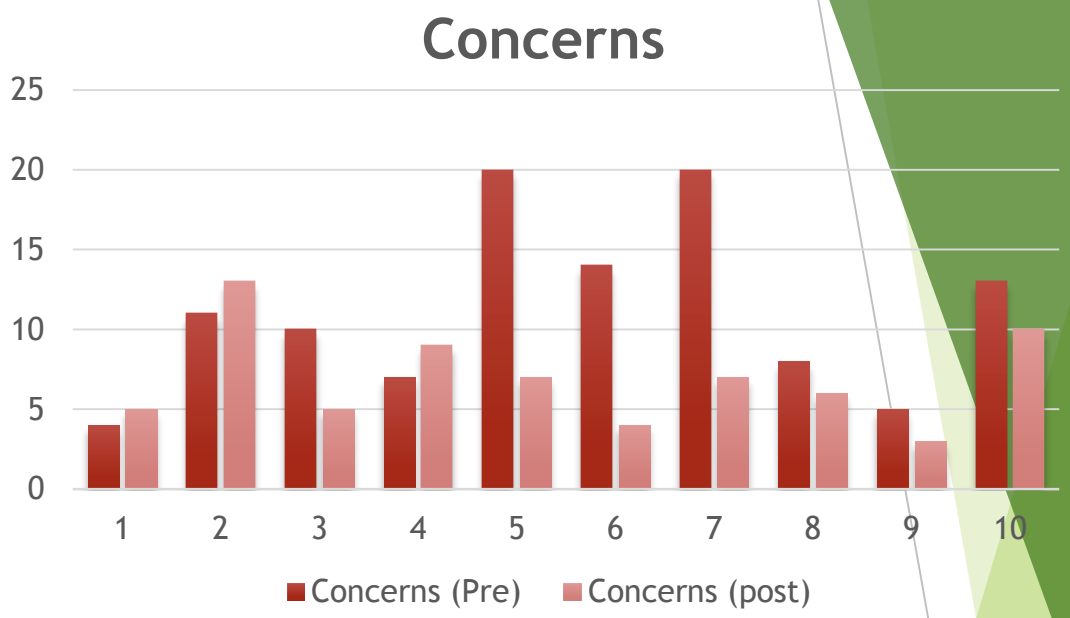
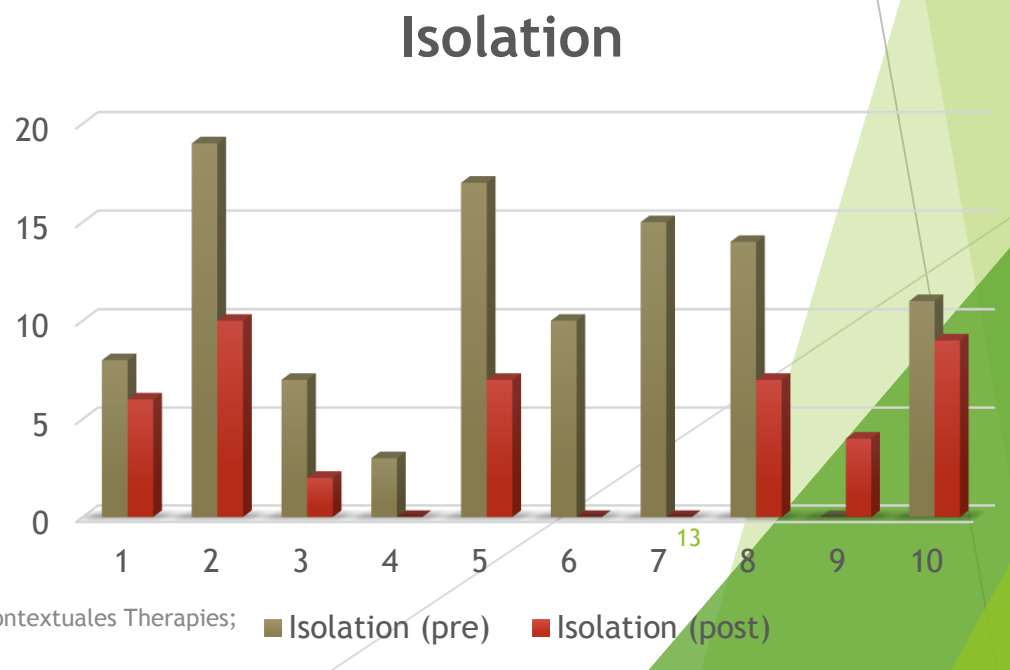
- For Quality of Life and Health the two-way analysis of Friedman shows a **significance level of .000**

