

A Cognitive Behavioural Therapy for Post-Traumatic Stress Disorders

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Abstract : INTRODUCTION: Post-traumatic stress disorder (PTSD) is a psychiatric label for a collection of psychological symptoms following a traumatic event. PTSD is as a result of a traumatic experience such as rape or sexual assault. A victim may have PTSD if she/he has experienced the following symptoms for at least a month: a) Stressor, b) Intrusion symptoms, c) Avoidance, d) Negative alterations in cognitions and mood, e) Alterations in arousal and reactivity. Studies on the cognitive theory of PTSD emphasized the roles of (a) negative appraisals of trauma memories in maintaining the symptomatology of PTSD, and (b) disorganized trauma memories in the development of PTSD. Mental contamination is primarily caused by experiences involving humans (e.g. violators or perpetrators) as opposed to substances (e.g. dirt or bodily fluids). Feelings of mental contamination may evoke following experiences of ill-treatment, sexual assault, domination, degradation, manipulation, betrayal, or humiliation. Some studies have demonstrated that traumatic thoughts related to sexual assault are particularly strong predictors of mental contamination. Treatment protocols based on cognitive-behavioral therapy appear to be beneficial in reducing the severity of PTSD and mental contamination. Studies on the cognitive theory of PTSD emphasized the roles of (A) negative appraisals of trauma memories in maintaining the symptomatology of PTSD, and (B) disorganized trauma memories in the development of PTSD. We will demonstrate a feasibility study of individual CBT for PTSD and mental contamination in Japanese clinical settings. METHOD: The single-arm trial is a group setting CBT intervention. The primary outcome is the self-rated Posttraumatic Stress Diagnostic Scale, with secondary measurements of depressive severity and mental pollution questionnaire. Assessments are conducted at baseline, after a waiting period before CBT, during CBT, and after CBT. RESULTS: Participants are eligible for the study and complete the outcome measures at all assessment points. In our hypothesis, receiving CBT would lead to improvements in primary and secondary PTSD severity. CONCLUSION: We will demonstrate a feasibility study of individual CBT for PTSD and mental contamination in Japanese clinical settings. Our treatment would achieve favorable treatment outcomes for PTSD with mental contamination in Japanese clinical settings.

Keywords : CBT, cognitive theory, PTSD, mental pollution

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