The Relationships among Effectiveness of Counseling for Trauma and PTSD, Therapeutic Alliance, and Change in Religious Coping as Measured by Client-Focused Assessment

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Introduction
Evidence based treatments for trauma diagnoses range from Cognitive Behavioral Therapy to more specialized approaches such as Eye Movement Desensitization and Reprocessing and Sensorimotor Therapy, and yet no one approach has been identified as the “gold standard” of treatment (Benish, Imel, Wampold, 2008). Recent studies (Barber, Connolly, Crys-Christoph, Gladis, & Siqueland, 2009), (Horvath & Symonds, 1991) are indicating that one reason for this is that the working alliance between therapist and client, particularly as perceived by the client, is more important to therapeutic change than the approach used. This alliance, especially when combined with a focus on the reduction of negative religious coping skills - shaming and guilt convicting theologies centered around a spiritual figure (Pargament, Koenig, & Perez, 2000) - may be a key factor to approaching trauma treatment.

Methods
• Subjects were individuals coming for counseling at the network of faith-based counseling centers affiliated with Richmont Graduate University in the Chattanooga and Atlanta areas.
• A total of 1286 subjects participated in the overall study.
• Of those, 473 reported the required trauma symptoms necessary to be a part of this portion of the study.
• Counselors were 60 in number ranging widely in therapeutic training and experience.
• Participants filled out a symptom questionnaire before the start of therapy sessions consisting of empirically derived items through A Collaborative Outcomes Resource Network (ACORN).
• Questions covered the symptoms that the client had felt in the past two weeks/since their last therapy session, and specifically addressed daily functioning, depression, anxiety, trauma, and negative religious coping. Participants were also asked to report on their perception of the therapeutic alliance during the last session they attended.
• Specific trauma items included
  - In the past two weeks, how often did you have a physical reaction when reminded of an upsetting experience? (For example, heart pounding, fast, stomach pain, sweating, etc.).
  - In the past two weeks how often did you have upsetting thoughts or images when reminded of a past experience?

Hypotheses
Hypothesis (1) stated that trauma victims were more likely to consider therapy successful when they have a reduced use of negative religious coping skills.
Hypothesis (2) states that trauma victims would indicate a higher success rate in therapy due to the addition of feedback forms into their working alliance with their therapist.

Hypotheses Results
Hypothesis (1) was unsupported. There was not a significant relationship between therapeutic alliance and reduced symptoms of trauma
Hypothesis (2) was supported: Reduction of trauma symptoms as significantly correlated with reduced use of negative religious coping skills.

KEY MEASURES:
- A low therapeutic alliance score is reflects a good alliance; scores increase with problems in the alliance.
- Change measures reflects the highest symptoms minus the lowest symptoms reported.
- In religious coping, the change score reflects client report of seeing the divine as in some sense punishing or deserting the client.
- When comparing the change in trauma symptoms with therapeutic alliance the results did not prove to be significant (p<.06).
- When comparing the change in symptoms with change in religious coping the results proved to be significant (p<.02).
- Change in trauma score was the strongest positive change shown, accounting for 36% of the variance in overall change.
- Decreased symptoms positively correlates with a change in depression and anxiety symptoms
- A reduction in trauma symptoms indicated a more significant change than working on daily functioning
- Change in trauma symptoms was one of the most predictive of change in severity adjust effect size, accounting for 25% of variance
- The results did show a significant relationship between the age of the client and the change in trauma symptoms, as well as the change in negative religious coping skills.
- This result indicates that there was a greater tendency towards change in those clients who saw a younger, less experienced clinician.

Further Results
- Change in trauma score was the strongest positive change shown, accounting for 36% of the variance in overall change.
- Decreased symptoms positively correlates with a change in depression and anxiety symptoms
- A reduction in trauma symptoms indicated a more significant change than working on daily functioning
- Change in trauma symptoms was one of the most predictive of change in severity adjust effect size, accounting for 25% of variance

Correlation matrix describing age of clinician with outcome variables

<table>
<thead>
<tr>
<th>Therapeutic Alliance</th>
<th>Change in Trauma</th>
<th>Change in Daily Functioning</th>
<th>Change in Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Alliance</td>
<td>0.22</td>
<td>-0.06</td>
<td>-0.06</td>
</tr>
<tr>
<td>Change in Trauma</td>
<td>0.04</td>
<td>0.62**</td>
<td>0.25**</td>
</tr>
<tr>
<td>Change in Daily Functioning</td>
<td>-0.08</td>
<td>0.10**</td>
<td>0.10**</td>
</tr>
<tr>
<td>Change in Abuse</td>
<td>0.30**</td>
<td>0.25**</td>
<td>0.20**</td>
</tr>
</tbody>
</table>

Limitations and Future Research
- A limitation of this study is that client ethnicity and gender was missing for the majority of participants, so no conclusive data could be found in regards to that research.
- Another limitation is that, while therapists did report their preferred therapeutic approach, there is no way of knowing what approach was used with individual clients.
- Future research may look at what therapeutic alliance was not correlated with change.
- Future research may look at younger, less experienced clinicians are showing more significant change than more seasoned clinicians.
- Further research would also include better documented ethnicity and gender demographics that could be used as a variable in the statistical analysis.

Conclusions
- This study has shown that reducing negative religious coping skills is a significant factor for client change.
- This study has indicated that younger clinicians are gaining a higher rate of change with reduction of client symptoms.
- This study has shown that addressing trauma, at the symptom level, is a key component to client change.

References

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