Research Article

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A Pilot Study: Self-Empowerment Therapy for Depression Associated with PTSD

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Abstract

Background

Mental Health issues such as depression, PTSD, suicide etc., have become epidemics crippling western society requiring significant allocation of funds to address them. Research shows that that regardless of therapy used, nature and severity of the presenting problem and diagnosis, the modal frequency of patients attending counselling services is 1 [1-3]. With this in mind, Self-Empowerment Therapy (SET) was developed by the author [4].

Aims

The aim of this study was to look at effectiveness of SET as a single session in the treatment of depression.

Method

A cohort of 82 subjects were assessed using the Beck Depression Inventory at the start of the single-session and at the conclusion of the single-session.

Single session SET consisting of recording baseline measures, administration of 4 clinical exercises, questionnaire administration and results analysis.

Results

Results of the tests showed (n=82) showed clinically significant therapeutic effects from SET in a single therapy session with 76.82 percent improvement.

Conclusions

Results for the in-person single shot two hour SET depression intervention demonstrated clinically significant impact on depression symptoms associated with PTSD.

Keywords: Self-Empowerment, Self-Empowerment Therapy, Single Session Self-Empowerment Therapy, SET, Depression, PTSD

Introduction

Mental Health issues such as depression, anxiety, PTSD, alcohol and drug addiction, suicide and the like following traumatic events have become troubling epidemics crippling western society requiring significant allocation of funds to address them.

The Australian experience has reached crisis point. In a 2019 investigation, The Australian Productivity Commission found that mental health complaints are costing the Australian economy approximately $500 million per day and called for "generational changes" to mitigate the problem despite increasing allocation of taxpayer funds to cover the cost of mental health services. Indeed, one in eight visits to the family doctor relates to mental health issues and presentations to hospital emergency departments have increased by 70% in the past decade. In addition, in a 2020 analysis, the Commission found people with major depression had high rates of unemployment in Australia of around 40%. However, the relationship of mental health and unemployment is complex with unemployment contributing both as a cause and a consequence of mental illness.

Also, the Commission report found that 75 per cent of those with a mental illness experience symptom before the age of twenty-five and that the mental health system was inadequate to deal with many people seeking treatment who were presenting with symptoms too complex to be effectively managed by a

GP with limited sessions provided for under Medicare. Despite billions being spent by governments all around the world each year to combat mental health issues within society, mental health scourges appear to be increasing rather than leveling out or decreasing.

In the last several decades there has been a push towards evidence based therapies to combat the increasing trends in mental health complaints whilst the application of evidence based treatments into practice has been slow. Consequently, those most in need of treatment have not been able to access innovative evidence based treatments which have not permeated through to mainstream practices. This study is aims to demonstrate the effectiveness of the clinical application of Self-Empowerment theory in the form of Single Session Self-Empowerment Therapy in the treatment of anxiety and depression associated with PTSD.

Research at The Australian Trauma Research Institute over the past two decades has yielded promising results in reducing the cost to the public purse and potentially improving the individuals' mental health and general wellbeing. Conventional interventions for health or psychological symptom management require multiple individual or group consultations which are costly, time consuming often inaccessible or unfeasible, thus often leaving depression untreated.

Research shows that that regardless of therapy used, nature and severity of the presenting problem and diagnosis, the modal frequency of patients attending counselling services is 1 [1-3].

With this in mind, Self-Empowerment Theory and its application, Self-Empowerment Therapy (SET) was developed by the author [4]. The theory is based on four core assumptions:

1. We know ourselves better than anybody else.
2. People are not disturbed by things but by their powerlessness to change them.
3. We don't have a multitude of problems in our lives but a problem pattern that permeates our life domains in counterproductive, pathological and predictable ways.
4. The unique problem pattern that permeates our life domains has exponential and cumulative features and emerges as our personality evolves, especially in the formative and developmentally sensitive transition periods from childhood to adolescence and adolescence to adulthood and is the byproduct of skills deficits and our inability to reconcile discrepancies within the self, leading to significant disintegration between actual, ought, ideal and undesirable components of the self.

