

Attachment and Treatment Responses for PTSD Patients



A person who experiences trauma struggles not only with their sense of self, but with their relationships with others. Attachment theory looks at a person's history of interactions in close relationships. These relations are impacted by: attachment anxiety, one's sensitivity to rejection and abandonment; and attachment avoidance, where one is uncomfortable with being close to others and avoids contact when they are stressed. Previous research has demonstrated the impact that inpatient treatment can have on reducing symptoms. However, there is very little research that looks at how trauma treatment affects patient characteristics, especially attachment issues. How can specialized treatment support a person's managing of attachment in their relationships?

What did the researchers do?

The researchers expanded on previous research that looked at trauma treatment programs. They focused on the changes patients experienced with attachment over a period of trauma treatment. They also considered results on whether trauma symptoms were reduced post-inpatient treatment. The researchers were interested in the use of group therapy as a method of specialized treatment for trauma. They worked with the Program for Traumatic Stress Recovery (PTSR) at the Homewood Health Centre in Guelph, Ontario.

Attachment anxiety and attachment avoidance

What you need to know:

Attachment is an important factor to address with trauma patients. Using an inpatient, group therapy setting can enhance the impact of treatment, increase secure attachments with others, and reduce trauma symptoms.

intersect and affect attachment patterns. These patterns include:

- Preoccupied attachment: high anxiety, low avoidance, and a need for closeness, with a fear and worry for rejection.
- Dismissing avoidant: low anxiety, high avoidance, and an emotional distance and denial of attachment needs.
- Fearful avoidant: high anxiety, high avoidance, and a desire to connect with others while feeling distrust and rejection.
- Secure attachment: low anxiety, low avoidance, and a sense of security, attachment and comfort in being close with others.

There were 101 participants in the program's treatment groups. All patients completed admission and discharge questionnaires, with 61 patients also completing follow-up questionnaires after 6 months. Another 46 participants on the waiting list for the PTSR program were given wait list and admission questionnaires.







What did the researchers find?

Security attachment increased, and fearful avoidant attachment decreased, for patients in group therapy for post-traumatic stress disorder (PTSD). These patients were also able to maintain their positive attachment changes over the course of 6 months, although the patients who did not do follow up questionnaires may not reflect similar outcomes. The wait-list group showed no major changes.

The researchers also found that attachment anxiety and avoidance also decreased by the end of inpatient treatment for trauma. However, only changes in attachment anxiety were maintained 6 months later. Since dismissing avoidant is one of the attachment patterns that showed the least amount of change in the study, this may explain the challenges in dealing with it.

The results also showed a decrease in symptoms related to trauma after the inpatient program. This demonstrated the usefulness of group therapy to deal with attachment issues with trauma patients. Patients also experienced stronger changes in symptoms like depression, anxiety, and hostility after 6 months of being in the treatment.

How can you use this research?

This study may help inform further research and practice in relation to people who experience trauma. It gives insight on the impact of specialized treatment programs that are centred on group therapy. It may also offer reflection to practitioners on the impact of specialized treatment on patient and therapist relations Further research may also consider looking at diverse samples, as well as strategies to engage patients after they have received treatment, to measure the impact of change in their lives.

About the Researchers

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For more information on <u>The Trauma and Mental</u> <u>Health Report</u>, please go to: <u>trauma.blog.yorku.ca/</u>

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Keywords

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