

## Narrative Exposure Therapy for the treatment of complex PTSD:

### An examination of the effect and adaptation in Japan

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PTSD is often present along with an underlying illness in individuals who cycle in and out of psychiatric hospitals over a number of years. These individuals are emotionally labile, prone to self-harm and suicide attempts, and seldom receive consistent treatment. Complex PTSD develops as a result of prolonged and repeated trauma, such as child abuse, domestic violence, or bullying. Complex PTSD is a condition in which the symptoms of an underlying illness are amplified or exacerbated, thus hampering treatment, as well as difficulty regulating emotions as a result of the core symptoms of PTSD.

Narrative exposure therapy (NET) is a cognitive-behavioral therapy for PTSD that combines exposure therapy and testimony therapy. Elimination of learned fear through habituation and organization of autobiographical memory by reconstructing one's life story is effective at treating complex PTSD. NET is recommended by international guidelines as an effective treatment for complex PTSD, but NET was initiated in Japan by Mori as recently as 2005.

This paper has investigated the effect and adaptation of NET in outpatient care at a psychiatric hospital and at a university counseling office. Fourteen participants received NET (13 females and 1 male with a mean age of 38.14 years; 12 were seen at psychiatric hospitals and 2 were seen at a university counseling office). Comorbid symptoms of complex PTSD were depression, bipolar disorder, borderline personality disorder (BPD), alcoholism, eating disorder, complicated grief, dissociative disorder, adjustment disorder, and fibromyalgia. Participants had received care or counseling for 0–23 years, and they had been admitted 0–33 times. NET was conducted by a clinical psychologist who had received NET training. NET was conducted in 1–2 sessions per week for a total of 8–46 sessions of NET (average number of sessions: 27.35).

The IES-R and CAPS were used to measure PTSD symptoms, the SDS was used to measure depressive symptoms, and the DES was used to measure dissociative symptoms. Symptoms were measured prior to NET and 2 weeks, 3 months, 6 months, and 1 year after NET. Results indicated that PTSD symptoms significantly decreased; Cohen's  $d$  was 2.587 for the changes in CAPS scores and 2.972 for the changes in IES-R scores 1 year after NET in comparison to scores prior to NET. Depressive symptoms markedly decreased; Cohen's  $d$  was 0.953 for the changes in SDS scores 1 year after NET. Dissociative symptoms significantly decreased; a comparison of scores prior to

NET and 1 year afterward resulted in an  $r$  of  $-0.895$ . Symptoms other than depressive or dissociative symptoms also markedly decreased, but NET had no apparent effect on alcoholism. The considerable decrease in symptoms of BPD shown in the current study supports previous studies. The following results that prove the effectiveness of NET were obtained:

- 1) NET is effective in treating complex PTSD resulting from prolonged, repeated trauma.
- 2) NET is considered effective in treating complex PTSD due to organized violence in clinical settings where the risk of trauma remains. NET is also effective in treating complex PTSD due to everyday life in routine clinical settings.
- 3) Approaches to NET that have proven effective overseas are also effective for Japanese.
- 4) NET alleviates PTSD symptoms and thus alleviates comorbid symptoms.
- 5) NET can be a promising treatment method for complex PTSD patients living in Japan.

Assembling further clinical experience with NET in Japan is a topic for the future.