The primary goal of SET is helping individuals empower themselves to reclaim aspects of their lives that have been lost to depression and PTSD. Therefore, Self-Empowerment Theory suggests that as well as uncovering the problem pattern permeating our life domains, we need to adopt cognitive and lifestyle restructuring micro- strategies to regulate the discrepancies between various components of the self to create an integrated, functioning, resilient, desirable and productive self.

This is especially complicated by traumatic events as the impact permeates the effected person's health, family, relationships, profession, education, finances and self, life-domains. Single Session SET, constituting assessment and intervention is directed at creating shifts in the individuals' cognitive processing and lifestyle factors which maintain and perpetuate undesirable aspects of their life domains [4].

Objective
The objective of this study was to look at effectiveness of SET as a single session in the treatment of depression associated with PTSD amongst patients referred to an specialist outpatient clinic by their primary treating doctor for treatment of depression associated with PTSD as a result of car and work accidents.

Design
A two hour single therapy session consisting of recording baseline measures for health, family, relationships, profession, education, finances and self, life-domains, administration of four clinical exercises incorporating psycho-education and skills acquisition (SelfDifferentiation Exercise, Desert Island Fantasy Exercise, Picture Perfect Discrepancy Exercise and Linear Comparison Exercise) as outlined in Self-Empowerment Therapy: From Theory to Practice, questionnaire administration and results analysis design with no follow up assessment post single session [4].

Method
82 adult subjects (33 F & 49 M) fulfilling the DSM V diagnostic criteria for depression associated with PTSD following a work or motor vehicle accident were selected from a broader patient group referred to a private specialist outpatient clinic.

Baseline measures for health, family, interpersonal relationships, profession, education, finances and self-life-domains were obtained. Subjects were assessed using the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory at the start of the single-session and at the conclusion of the single-session consultation, but only the results of the BDI will be referred to here. Subjects requiring more than single session were allocated to suitable psychologists for on-going support.

Informed consent was obtained from subjects participating in the study. Ethical approval and trial registration were not required as every subject provided informed consent.

Results
Results of the tests showed (n=82; 33 F, 49 M, 19 Increase in BDI score, 6 equal or no change and 57 decrease in BDI scores). Subjects showed clinically significant therapeutic effects from SET in a single therapy session with 76.82% improvement as measured by an equal or lower BDI score at the conclusion of the session as compared to the start of the single-session.

As expected, a number of variables impacted on therapeutic effects of SET in a single therapy session. These included amongst other variables, the personality of the therapist, the specific trigger incident, health, family, relationship, profession, education, finances and self-life-domain history of the subjects and pre-ex-

isting and presenting issues of the subjects.

Conclusion

Results for the in-person single shot two hour SET depression intervention demonstrated clinically significant and meaningful impact across a range of depression related symptoms associated with PTSD. Further study is required to compare SET against Control and comparable evidence based psychological interventions for depression associated with PTSD.

Further study is imperative to investigate this novel approach. Post SET follow up measures may indeed yield results which demonstrate meaningful and enduring symptom reduction.

The Author is of the view that there are four issues which give rise to the argument that the intervention is much more effective than indicated. Firstly, this cohort is prone to malingering due to compensation neurosis. Secondly, the issue of test familiarity may have influenced those who need to appear to be much worse than they are. Thirdly, a desire to please the therapist coupled with poor language skills or inability to follow the 4 clinical exercises may have contributed to a higher score at post intervention. Finally, some in this cohort may indeed be suffering from treatment resistant depression. These issues clearly will need to be accounted for in future research.

There is currently a further study planned for a three arm single session self-empowerment therapy involving a cohort of 1000 subjects who are planned to undergo SET, Cognitive Behavioral Therapy and Standardized Conflict Resolution skills training to test the efficacy of SET [5-21].

Expected Outcomes of SET

1. Innovative novel therapy for symptom management.
2. Increased uptake and reduction in prevalence and incidence of depression and mental health sequalae.
3. Reduced cost of mental health to the public purse.
4. Contribution to global mental health policy.
5. Contribution to scientific knowledge.
6. Provide better health outcomes and effective social interventions to reduce rates of substance use and abuse, suicide, crime, depression, and other social scourges such as pathological gambling and addictions.

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