Long-term outcomes of trauma-focused treatment in psychosis

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Summary
We present 12-month follow-up results for a randomised controlled trial of prolonged exposure and eye movement desensitisation and reprocessing (EMDR) therapy in 85 (78.8%) participants with psychotic disorder and comorbid post-traumatic stress disorder (PTSD). Positive effects on clinician-rated PTSD, self-rated PTSD, depression, paranoid-referential thinking and remission from schizophrenia were maintained up to 12-month follow-up. Negative post-traumatic cognitions declined in prolonged exposure and were stable in EMDR. A significant decline in social functioning was found, whereas reductions in interference of PTSD symptoms with social functioning were maintained. These results support that current PTSD guidelines apply to individuals with psychosis.

Method
In this single-blind RCT with three arms, participants (n = 155) that met both criteria for a lifetime psychotic disorder (61.3% schizophrenia and 29.0% schizoaffective disorder) and full criteria for PTSD received eight sessions of TFT (i.e. prolonged exposure or EMDR), or remained on the waiting list for TFT. All participants received treatment-as-usual for psychosis. Participants in the waiting list condition received their TFT of choice after the 6-month follow-up assessment, since we considered it unethical to withhold treatment for longer than 6 months. The prolonged exposure and EMDR groups were also assessed at 12-month follow-up. This trial was set up in accordance with the Consolidated Standards of Reporting Trials guidelines and received ethical approval from the medical ethics committee of the VU University Medical Center in Amsterdam and was registered at isrctn.com (ISRCTN79584912). See van den Berg et al. and de Bont et al. for full details of the trial. At 12-month follow-up, 43 (81.1%) participants in the prolonged exposure condition and 42 (76.4%) participants in the EMDR condition completed all assessments and were included in the analyses.

Results
Supplementary Fig. 1 (available at https://doi.org/10.1192/bjp.2017.30) presents the mean observed scores. There were no significant changes in severity of clinician-rated PTSD symptoms in prolonged exposure (t[42] = 0.59, P = 0.879). There were significant further reductions in severity of post-traumatic cognitions in prolonged exposure between the 6-month and 12-month follow-up, or in self-rated PTSD symptoms (prolonged exposure: t[43] = −0.66, P = 0.514; EMDR: t[38] = −0.15, P = 0.879). There were significant further reductions in severity of post-traumatic cognitions in prolonged exposure between the 6-month and 12-month follow-up.
2.14, \( P = 0.038 \), but not in EMDR (\( t[38] = 0.36, P = 0.722 \)). No changes in depression symptoms were observed in prolonged exposure (\( t[41] = 0.40, P = 0.689 \)) or EMDR (\( t[38] = 1.26, P = 0.217 \)). There was a significant decrease in level of social functioning in both PE (\( t[41] = 4.31, P < 0.001 \)) and EMDR (\( t[38] = 2.08, P = 0.044 \)) between the 6-month and 12-month follow-up. There were no significant changes in severity of paranoid thinking in prolonged exposure (\( t[41] = 1.22, P = 0.231 \)) or EMDR (\( t[38] = 1.35, P = 0.184 \)). For all participants, there were no changes in the Auditory Hallucinations Rating Scale total score in prolonged exposure (\( z = -1.81, P = 0.071 \)) or EMDR (\( z = -0.54, P = 0.586 \)), or in delusions on the DRS between the 6-month and 12-month follow-up (prolonged exposure: \( z = -1.06, P = 0.287 \); EMDR: \( z = -0.26, P = 0.794 \)). Also, no changes were found in the number of participants in remission from schizophrenia in prolonged exposure (\( P = 0.388 \)) or EMDR (\( P = 0.999 \)).

Analyses for differences between prolonged exposure and EMDR at 12-month follow-up yielded no significant results for any of the outcome variables. The outcomes of the LOCF sensitivity analyses were similar to the original results; the only difference was that, in the LOCF analyses, there was a significant decrease in the DRS total score and self-rated PTSD, depression, paranoia-referential thinking, voice hearing, delusions or the number of participants in remission from schizophrenia.

Discussion

Prolonged exposure and EMDR were previously found to be effective, safe and feasible in patients with psychosis and comorbid PTSD without the use of stabilising psychotherapeutic interventions.\(^6\) The present study shows that these effects remained at 12-month follow-up. More specifically, there were no differences between the 6-month and 12-month follow-up in clinician-rated PTSD, self-rated PTSD, depression, paranoid-referential thinking, voice hearing, delusions or the number of participants in remission from schizophrenia. Negative post-traumatic cognitions declined further in prolonged exposure, but not in EMDR. At 12-month follow-up, there were no differences between prolonged exposure and EMDR on any of the outcomes. Although replication of our findings is necessary, these results appear to suggest that TFT and EMDR on any of the outcomes. Although replication of our findings is necessary, these results appear to suggest that TFT and EMDR on any of the outcomes. Although replication of our findings is necessary, these results appear to suggest that TFT and EMDR on any of the outcomes.

We conclude that TFT has long-term positive effects on symptoms of PTSD, depression and psychosis in people with severe psychotic disorders, and that there seems to be no reason to exclude individuals with psychosis from TFT. Although replication of these findings and more research on the long-term effects on social functioning is required, these findings provide further support for the notion that the current guidelines for PTSD also apply to individuals with psychosis.

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First received 30 Apr 2017, final revision 5 Oct 2017, accepted 12 Oct 2017

Funding

This study was funded by the Dutch Support Foundation ‘Stichting tot Steun VCVGZ’ (awarded to M.v.d.G.). Stichting tot Steun VCVGZ had no part in the design and conduct of the study or decisions about this report.

Supplementary material

Supplementary material is available online at https://doi.org/10.1192/bjp.2017.30.

References


https://doi.org/10.1192/bjp.2017.30 Published online by Cambridge University Press


