SCIENCE SET
OPEN ACCESS PUBLISHERS

Review Article

Science Set Journal of Medical and Clinical Case Studies

Self-Empowerment Therapy for Depression Associated with PTSD

David Kaye

Director Professor Author Australian Trauma Research Institute, Sydney NSW 2001 AU Level 4, Suite 406, 12 O'Connell Street Sydney NSW 2000 AU, Mobile: +61 417 553 883.

***Corresponding author:** David Kaye, Director Professor Author Australian Trauma Research Institute, Sydney NSW 2001 AU Level 4, Suite 406, 12 O'Connell Street Sydney NSW 2000 AU, Mobile: +61 417 553 883.*

Submitted: 06 June 2023 **Accepted:** 13 June 2023 **Published:** 19 June 2023

Citation: *David Kaye (2023) Self-Empowerment Therapy for Depression Associated with PTSD. Sci Set J of Med Cli Case Stu 2(2), 01-04.*

Abstract

Self-Empowerment Therapy for depression associated with PTSD 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 regardless of therapy used, nature and severity of the presenting problem and diagnosis, the modal frequency of patients attending counselling services is 1 (Talmon, M.,1990; Bloom, B.L., 2001; Young, J., 2018, Kaye, D., 2021). With this in mind, Self-Empowerment Therapy (SET) was pioneered at the Australian Trauma Research Institute.

Aims

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

Method

A cohort of 92 subjects were assessed using the Beck Depression Inventory at the start and at the conclusion of the two-hour single session therapy.

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

Results

Results of the tests (n=92) showed clinically significant therapeutic effects from SET in a single therapy session with 79.35% 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 Therapy, Single Session Self-Empowerment Therapy, Depression, PTSD

Self-Empowerment Therapy for Depression Associated with PTSD

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% 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 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 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 regardless of therapy used, nature and severity of the presenting problem and diagnosis, the modal frequency of patients attending counselling services is 1 [1-4].

With this in mind, Self-Empowerment Theory and its application, Self-Empowerment Therapy (SET) was pioneered at the Australian Trauma Research Institute. 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.

Self-empowerment requires awareness, honesty with self and others, responsibility, courage, compassion for self and others and a willingness to let go of irrational thinking. Self-empowerment is the process of taking control of one's life and actively making choices that align with one's goals and values. This is an essential component of resilience, integration of the actual, ought, ideal and undesirable components of the self and mental and emotional wellbeing, as it allows individuals to feel a sense of agency and control over their lives.

You are the author of your own story. Being the "author of your own story" highlights the importance of taking responsibility for one's life and the choices that one makes. When individuals view themselves as the authors of their own story, they are more likely to take an active role in shaping their lives and creating a narrative that aligns with their goals and values.

Courage is not the absence of fear, but rather the belief that something else is more important than fear. This speaks to the idea that self-empowerment often requires individuals to step outside of their comfort zones and take risks. It is natural to feel fear or uncertainty when taking on new challenges, but individuals who are able to assess that their goals or values are more important than their fear are more likely to act and achieve their objectives.

Self-compassion is not self-indulgence; it is self-respect with undertones of establishing and maintaining clear boundaries between self and others with a view to always seeking realistic compromises with others. This underscores the importance of treating oneself with kindness and compassion, even in moments of difficulty or challenge due to conflicting demands of others on the one hand, and being able to make basic demands on others to attend to one's needs. Self-compassion allows individuals to accept their struggles and limitations without judgment or self-reproach, which can ultimately lead to greater self-awareness and growth.

Self-empowerment is not a one-time event, but rather a continuous process. Self-empowerment is not an event; it is a journey. This highlights the idea that self-empowerment is not something that can be achieved overnight, but rather a lifelong pursuit. It requires individuals to continually reassess their goals and values, take risks, and make choices that align with their evolving sense of self.

In the current context, 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 [5].

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 a 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 (Physical. Psychological, spiritual, sexual health), family, relationships, profession, education, finances and self, life-domains, administration of four clinical exercises incorporating psycho-education and skills acquisition (Self Dif-

ferentiation 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. The study was deliberately limited in theory and hypotheses [4].

