

# On the Effectiveness of FAP Therapy in Complex PTSD

Shizuko Ohtsuka (MA) Counseling Room Growth  
Nobuyori Ohshima (BA) Insight Counseling Corporation

## ABSTRACT

Childhood traumas predict psychotic symptoms in adulthood (Marylene Cloitre et al, 2009), and women experiencing physical and sexual abuse are associated with an increased risk of complex PTSD (Judith Herman, 1992; Susan Roth et al, 1997). Several methods are used for treating complex PTSD depending on symptoms and patients' condition. Verbalization of traumatic memories and emotion regulation have been reported to be beneficial in terms of effectiveness and safety (Marylene Cloitre et al, 2011). The FAP (Free from Anxiety Program) therapy, used in Japan, has been found to be effective in the treatment of complex PTSD. This therapy of Japanese origin was developed in 2001 by Nobuyori Ohshima. It is considered effective in improving various symptoms of PTSD, as well as overcoming phobias, panic disorder, and a wide range of other problems (Ohshima, 2001; Kudo, 2003; Ohtsuka, 2018). In this study, the FAP therapy was conducted on 10 patients with the problems resulting from complex PTSD. The study participants were asked to complete PCL-S and GHQ12 at the beginning and the end of an interview. The pre- and post-interview scores were compared, and the mean number of interviews was analyzed. We provide an overview of the procedures of the FAP therapy, and then discuss its effectiveness in complex PTSD and the factors associated with recovery.

## INTRODUCTION

Complex PTSD presents various symptoms and is reported to involve problems in a wide variety of areas, including permanent personality changes, self-inflicted injuries, physical problems, cognitive aspects, emotions, behaviors, and human relations problems (Judith Lewis Herman 1992). Cognitive behavioral therapy (exposure therapy), which is considered as a mainstay of trauma treatment, has been reported to be effective in PTSD treatment (Foa et al., 1991; Foa & Riggs, 1993; Foa et al., 1994). However, Rothbaum (2000) remarked that trauma survivors experience difficulty in confronting trauma memories, and that the exposure to traumas may cause temporary elevation of anxiety, which is difficult for them to endure. In a study conducted by McDonagh-Coyle (2005), survivors with a history of childhood sexual abuse received intervention using exposure therapy. Although the exposure therapy group showed improvement in PTSD symptoms and emotional regulation as compared with the control group, 43% of the subjects in the exposure therapy group dropped out. After all, while cognitive behavioral therapy (exposure therapy) is an effective means of treating PTSD, it has problems such as the loss of adaptability and the occurrence of dropouts on the part of clients during the process of verbalizing trauma memories. FAP therapy is a form of desensitization therapy that can overcome the above-mentioned difficulties in trauma treatment. It is a desensitization therapy of Japanese origin, invented by Ohshima in 2001. This therapy is alleged to be effective in a wide range of situations, including the improvement of PTSD symptoms, overcoming phobias, and panic disorders. In previous studies of FAP therapy, Ohshima (2001) reported the rapid and dramatic improvement of symptoms, the lack of negative images emerging during treatment, and the almost complete absence of pain except for that associated with the recollection of images as targets. Furthermore, Kudo (2003) evaluated the effectiveness of FAP therapy by making assessment before and after treatment, and detected a significant difference. The effect persisted for 2 to 4 weeks after treatment, and was observed with no difference between sexes. Ohtsuka (2018) reported on the efficacy of FAP therapy, stating that the ability to feel emotions was restored through the integration of memories and emotions that had been dissociated as a result of traumas, leading to the improvement of adaptation in daily living. In the present study, we conducted trauma treatment using FAP therapy on 10 individuals with the problem of complex PTSD. Each participant was asked to answer PCL-S and GHQ12 at the beginning of the first interview and at the end of the last interview. Pre- and post-interview test scores were compared, the mean number of interviews was analyzed, and the effectiveness for complex PTSD and the factors contributing to recovery were examined.

## METHODS

- Subjects  
10 participants (3 males and 7 females)  
Ages from 24 to 51 years
- Measures
  - Post-traumatic stress disorder Checklist Scale (PCL-S)
  - The General Health Questionnaire 12 items Japanese version (GHQ-12)

## DATA ANALYSIS

- Mean post-interview PCL-S and GHQ12 scores and comparison with critical values for each test
- Comparison of difference between pre- and post-interview scores for each test (non-parametric test)
- Number of consultations and determinant analysis for PCL-S and GHQ12

## RESULTS

- Critical Values (PCL-S:45~50, GHQ12:3)

### 1) Mean post-interview PCL-S and GHQ12 scores and comparison with critical values for each test

- Pre-interview: Mean PCL-S and GHQ12 scores (PCL-S : 50.3, GHQ12: 5.9)
- Post-interview: Mean PCL-S and GHQ12 scores (PCL-S:37.1, GHQ12 : 4.3)
- Mean number of interviews: 11 [See Figure 1]
- Post-interview PCL-S was 37.1, which was normal within the range of critical values (40-50).
- Post-interview GHQ12 was 4.3, which was 1.6 points down from the pre-interview value (5.9), but it was above the critical value (3).

