

What predicts who will do well in treatment for post-traumatic stress disorder?

Post-traumatic stress disorder (PTSD) is a common psychological response following a traumatic event and affects about 8% of the population. Effective psychological treatments do exist and should be made available to anyone who is diagnosed with PTSD. However, we know that up to 50% of people who receive therapy do not experience substantial improvement in their symptoms after treatment. To date, studies into which factors predict whether or not a person will respond well to therapy have had inconsistent results. This study set out to establish if client and therapist factors observed in the first treatment session of trauma-focused cognitive therapy (TFCT) could predict the client's later outcome in therapy.

We found that clients were less likely to do well in therapy if they engaged in “perseverative thinking”. Perseverative thinking is characterised by repetitive and recurrent negative thinking about a topic, which is often unproductive (i.e. the person goes round in circles). Clients were also less likely to show improvements at the end of treatment if they found it harder to understand and verbalise their inner thoughts, feelings and behaviours.

Interestingly, client perseverative thinking and poor expression of their thoughts and feelings were correlated with less agreement between the client and therapist about what the focus of the therapy session should be. This means that the client and therapist were rated as having a poorer “therapeutic alliance”, which has previously been shown to be an important predictor of therapy outcomes. These client factors were also associated with less efficient delivery of the treatment by the therapist (i.e. not all the tasks planned for the session are completed).

These findings indicate that clients who engage in perseverative thinking may not be getting the full “dose” of treatment, because the time in their therapy sessions may not always be used productively. Moreover, if the client also struggles to identify and discuss their thoughts and feelings, this might prevent them from engaging fully with the upsetting emotions relating to their trauma, which is an important part of the treatment. Both these issues can also get in the way of a client building an effective working relationship with their therapist and this might make it harder for the therapist to tailor the treatment to the client's individual needs.

These results are particularly useful for therapists, as it can help them to spot clients who might be at risk of not doing well later on in treatment. By identifying these issues early on, the therapist can help the client to find ways to tackle them throughout therapy. This will facilitate the development of a good working relationship and ensure session time is used as productively as possible. This will hopefully result in more clients receiving the full benefit of the psychological treatments available to them, ultimately leading to better treatment outcomes.

Publication

[Early in-session predictors of response to trauma-focused cognitive therapy for posttraumatic stress disorder.](#)

Brady F, Warnock-Parkes E, Barker C, Ehlers A.
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