Method

92 adult subjects (39 F & 53 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 (Physical, psychological, sexual and spiritual health), family, interpersonal relationships, profession, education, finances and self-life - domains were obtained. Subjects were assessed using the Beck Depression Inventory (BDI) at the start of the single-session and at the conclusion of the single- session consultation.

Subjects requiring more than single session were allocated to suitable psychologists for on-going support.

All data collected adhered to ethical standards, available if requested and kept in the Author's possession. The author asserts that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008. Written informed consent was obtained from subjects participating in the study. Ethical approval and trial registration were not required as every subject provided written informed consent.

Results

Broadly, the results of the tests showed (n=92; 39 F, 53 M) 19 Increase in BDI scores, 6 equal or no change and 67 decrease in BDI scores. Equal or no change was grouped with decreased scores as SET did not make the reported depression worse. Subjects showed clinically significant therapeutic effects from SET in a single therapy session with 79.35% improvement as measured by self-reported equal or lower BDI scores 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 and pre-existing and presenting issues of the subjects.

Conclusions

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.

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 four 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 SET 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 [6-20].

Contributions 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.

There are no Conflict of Interest or Funding Arrangements to Declare

All data collected adhered to ethical standards, available if requested and kept in the Author's possession. The author asserts that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008.

Informed consent was obtained from all subjects.

References

1. Moshe Talmon (1990) Single session therapy: Maximizing the effect of the first (and often only) therapeutic encounter. San Francisco: Jossey-Bass.
2. Bloom, Bernard L (2001) Focused single session psychotherapy: A review of the clinical and research literature. Brief Treatment and Crisis Intervention 1: 75-86.
3. Michael F Hoyt, Monte Bobele, Arnold Slive, Jeff Young, Moshe Talmon (2018) Single Session Therapy: The gift that keeps on giving 1. Single-Session Therapy by Walk-In or Appointment in Single-Session Therapy by Walk-In or Appointment: Clinical, Supervisory, and Administrative Aspects. New York: Routledge.
4. Kaye D (2021) Self-Empowerment Therapy: From Theory to Practice. Lambert Academic Publishing.
5. Kaye D (2002) Crossroads: Your Journey Within. Melbourne Australia: Melbourne Books.
6. Kaye D (2018) The Five-Minute Therapist, Sydney Australia: Karmalot Publishing.
7. Beck AT (1967) Depression: Clinical, experimental and theoretical aspects. New York: Harper & Row Beck, A.T. Beck Depression Inventory: Beck Depression Inventory (BDI) –

Addiction Research Center – UW–Madison (wisc.edu)
8. Bernard ME (1986) Staying rational in an irrational world. Melbourne: Macmillan Australia.
9. Bowlby J (1977) The making and breaking of affectional bonds. British Journal of Psychiatry 130: 201 & 431.
10. Desk Reference to the DSM V (2013) American Psychiatric Association. Arlington VA.
11. Hoyt MF, Bobele M, Slive A, Young J, Talmon M (Eds) (2018) Single-Session Therapy by Walk-In or Appointment: Clinical, Supervisory, and Administrative Aspects. New York: Routledge.
12. Kaye D (2020) Blame Gabriel: Acute grief following death of a Loved One. Lambert Academic Publishing.
13. Kaye D (2022) A Compelling Hypothesis: Does Mental Illness Exist? Sydney Australia. Karma Can Publishing.
14. Lazarus AA (1971) Behavior therapy and beyond. New York: McGraw-Hill Book Company.
15. Malan DH (1979) Individual psychotherapy and the science of psychodynamics. London: Butterworths.
16. Orlinsky DE, Howard KI (1967) the good therapy hour. Archives of General Psychiatry 16: 621-632.
17. Productivity Commission Inquiry into Mental Health Final Report. Tabled to Australian Parliament by Chair Michael Brennan. Canberra 31/10/2019.
18. Productivity Commission (2020) Mental Health. Canberra 95.
19. Rycroft P, Young J (2014) SST in Australia: Learning from Teaching in Michael F. Hoyt and Moshe Talmon (Eds), Capturing the Moment: Single-Session Therapy and Walk-in Services, UK: Crown House Publishers.
20. Young J, Rycroft P, Weir S (2014) Implementing SST: Practical Wisdoms from Down Under in Michael F. Hoyt and Moshe Talmon (Eds), Capturing the Moment: Single-Session Therapy and Walk-in Services, UK: Crown House Publishers.