ACT for Complex trauma:
Comparing impacts of ACT and Exposure Therapy

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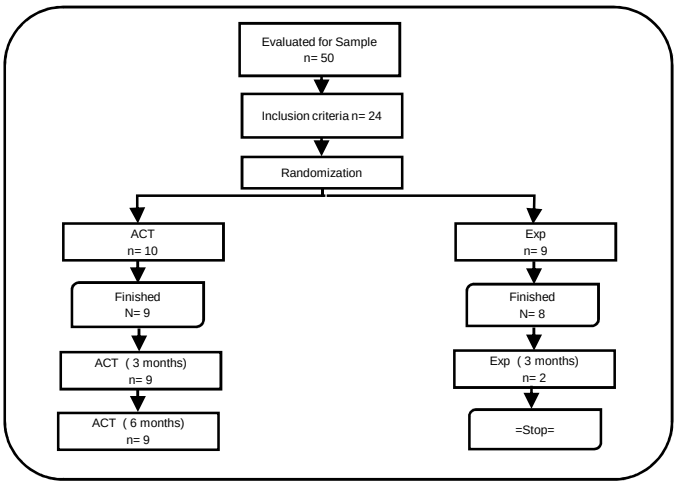
Introduction.

According the DSM- 5, Post-Traumatic Stress Disorder (PTSD) is characterized by intense, prolonged psychological anguish, accompanied by intrusive physiological symptoms and avoidance of the matters associated with the traumatizing event. The etiology of this syndrome is believed to be a specific event and it is manifested in three main types of symptomology: re-experience, avoidance and activation (American Psychiatric Association, 2013). Moreover, PTSD is associated with poor overall functioning and low quality of life (Monson, Taft & Fredman, 2009). The purpose of this study was to compare the effectiveness of ACT and Exposure Therapy (exp.) over the course of six months.

Method.

Twenty users who met the eligibility criteria were chosen and assessed by the complex psychological trauma service (INPRF) and subsequently invited to an initial appointment where they were invited to participate in the study. Once the sample group was established, the participants were assigned randomly to treatment groups. Participants who met the following criteria : 1) subjects of either sex; 2) age: 18 to 45; 3) previously diagnosed by National Institute of Psychiatry (INPRF) as sufferer of complex trauma; 4) multiple episodes of interpersonal trauma; 5) a six-month period without any psychological intervention; 6) commitment to attend weekly treatment session. Subjects were rated ineligible for the following reasons: a) having had more than six months of psychological treatment; b) drug addiction (drug abuse was not a disqualifier); c) diagnosed schizophrenia, bipolar disorder, delirious ideation disorder, acute psychosis, obsessive-compulsive disorder and eating disorders. One week before the intervention, subjects were assessed using the Beck Depression Inventory (Beck, 1988; *Robles, Varela, Jurado & Páez, 2001).*, the Quality of Life and Health Inventory (Riveros, Sánchez Sosa & Groves, 2003) and Post-Traumatic Stress Syndrome Symptoms Checklist (Weathers, Litz, Herman, Huska & Keane, 1993; Vargas, Reyes & Miranda, 2015). One week before the end of treatment, subjects of both groups were again assessed using the aforementioned instruments.

Figure 1
Sampling election



The sample consisted of 19 female subjects diagnosed with complex trauma (See figure one), ranging in age from 18 to 48 years-old, with an average age and scholarity of 34 years and high school diploma. The mean age when the initial traumatic event occurred was at 13 years-old. The types of trauma are listed in Table one.

Table.1

Types of trauma

	Frequency	Percent
Rape (one episode)	1	5.6
Child Sexual Abuse	6	33.3
multiple sexual assaults	1	5.6
Multiple rape	2	11.1
Domestic Violence	1	5.6
Domestic Violence + Child Sexual Abuse	5	27.8
child prostitution	1	5.6
Kidnapping	1	5.6
Total	18	100.0

Results

A t-student test was run to compare the total average scores for post-traumatic stress syndrome, depression and quality of life scores before and after the treatment intervention. This analysis yielded significant statistical differences that can be seen in table two.

