Treatment of posttraumatic anger: A study into the feasibility and acceptability of a research protocol investigating an EMDR-based intervention directed at reducing trauma related anger symptoms in forensic outpatients*

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Objective: The Directed Anger Protocol (DAP) is an EMDR-based treatment for anger symptoms and revenge urges. Although professionals working with the DAP express positive results in lowering anger symptoms and revenge urges, no quantitative research...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Anxiety disorders and symptoms
Study type	Interventional

Summary

ID

NL-OMON50908

Source
ToetsingOnline

Brief title
DAP feasibility study

Condition

- Anxiety disorders and symptoms

Synonym
Trauma and Anger

Research involving
Human

Sponsors and support

Primary sponsor: de forensische zorgspecialisten
Source(s) of monetary or material Support: Er wordt subsidie aangevraagd bij de EMDR vereniging Nederland

Intervention

Keyword: Anger, EMDR, Forensic, Trauma

Outcome measures

Primary outcome

To assess feasibility and acceptability of the research design to investigate

the DAP protocol as an intervention to reduce anger related PTSD symptoms.

Secondary outcome

To determine whether the DAP can be utilized to reduce PTSD related anger

symptoms, measured with The State Anger Inventory (STAXI-2) the Directed Anger

Questionnaire (DIRAQ) and the PTSD Checklist for DSM-V (PCL-5), at pre- and

post treatment. In addition, a relationship is expected between the scales of

the STAXI-2 (angry expression) and three personality dimensions neuroticism,

conscientiousness and altruism. To investigate this, the NEO-FFI-3 is

administered

Study description

Background summary

Eye Movement Desensitization and Reprocessing (EMDR) and Cognitive Behavioral Treatment (CBT) are recommended in various guidelines for the treatment of Post Traumatic Stress Disorder (PTSD) symptoms since they are the most effective in

reducing anxiety-complaints. However, a subgroup of PTSD-patients does not profit from standard EMDR and CBT. Research suggests that this subgroup suffers from PTSD-related anger symptoms instead of PTSD-related anxiety symptoms. Yet, there is no know treatment available that focuses on PTSD related anger symptoms. Research suggests that anger symptoms negatively impact PTSD treatment outcome, pointing towards the need for a treatment targeting these anger symptoms.

Study objective

Objective: The Directed Anger Protocol (DAP) is an EMDR-based treatment for anger symptoms and revenge urges. Although professionals working with the DAP express positive results in lowering anger symptoms and revenge urges, no quantitative research has been done to support this. The objective of this study is to investigate the feasibility and acceptability of a research protocol using the DAP to reduce PTSD-related anger symptoms in adult forensic patients.

Study design

Study design: A DAP protocol will be performed by a trained therapists (hereafter named DAP-therapist) at one of ten locations of de Waag, centre for forensic outpatient psychiatric care. Included are adult outpatients diagnosed with PTSD and suffering from PTSD-related anger symptoms, as assessed with several questionnaires. Exclusion criteria are an IQ below average and/or a psychotic disorder or autism spectrum disorder. After being diagnosed with PTSD, the research assistant will refer outpatients to one of the DAP-trained therapists based on availability, at the location of their initial referral.
After written informed consent has been obtained and inclusion criteria met, patients will then be subjected to a maximum of five DAP-sessions, depending on the number of targets identified for the DAP and anger symptom severity. After the DAP-treatment, outpatients will either start or continue treatment as usual. Changes in levels of anger symptoms are measured with the STAXI-II (pre- and post-trial) and the DIRAQ (each session, during the treatment phase). During the DAP-treatment, the severity of overall PTSD symptoms is measured with the PCL-5 (each session). If ratings on DIRAQ or PCL-5 increase, a consultation with the patient and regular therapist will be scheduled before the next trial session, to determine whether the trial needs to be aborted. Upon completion of the trial, a semi-structured interview will be administered to gain insight in the experiences of the patient and therapist regarding participation in the trial.
Preliminaryresults of the study into the feasibility and plausibility of the Anger Revenge Resentment Protocol (WWWP) showed that this treatment intervention may be less suitable for part of the target group. Patients who suppress their impulsiveness, seem to be unable to fully access their emotions and/or patients who are more suspicious of the therapist seem to benefit less

from the treatment. Based on this, there is the impression that personality traits might play a role. To investigate this further, it is important to gather more information about the test subjects'personality traits.A questionnaire will be added to the study to map relevant personality dimensions.

Intervention

The DAP is an EMDR based treatment and targets anger symptoms (anger rumination, revenge fantasies, arousal, and perceived harm) towards individuals responsible for harming the patient in the past. Patients are asked to create an imaginary film scenario in which the harm doer is confronted and the patient*s fantasies are acted upon, while simultaneously taxing the working memory trough bilateral stimulation (i.e., eye movements, hearing clicks trough headphones, or other memory tasks) as in regular EMDR treatment. Each harm doer is addressed as a separate target in one or (incidentally) more DAP sessions.

Study burden and risks

Patients are expected to experience heightened levels of arousal during the DAP-sessions, as this arousal is a necessary treatment component. To ensure outpatient*s safety, outpatients included in the DAP-treatment exercise a technique called *The Brake* to lower arousal levels. While preparing for DAP, the therapist will assess the actual desire to act upon the revenge urges. If this is the case, the DAP will not be administered.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)

Inclusion criteria

-Male, older than 18 years
- Referred for violent behaviour
- Presence of PTSD symptoms as clinically assessed by the therapist supported by a sum score >= 31 on the PTSD Checklist for DSM 5 (PCL-5) in the diagnostic phase
- Patients suffer from anger symptoms (i.e. anger rumination, revenge urges and fantasies) demonstrated by a sum score >= 60 on the DIrected Anger Questionnaire (DIRAQ) in the diagnostic phase

Exclusion criteria

- IQ rating below average- or lower, clinically assessed by therapist in the diagnostic phase. In case of doubt, therapists will use the Screener for intelligence and mild intellectual disabilities (Screener voor Intelligentie en Licht verstandelijke beperking; SCIL). If the results are inconclusive, therapists can administer the Wechsler Adult Intelligence Scale IV (WAIS-IV) (Determining patients IQ ratings with the SCIL and WAIS V is standard practice in treatments throughout mental health care organizations).
- A psychotic disorder or autism spectrum disorder, or a high suspicion of either disorder clinically assessed by therapist in the diagnostic phase
D5b. In het Nederlands

Study design

Design

Study type: Interventional

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	01-09-2021
Enrollment:	50
Type:	Actual

Ethics review

Approved WMO Date:	14-06-2021
Application type:	First submission
Review commission:	METC Amsterdam UMC
Approved WMO Date:	19-04-2024
Application type:	Amendment
Review commission:	MEC Academisch Medisch Centrum (Amsterdam) Kamer G4-214 Postbus 22660 1100 DD Amsterdam 020 566 7389 mecamc@amsterdamumc.nl

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL77151.018.21