

A Preliminary Investigation of Alliance Patterns in Prolonged Exposure for PTSD

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INTRODUCTION

Prolonged exposure therapy (PE) is an empirically-supported treatment for posttraumatic stress disorder (PTSD; Foa, Friedman, & Keane, 2004). Though effective, less is known about the therapeutic processes underlying PE including, specifically, the role of alliance. Recent investigations have highlighted the influence of alliance patterns on treatment of personality disorders and depression (Stiles et al., 2004; Strauss et al., 2006). Specifically, patterns characterized by a rupture-repair defined as a decrease in alliance followed by a quick increase to previous level, have been associated with favorable outcome. Among individuals with PTSD, one study has documented the role of alliance in treatment outcome (Cloitre, Stovall-McClough, Miranda, & Chemtob, 2004). Thus, the present study seeks to expand the current research by providing an initial, more nuanced examination of alliance for individuals with PTSD. We will begin to examine alliance patterns and the presence of a rupture-repair episode for individuals receiving PE for PTSD. We will also begin to examine the relationship between a rupture-repair episode and baseline symptoms as well as outcome on three primary self-report measures.

METHOD

Participant Data

- Female sexual assault survivors (n=31) with a diagnosis of chronic PTSD were recruited from two large urban communities
- Participants received their choice of treatment (sertraline or PE), and only data collected from participants who chose PE (n=23) was analyzed
- Participants attended 10 weeks of individual therapy
- Treatment consisted of prolonged, repeated imaginal exposure to the trauma memory; repeated in-vivo exposure to trauma-related situations, places, and activities; education about common reactions to trauma; and breathing retraining
- Participants completed self-report measures of PTSD, anxiety, and depressive symptoms at pre-treatment, each treatment session, and post-treatment

Measures

PTSD Symptom Scale Interview (PSS-I; Foa, Riggs, Dancu, & Rothbaum, 1993)

- 17-item interview assessing PTSD severity
- Excellent reliability

State-Trait Anxiety Inventory (STAI; Spielberger, 1970)

- 40-item self-report measure assessing state (20 items) and trait (20 items) anxiety

Beck Depression Inventory (BDI; Beck, Steer, & Garbin, 1988)

- 21-item self-report tool measuring depressive symptoms

Working Alliance Inventory-Short Form (WAI-S; Horvath, 1982; Tracey & Kokotovic, 1989)

- 12-item self-report measure of therapeutic alliance that can be applied to various theoretical orientations
- Items are rated using a 7-point Likert Scale
- A global score is computed using the average item score (range= 1-7)

Procedure

- We gathered global alliance scores throughout treatment and self-report of pre- and post-treatment PTSD, anxiety, and depressive symptoms
- We examined the patterns of alliance for those clients with at least 3 data points between the first and final session of therapy (N=14)
- We examined the relation between the presence of a rupture-repair and self-reported PTSD, anxiety, and depressive symptoms

Analyses

- Consistent with prior approaches looking at significant change and alliance rupture-repair, we identified those clients that experienced a rupture-repair by using the Jacobson & Truax criteria for reliable change index (RCI; Jacobson & Truax, 1991; Strauss et al., 2006); RCI=.33 points
- A rupture-repair was defined as a .33-point decrease in alliance followed by *at least* a subsequent .33-point increase with no subsequent decrease equal to or greater than .33 points
- Presence (yes/no) of a rupture-repair was correlated with the measure of PTSD, anxiety, and depressive symptoms at pre-and post-treatment

RESULTS

Of 23 participants, 14 had at least three data points, allowing examination of their alliance patterns. Of these 14, 3 (21.4%) experienced a rupture-repair, 6 (42.9%) a linear increase, 2 (14.3%) a stable pattern and 3 (21.4%) a variable pattern.

Figure 1. Pictorial Depiction of 3 patterns of alliance

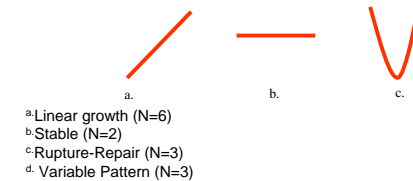


Table 1. Correlations between Rupture-Repair and Pre- and Post-Treatment Symptoms

	PSS-I		BDI		STAI	
	Pre-	Post-	Pre-	Post-	Pre-	Post-
Rupture-Repair	.61*	.38	.65*	.05	.10	-.11

*Correlation significant at .05 level

DISCUSSION

The purpose of the current study was to begin to examine patterns of alliance for individuals receiving PE for their PTSD. Consistent with prior research, three patterns of alliance appeared to characterize the majority (78.6%) of patients supporting that, in a therapy that utilizes exposure to anxiety-provoking trauma-related memories, alliance patterns are similar to those found in the treatment of other disorders (Kivlighan & Shaughnessy, 2000). Contrary to other studies, the presence of a rupture-repair was not significantly associated with outcome; it was, however, associated significantly with baseline PTSD and depressive symptoms. It may be that severity of baseline symptoms increases the likelihood of experiencing a rupture-repair in the alliance. Continued research with larger sample sizes is greatly needed to help clarify the presence of certain alliance patterns and their relationship to baseline symptoms and outcome, in particular for individuals with PTSD, for whom there is no research specifically examining patterns. Further study has the potential to enhance our understanding of the role of alliance and the fluctuations or patterns that characterize positive outcomes. Armed with this knowledge, therapists may adequately address fluctuations as they occur and target their interventions accordingly.