

# Treatment of PTSD due to chronic interpersonal violence in early childhood: which treatment works best?

Gepubliceerd: 26-09-2014 Laatste bijgewerkt: 18-08-2022

This study focuses on PTSD due to repeated and prolonged interpersonal abuse in childhood (eg sexual and / or physical abuse) within the immediate environment. By using a Randomized controlled design, we examine whether Imaginary Exposure is more...

<b>Ethische beoordeling</b>	Positief advies
<b>Status</b>	Werving gestart
<b>Type aandoening</b>	-
<b>Onderzoekstype</b>	Interventie onderzoek

## Samenvatting

### ID

NL-OMON25931

### Bron

Nationaal Trial Register

### Verkorte titel

PTSD in early childhood

### Aandoening

PTSD  
childhoodtrauma  
Exposure  
Rescripting

### Ondersteuning

**Primaire sponsor:** Psychotherapy & Movement

<https://pm-psychotherapieamsterdam.nl>

**Overige ondersteuning:** Psychotherapy & Movement

## Onderzoeksproduct en/of interventie

### Uitkomstmaten

#### Primaire uitkomstmaten

Primary outcome measure is severity of PTSD symptoms, as assessed with the Post-Traumatic Stress Diagnostic Scale PDS (self-report) (Foa, Riggs, Dancu, & Rothbaum, 1993; Arntz, 1993), Dutch version.

## Toelichting onderzoek

### Achtergrond van het onderzoek

Meta-analyses show that Trauma-Focused Cognitive Behavioral, Imaginary Exposure and Eye Movement Desensitization-Reprocessing are the most effective psychological treatments for posttraumatic stress disorder (PTSD) (Bisson et al, 2007; Bradley, Greene, Russ, Dutra & West, 2005; Cloitre, 2009; Seidler & Wagner, 2006). These relatively short treatments (9-12 sessions of 90 minutes) results in a considerable reduction of PTSD symptoms in 40-70% of patients. However, the vast majority of research has been conducted on PTSD following a single traumatic event. Research examining the application of these two protocols to PTSD as a result of repeated and prolonged interpersonal abuse in childhood (eg sexual and / or physical abuse) within the immediate environment is scant. Whether Imaginary Exposure should be regarded a 'golden standard treatment' in this patient group is unknown, en thus, research examining the effectiveness of Imaginary Exposure in this patient group is needed. Moreover, a novel treatment called 'Imaginary Rescripting' may more actively intervene in key processes that play a role in the development of PTSD such as dysfunctional based schedules and tonic immobility (TI). Hence, it may be more effective as compared to Imaginary Exposure.

This study focuses on PTSD due to repeated and prolonged interpersonal abuse in childhood (eg sexual and / or physical abuse) within the immediate environment. By using a Randomized controlled design, we examine whether Imaginary Exposure is more effective as compared to a waitinglist with regard to severity of PTSD symptoms, and whether Imaginaire Rescripting is more effective as compared to Imaginary Exposure.

### Doel van het onderzoek

This study focuses on PTSD due to repeated and prolonged interpersonal abuse in childhood

(eg sexual and / or physical abuse) within the immediate environment. By using a Randomized controlled design, we examine whether Imaginary Exposure is more effective as compared to a waitinglist with regard to severity of PTSD symptoms, and whether Imaginaire Rescripting is more effective as compared to Imaginary Exposure.

#### Primary hypotheses:

We expect that in this patient group with repeated and prolonged interpersonal abuse in childhood within the immediate environment, Imaginary Exposure will be more effective as compared to a waiting list condition.

Moreover, we expect that Imaginary Rescripting is more effective as compared to Imaginary exposure, based on the hypothesis that Imaginary Rescripting more actively intervenes in key pathological processes in PTSD.

#### Secondary hypotheses:

- We expect that ImRes is less heavy for patients as compared to IE, thus expecting drop-outs to be lower in the ImRes group as compared to the IE group
- We expect that for those with a higher 'Tonic Immobility Score', ImRes is more effective as compared to IE, because ImRes directly focuses on TI.
- We expect that for those with higher dissociation scores, ImRes is more effective.
- We expect that emotion-regulation will improve more in the ImRes group as compared to the IE group, as ImRes not only focuses on fear but also explicitly on other emotions.
- We expect self-image to improve more in the ImRes condition as compared to the IE condition, as this intervention focuses more explicitly on the UCS/UCR representation.

#### **Onderzoeksopzet**

- Measurement 1: After inclusion, so at the start of treatment
- Measurement 2: After 11 weeks (ending therapy)
- Measurement 3: At follow-up, 6 months after measurement 2

#### **Onderzoeksproduct en/of interventie**

This study is a randomized controlled trial with three conditions, i.e. Waiting list (WL), Imaginary Exposure (IE), Imaginary Rescripting (ImRes).

Treatment duration is 11 weeks, during the first 5 weeks 2 sessions of 90 minutes each will be provided, followed by 6 weeks of one 90 minute session.

In the treatment conditions, homework of maximum 1 hr per week is given.

No sessions for the waitinglist will be provided.

## Contactpersonen

### Publiek

-

P.M. Jong, de  
Psychotherapy & Moment  
drs. P.M. de Jong & M.T.C van Hemert  
Sarphatistraat 27a  
Amsterdam 1018 EV  
The Netherlands  
0031 (0) 20- 528 52 31

### Wetenschappelijk

-

P.M. Jong, de  
Psychotherapy & Moment  
drs. P.M. de Jong & M.T.C van Hemert  
Sarphatistraat 27a  
Amsterdam 1018 EV  
The Netherlands  
0031 (0) 20- 528 52 31

## Deelname eisen

### Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Meeting DSM-IV criteria for PTSD
2. Comorbidity with depression, anxiety disorder, ADHD, dissociative disorder, reactive psychotic disorder, alcohol/drugs consumption, borderline personality disorder and cluster C personality disorder are included.

3. Having experienced repeated or chronic interpersonal trauma before age of 16 (e.g. sexual, physical or emotional abuse) by one or more perpetrators for example (foster-/step-) parents, elder brother, sister, uncle, aunt, nephew, niece, friend of parents, someone from the neighbourhood, school, sport, institution, church and give minimal two examples. Age difference is 5 years with the perpetrator.
4. At least 18 years of age till 85 years old.
5. Sufficient fluency in Dutch to complete treatment and research protocol
6. Participants using antidepressant medication are required to be a stable dose for at least 3 months before the beginning of the treatment and remain on this dose throughout the treatment. The same applies for benzodiazepines with a maximum of 30 mg oxazepam equivalents.
7. Signed informed consent

### **Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)**

1. Other psychiatric treatments
2. Schizophrenia, active suicidality, dissociative identity disorder, mentally retarded
3. No fixed residence, major financial problems, , no aid figure, problems with justice and law, current sexual and physical abuse
4. Use of other psychotropic drugs than antidepressants and benzodiazepines.
5. Insufficient fluency in Dutch

## **Onderzoeksopzet**

### **Opzet**

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	Actieve controle groep

## Deelname

Nederland  
Status: Werving gestart  
(Verwachte) startdatum: 23-06-2015  
Aantal proefpersonen: 173  
Type: Verwachte startdatum

## Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

**Wordt de data na het onderzoek gedeeld:** Nog niet bepaald

## Ethische beoordeling

Positief advies  
Datum: 26-09-2014  
Soort: Eerste indiening

## Registraties

### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

### Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

## In overige registers

Register	ID
NTR-new	NL4665
NTR-old	NTR4817
Ander register	- : -

# Resultaten

## Samenvatting resultaten

Not yet.