- The areas with the greatest impact were:
  - The decrease in concerns
  - The reduction of isolation
  - Lowered difficulty managing their lives
  - The decrease in the medical depency
  - The perception of increased quality of life





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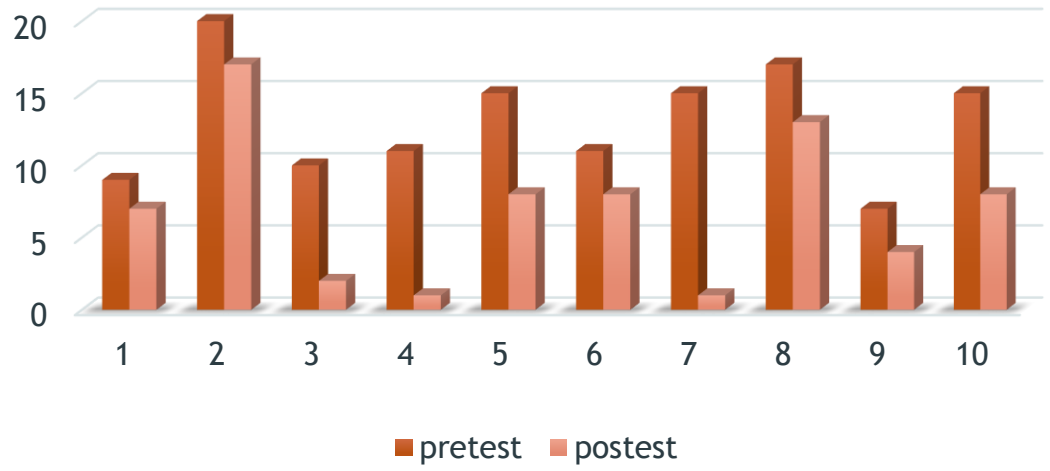
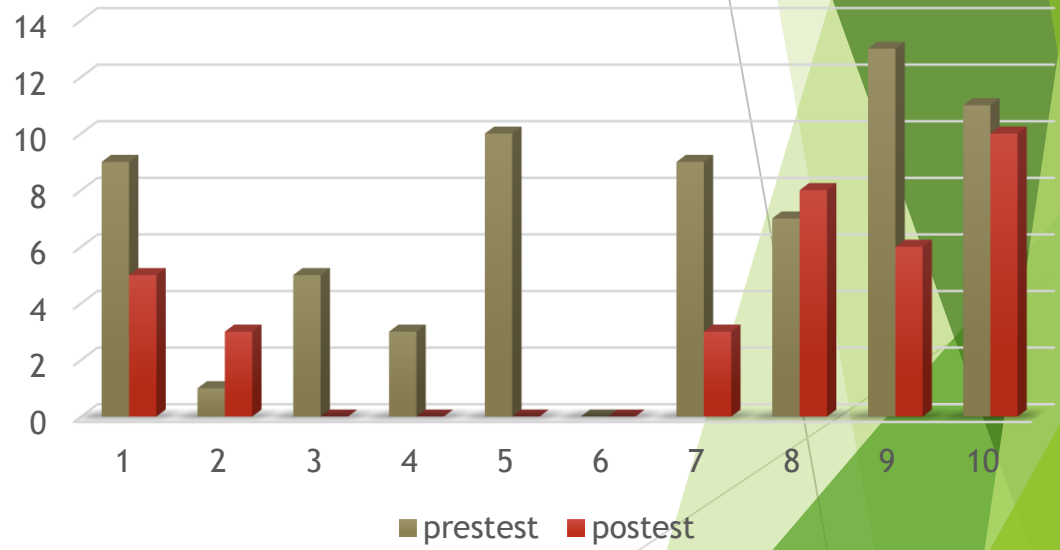
Difficulty managing their daily lives