### 2) Comparison of difference between pre- and post-interview scores for each test (non-parametric test)

- For PCL-S, the evaluation of effectiveness before and after interview revealed a significant difference.
- FAP therapy was found to be effective for the treatment of complex PTSD. [See Figure 2]
- GHQ12 proved no significant difference between pre- and post-interview assessment. [See Figure 3]

### 3) Number of consultations and determinant analysis for PCL-S and GHQ12

<PCL-S> A higher number of interviews was associated with a higher score for reliving mainly due to traumas. (Question items 1, 2, and 4: reexperience)

<GHQ12 > A higher number of interviews was associated with a higher score for the ability to concentrate. The scores concerning the meaning for life and sleep became lower. (Question items 1, 2, and 3)

### < Figure 1 >

(Critical Values : PCL-S : 45~50, GHQ 12 : 3)

Report	Post-Interview PCLS	Post-Interview GHQ12
Mean	37.1	4.3
Frequency	10	10
Standard Deviation	16.48872	3.94546

### < Figure 2 >

Summary of Hypothesis Testing (PCL-S) Non-parametric test

	Null hypothesis	Test	Probability	Decision
1	The median value of the difference between first PCLS and second PCLS is zero.	Wilcoxon signed rank test (paired samples)	0.008	Null hypothesis is rejected.

Asymptotic probability is presented. Significance level is .05.

### < Figure 3 >

Summary of Hypothesis Testing (GHQ12) Non-parametric test

	Null hypothesis	Test	Probability	Decision
1	The median value of the difference between first GHQ12 and second GHQ12 is zero.	Wilcoxon signed rank test (paired samples)	0.237	Null hypothesis is adopted

Asymptotic probability is presented. Significance level is .05.

## DISCUSSION

In this study, we conducted intervention using FAP therapy for the clients with problems resulting from complex PTSD. The mean number of interviews was 11, as we intended to measure short-term treatment effect. Post-interview PCL-S score was 37.1, which was within the critical value. On the other hand, post-interview GHQ12 score was down 1.6 points from the pre-interview score (5.9), but was above the critical value. For GHQ12, a higher number of interviews was associated with a higher score for the ability to concentrate but also with the aggravation of depression and a tendency to sleeplessness. For PCL-S, a higher number of interviews was associated with a higher score for reexperience. Because trauma treatment using FAP therapy increased the PCL-S score for reexperience, it was considered that the ability to feel emotions was restored through the integration of memories and emotions that had been dissociated as a result of traumas. Consequently, the resolution of dissociation might have caused the manifestation of previously hidden PTSD symptoms, leading to the increase in depression and the tendency for sleeplessness. The subjects in this study included two cases with problems related to dependence. When such problems are present, trauma-related conditions are often suppressed and may not be perceived by the patients. The resolution of dissociation through trauma treatment is considered to have awakened the patient's awareness of PTSD symptoms, leading to the increase in the scores concerning sleeplessness and depression. This study was relatively short with 11 interviews on average, and interviews have continued to the present in most cases. The results reported here are interim findings from a process that is still in progress. The results reported here are interim findings from a process that is still in progress which may also be a factor affecting GHQ12 scores. We plan to follow the future changes in GHQ12 scores in continued treatment.

## LIMITATIONS

- Sample size was small with only 10 participants.
- The period of interviews was short.

## REFERENCES

- Foa, E.B., Rothbaum, B.O., Riggs, D.S., & Murdock, T. (1991) Treatment of post-traumatic stress disorder in rape victims: A comparison between cognitive-behavioral procedures and counseling. *Journal of Consulting and Clinical Psychology*, 59, 715-723.
- Foa, E.B., & Riggs, D.S. (1993). Post-traumatic stress disorder rape victims. In J. Oldham, M.B. Riba, & A. Tasman (Eds.) *American Psychiatric Press Review of Psychiatry* (Vol. 12, pp. 273-303). Washington, DC; American Psychiatric Press.
- Foa, E.B., Freund, B.F., Hembree, E., Dancu, G.V., Franklin, M.E., Perry, K.J., Riggs, D.S., & Molnar, G. (1994, November). Efficacy of short-term behavioral treatments of PTSD in sexual and nonsexual assault victims. Paper presented at the annual meeting of the Association for Advancement of Behavior Therapy, San Diego, CA.
- Fumio Kuto. (2003). FAP (Free from Anxiety Program) in the Clinical Practice of Psychosomatic Medicine – II. *Statistical Examination and Thoughts on Techniques. Japanese Journal of Addiction & Family*, 20, 173-196.
- Judith Lewis Herman, (1992). *Complex PTSD: A Syndrome in Survivors of Prolonged and Repeated Trauma. Journal of Traumatic Stress*, Vol. 5, No. 377-391.
- McDonagh-Coyle, A., Friedman, M., McHugo, G., Ford, J.D., Mueser, psychometric outcomes of a randomized clinical trial of psychotherapies for PTSD-SA. *Journal of Consulting and Clinical Psychology*, 73, 515-524.
- Nobuyori Ohshima, Hiroshi Yonezawa, Masumi Matsuura, Toshinori Nakamura, Fumio Kuto, Takefumi Yoshimoto, and Manabu Saito. (2001). FAP (Free from Anxiety Program) A New Trauma Therapy. *Japanese Journal of Addiction & Family*, 18, 529-536.
- Rothbaum, B., Meadows, E., Resick, P., & Foy, D. (2000). Cognitive behavioral therapy. In E. Foa, T. Keane, & M. Friedman (Eds.), *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies* (pp. 66-83) New York Guilford.
- Shizuko Ohtsuka, Nobuyori Ohshima (2018). Efficacy of trauma therapy Clinical study on FAP therapy for psychological trauma, International Society for Traumatic Stress Studies 34th Annual Meeting, Washington, DC.

## CONTACT

Shizuko Ohtsuka (MA)  
Counseling Room Growth  
2-2-1, Landmark Tower 20F,  
Minatomirai, Nishi-ku,  
Yokohama City, Kanagawa, Japan  
Email growth@bf6.so-net.ne.jp  
HP: http://shizuko-o.com