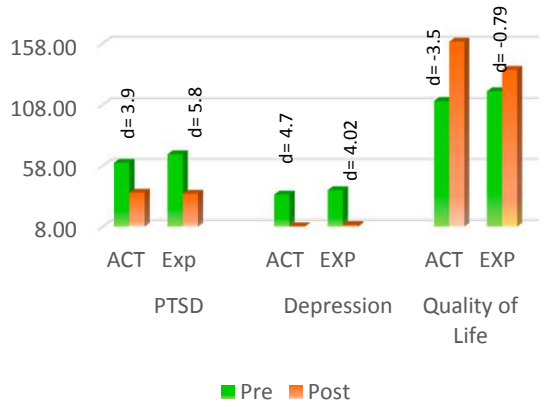
Table. 2

t-student test for PTSD, Depression and Quality of Life

		Pre	Post	T	gl	sig.
PTSD	ACT	60.60	36.10	5.093	9	.001
	Exp	67.56	35.22	8.242	8	.000
Depression	ACT	34.40	8.40	7.095	9	.000
	EXP	38.00	9.44	5.695	0	.000
Quality of Life	ACT	111.10	159.40	-5.287	9	.001
	EXP	119.00	136.56	-1.122	8	.294

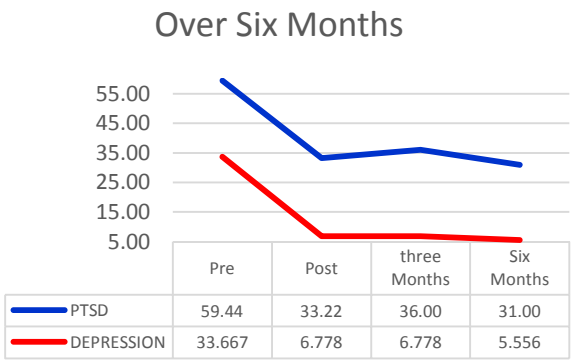
An analysis of the results provided in table two demonstrate that both intervention approaches significantly reduce traumatic and depressive symptomologies, though only the ACT approach exerted a significant change in quality of life of the subjects (See figure two).

Figure. 2
PTSD, Depression and Quality of Life before and after the treatments



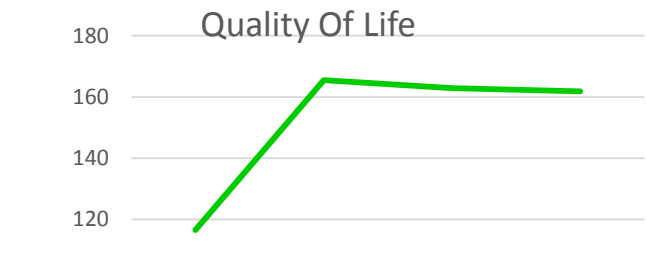
Because the sample presented for the first and second follow up of the ET were not comparable, only the ACT group data could be analyzed over entire course of six month intervention. An analysis of the Act group data gathered shows that symptomology remains largely stable and then lessens over this period of time for PTSD

Figure. 3
PTSD, Depression over six months



	Pre	Post	three Months	Six Months
PTSD	59.44	33.22	36.00	31.00
DEPRESSION	33.667	6.778	6.778	5.556

Figure. 4
Quality of life over six months



	Pre	Post	three Months	Six Months
Series1	116.556	165.556	162.889	161.88

Discussion

Both the ACT and the ET approaches lessened symptoms of post-traumatic stress and depression after intervention; however only ACT showed any increase in quality of life. Moreover, with ACT post-traumatic stress symptoms continued to diminish with the passage of time. Because of the death of one of the subjects, this dimension was not assessed for the ET group.

From a theoretical standpoint of habituation, Exposure Therapy serves only to diminish symptoms and does not address skills or behavioral strategies for coping with prolonged post-traumatic stress symptomologies and associated health issues. This study sheds light on the usefulness and limitations of these therapeutic approaches; however, more research is needed to support our findings. Moreover, mixed approaches should be employed in order to gather data on the variables intervening in the post-intervention measures.

References

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Monson, C. M., Taft, C. T., & Fredman, S. J. (2009). Military-related PTSD and intimate relationships: From description to theory-driven data and intervention development. *Clinical Psychology Review, 29*, 707-714. doi: 10.1016/j.cpr.2009.09.002

Weathers, F., Litz, B., Herman, D., Huska, J., & Keane, T. (October 1993). The PTSD Checklist (PCL): Reliability, Validity, and Diagnostic Utility. Paper presented at the Annual Convention of the International Society for Traumatic Stress Studies, San Antonio, TX. NOTE: Due to some confusion over versions of the PCL for DSM-IV, some of the published papers state that the PCL-C was used in this study, but the authors have confirmed that the PCL-S was the version actually used