Medical Dependency



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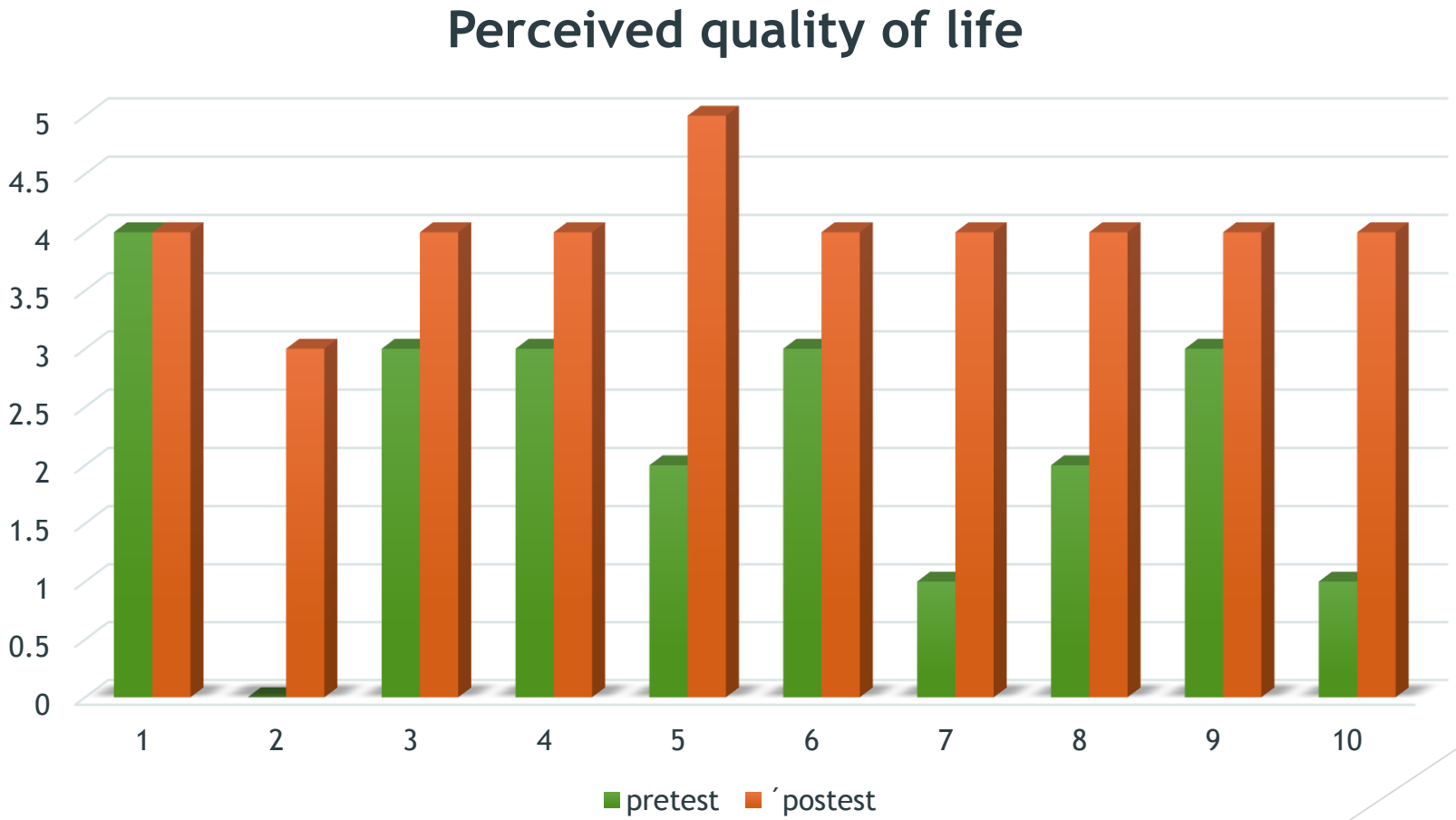
Perception of Quality of life



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CONCLUSIONS

- While the results are encouraging, this is a pilot study and the control group is required and extend the sample.
- Furthermore, the sub-scale present minor change in quality of life and health scale was the scale of social networks and was one of the points at which participants showed greater resistance
- Therefore it will be considered to go further in this point for future interventions

Nathalia Vargas, Ph.D Institute of Contextuales Therapies; Michel Reyes Ph.D Institute of Contextuales Therapies;
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