

On the Effectiveness of FAP Therapy in Complex PTSD A Short-term Approach to the Traumas of Child Abuse (Physical Abuse and Neglect)

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ABSTRACT

Childhood traumas are known to affect a patient's symptoms well into adulthood (Marylene Cloitre et al, 2009). It is also reported that people with complex PTSD, as compared with PTSD, tend to show higher levels of aggression and self-harm (Kevin F.W. Dyer, 2009). As a result, these patients are often difficult to treat, and the treatment process tends to be long and confusing (James A. Chu MD, 2011). In Japan, a therapy called the Free from Anxiety Program (FAP) has been used as a rapid-acting and safe treatment for complex PTSD. Invented by Nobuyori Oshima in 2001, the FAP therapy is a unique treatment method of Japanese origin. It is reported to be effective for a wide range of problems, such as in improving PTSD symptoms, in overcoming phobias, and against panic disorders (Oshima 2001; Kudo 2003; Ohtsuka 2018, 2019). In this study, 21 patients with the problems of complex PTSD were subjected to trauma treatment using the FAP therapy. The participants were divided into two categories: physical abuse and neglect, and each participant was asked to answer PCL-S and GHQ12 questionnaires at the beginning and end of interviews. For each type of abuse, analysis was made in terms of the severity of complex PTSD and the effectiveness of the FAP therapy (the average number of interviews and the comparison of post-treatment test scores versus threshold values).

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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). Because the treatment for this condition is difficult, confusion is likely to occur and the treatment period tends to be long (James A. Chu MD, 2011, Bessel van der Kolk, 2014). It has also been reported that trauma memories are often erased from a person's memory (Allison G. Harvey, 2005), and traumatic amnesia is regarded as a psychological symptom that suggests a problem of childhood abuse (John Briere et al, 1993). In performing trauma treatment to address the problems of complex PTSD, traumatic amnesia may make it difficult to approach the traumas underlying the symptoms. 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). However, this may involve problems such as that verbalizing and reexperiencing traumatic memories may lower clients' adaptiveness (Pitman et al, 1991; Rothbaum, 2000) and increase dropout rates (McDonagh-Coyle, 2005). 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 Oshima 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 the present study, trauma treatment with the FAP therapy was performed on 21 individuals with the problems of complex PTSD. Participants were classified into two categories of physical abuse and neglect and were asked to complete PCL-S and GHQ12 at the beginning and end of interviews. The severity of complex PTSD and the effectiveness of the FAP therapy (mean number of interviews and final test scores in comparison with threshold values) were analyzed according to the type of abuse.

METHODS

- **Subjects**
- 21 participants (7 males and 14 females)
- Ages from 25 to 65 years
- **Measures**
- Post-traumatic stress disorder Checklist Scale (PCL-S)
- The General Health Questionnaire 12 items Japanese version (GHQ-12)

DATA ANALYSIS

- 1) Comparison of average PCL-S and GHQ12 scores at the time of initial interview between categories (physical abuse and neglect).
- 2) Mean post-interview PCL-S and GHQ12 scores and comparison with critical values for each test.
- 3) Examination of significant differences in test scores between initial and final interviews.
- 4) Number of consultations and determinant analysis for PCL-S and GHQ12.

RESULTS

- 1) Comparison of average PCL-S and GHQ12 scores at the time of initial interview between categories (physical abuse and neglect).
 - There was no association between the type of abuse (physical abuse and neglect) and initial PCL-S and GHQ12 scores. [See Figure 1]
 - The more severe trauma symptoms were associated with higher GHQ12 scores. [See Figure 1]
- 2) Mean post-interview PCL-S and GHQ12 scores and comparison with critical values for each test.
 - **PCL-S Threshold value: 45-50**
 - From initial interview 44 to final interview 33 [See Figure 2]
 - **GHQ12 Threshold value: 3**
 - From initial interview 5 to final interview 3
 - Mean number of interviews: 14 [See Figure 3]
- 3) Examination of significant difference in test scores between initial and final interviews.
 - A comparison in PCL-S scores between initial and final interviews showed a significant difference. [See Figure 4]
 - A comparison in GHQ12 scores between initial and final interviews showed no significant difference. [See Figure 5]
- 4) Number of consultations and determinant analysis for PCL-S and GHQ12.
 - **PCL-S**
 - An increase in the number of interviews was associated with higher scores for items 1, 2, 3, 4, 5 (reexperience), 6, and 7 (avoidance), while it lowered the score for item 11 (sensory paralysis).
 - **GHQ12**
 - An increase in the number of interviews was associated with higher scores for the ability to concentrate, tendency to insomnia, judgment, stress, problem solving ability, and enjoying everyday activities. On the other hand, it lowered the score for a sense of living a meaningful life.

