

Trauma-Focused Psychodynamic Psychotherapy



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KEYWORDS

- Psychodynamic psychotherapy • Posttraumatic stress disorder
- Manualized psychotherapies • Intrapsychic conflict • Defense mechanisms
- Transference

KEY POINTS

- Despite the development of multiple approaches to posttraumatic stress disorder (PTSD), many patients do not respond or only partially respond to these interventions.
- The authors describe a psychodynamic psychotherapeutic approach to PTSD, derived from Panic-Focused Psychodynamic Psychotherapy, eXtended Range, which has demonstrated efficacy in treatment of panic disorder.
- This focused psychotherapy works to address disruptions in narrative coherence and affective dysregulation by exploring the psychological meanings of symptoms and their relation to traumatic events.
- The therapist works to identify intrapsychic conflicts, intense negative affects, and defense mechanisms related to PTSD symptoms in a psychodynamic formulation that provides a framework for treatment.
- The transference provides a forum for patients to address feelings of mistrust, difficulties with authority, fears of abuse, and angry and guilty feelings and fantasies.

INTRODUCTION

As per the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-V),¹ posttraumatic stress disorder (PTSD) involves the development of a particular set of symptoms following exposure to traumatic events. The core features of

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PTSD include distress from and avoidance of reminders of the triggering event(s), pervasive negative mood and thoughts, intrusive experiences related to trauma (eg, memories, dreams, flashbacks), insomnia, and hypervigilance. PTSD has a lifetime prevalence ranging from 1.3% to 12.2%.²

A variety of psychotherapeutic approaches and psychopharmacological treatments have been used for treatment of PTSD.³ Various forms of cognitive behavioral therapy, which reviews and reexposes patients to traumatic events in a controlled setting, along with addressing associated avoidance and cognitive distortions, are in the class of psychological therapies for PTSD that have the most empirical support.⁴ Other psychotherapeutic approaches with some evidence base include interpersonal therapy, which targets interpersonal conflicts and role transitions,⁵ and stair narrative therapy,⁶ which focuses on skills training in affect management and interpersonal difficulties, along with development of a narrative to identify meaning in traumatic experiences. A variety of innovative or alternative treatments also have been used, including eye movement desensitization reflex, transcranial magnetic stimulation, and neurofeedback.³ However, response without remission and nonresponse rates remain high across treatments⁴ and psychodynamic psychotherapy has undergone little systematic study.

Our research group has developed and is testing a psychodynamic psychotherapeutic approach targeting PTSD: trauma-focused psychodynamic psychotherapy (TFPP). This treatment was derived from Panic-Focused Psychodynamic Psychotherapy—eXtended Range (PFPP-XR),⁷ the first psychodynamically based psychotherapy to have demonstrated efficacy as a sole treatment for a DSM-IV anxiety disorder, specifically panic disorder with or without agoraphobia, in 3 randomized controlled trials.^{8,9} The PFPP-XR treatment manual discusses a psychodynamic formulation and specific approaches to PTSD, and several research studies using PFPP-XR have included patients with PTSD.^{8–10} PFPP-XR has been studied as a 24-session, 12-week treatment; the appropriate length of TFPP is currently being evaluated. We describe the psychodynamic formulation and basic treatment approaches for PTSD (TFPP) based on this clinical and research experience.

CORE PSYCHODYNAMIC FACTORS IN POSTTRAUMATIC STRESS DISORDER

The Impact of Trauma on Mind and Self

Neurophysiological and psychological influences that occur during traumatic experiences disrupt memory consolidation and trigger powerful emotions. This impact has the following consequences:

- Memory disruptions can undermine the individual's sense of self as continuous and predictable.
- Moments of terrifying clarity, which sometimes accompany flashbacks, alternate with hazy impressions about the traumatic events, impeding a coherent narrative of the trauma and its emotional impact.
- Affective dysregulation is common, with a patient's emotions emerging unpredictably and with a sense of perplexing discontinuity.

Understanding and articulating these central elements of the traumatic experience are crucial to working psychodynamically to help PTSD patients develop a more coherent narrative regarding their traumatic experiences. As discussed in this article, these efforts are important in developing self-understanding of emotions, thoughts, and internal conflicts that contribute to persistent symptoms, as well as in developing a more coherent sense of self after trauma.

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