[Figure1]

Correlation				
	Type of abuse			
Type of abuse	Pearson's correlation coefficient	1	-0.393	-0.415
	Significant probability (in a two-tailed test)		0.078	0.061
	Frequency	21	21	21
Pre-interview GHQ12	Pearson's correlation coefficient	-0.393	1	.596**
	Significant probability (in a two-tailed test)	0.078		0.004
	Frequency	21	21	21
Pre-interview PCL-S	Pearson's correlation coefficient	-0.415	.596**	1
	Significant probability (in a two-tailed test)	0.061	0.004	
	Frequency	21	21	21

**Correlation coefficient is significant (in a two-tailed test) at the level of 1%.

[Figure2]

Descriptive statistics					
	Frequency	Minimum	Maximum	Mean	Standard deviation
Pre-interview PCL-S	21	23	75	44	14.49828
Post-interview PCL-S	21	17	71	33	15.70714
Number of valid cases	21				

[Figure3]

Descriptive statistics					
	Frequency	Minimum	Maximum	Mean	Standard deviation
Pre-interview GHQ12	21	0	12	5	3.49149
Post-interview GHQ12	21	0	11	3	3.46273
Number of valid cases	21				

[Figure4]

Correlation				
	Type of abuse	Pre-interview PCL-S	Post-interview PCL-S	
Type of abuse	Pearson's correlation coefficient	1	-0.415	-0.206
	Significant probability (in a two-tailed test)		0.061	0.37
	Frequency	21	21	21
Pre-interview PCL-S	Pearson's correlation coefficient	-0.415	1	.792**
	Significant probability (in a two-tailed test)	0.061		0
	Frequency	21	21	21
Post-interview PCL-S	Pearson's correlation coefficient	-0.206	.792**	1
	Significant probability (in a two-tailed test)	0.37	0	
	Frequency	21	21	21

**Correlation coefficient is significant (in a two-tailed test) at the level of 1%.

[Figure5]

Correlation				
	Type of abuse	Post-interview GHQ12	Pre-interview GHQ12	
Type of abuse	Pearson's correlation coefficient	1	-0.245	-0.393
	Significant probability (in a two-tailed test)		0.285	0.078
	Frequency	21	21	21
Post-interview GHQ12	Pearson's correlation coefficient	-0.245	1	0.409
	Significant probability (in a two-tailed test)	0.285		0.066
	Frequency	21	21	21
Pre-interview GHQ12	Pearson's correlation coefficient	-0.393	0.409	1
	Significant probability (in a two-tailed test)	0.078	0.066	
	Frequency	21	21	21

**Correlation coefficient is significant (in a two-tailed test) at the level of 1%.

DISCUSSION

Final interview test scores on PCL-S (from initial interview 44 to final interview 33) and GHQ12 (from initial interview 5 to final interview 3) were all below the threshold values. A comparison between initial and final interview test scores demonstrated a significant difference in PCL-S scores. This indicated that the FAP therapy was effective against the problems of PTSD in a relatively short course of 14 interviews on average. Although our initial assumption was that the type of abuse would affect PCL-S and GHQ12 scores, our results showed that the test scores were not associated with the different types of abuse, including physical abuse and neglect. The results of discriminatory analysis on PCL-S showed that a larger number of interviews was associated with higher scores for "reexperience" and "avoidance," while it also resulted in the improvement in "sensory paralysis." The results on GHQ12 showed that a larger number of interviews improved "the ability to concentrate," "insomnia," "judgment," "stress," "problem solving ability," and "enjoying everyday activities," while it lowered the score for "a sense of living a meaningful life." This may be interpreted as that the FAP therapy effectively improved trauma-induced sensory paralysis, making the clients able to respond correctly to pleasant and unpleasant sensations and to avoid displeasure. This is considered to have led to the improvement in the GHQ12 items (1, 2, 4, 5, 6, and 7) corresponding to "the ability to concentrate," "tendency to insomnia," "judgment," "stress," "problem solving ability," and "enjoying everyday activities." The decrease in the GHQ12 score for "a sense of living a meaningful life" may reflect the process in which the clients were freed from trauma problems after being bound to the thought that the struggle to live with trauma problems was "the purpose of life." This finding on the GHQ12 score suggests the importance of seeking a "new purpose of life" following the recovery from complex PTSD. As discussed above, the FAP therapy is effective in trauma treatment, and the present study demonstrated its effectiveness against complex PTSD, achieving PCL-S and GHQ12 scores below threshold values in a short course with 14 interviews on average. It can be said that in treating the difficult complex PTSD with its various problems FAP therapy is a very effective method for safely relieving a patient from trauma-related problems and supporting the patient in living as a new self.

LIMITATIONS

- Sample size was small with only 21 participants.

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