A STEP TOWARDS A BROADER UNDERSTANDING OF COMPLEX TRAUMATIZATION IN VICTIMS OF CRIME:

Psychological and Physical Health Impacts and Implications for Psychological Interventions and Treatment Evaluation

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Submitted in Fulfillment of the Requirements for the Degree of
Doctor of Philosophy

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Appendix A – Participant information

You are invited to participate in a study examining the relationship between psychological stress and your health. This is a study conducted by Dr. Jane Blake-Mortimer, a Clinical Psychologist and Senior Lecturer at the Psychology Department of the University of Adelaide and Birgit Pfitzer, a PhD candidate at the Psychology Department of the University of Adelaide. Before agreeing to participate in the study, it is important that you read and understand the following explanation of the study and procedures. Prior to agreeing to participate, you will be asked to sign a form indicating that you consent to take part in this study. However, if you choose to participate, you have the right to withdraw from the study at any time.

What is this study about?

We would like to find out whether people who have experienced the stress associated with being a victim of crime have a lowered immunity as compared to non-stressed people who did not experience such an event.

It is possible that people who are suffering from long-term stress may be more likely to have a decreased immunity, develop infections and have a greater risk of developing a heart disease. Thus, an important purpose of this study is to obtain a better understanding of the relationships between psychological stress, immunity and an increased risk of developing illnesses.

Another crucial purpose of this study is to find out which factors might be useful to improve one's immunity and, as a future perspective, to develop strategies which might have valuable benefits for the health of crime victims.

Your immunity can be measured by an examination of biochemical markers such as vitamins or enzymes in your blood and saliva. Psychological stress can be measured by specific questionnaires.

We will provide you with feedback of your psychological and bio-chemical results. If your test results indicate any significant abnormalities, we will contact you and advise you to consult your GP as a precautionary measure.

Who can take part in the trial?

People aged between 18 and 67 years will be invited to participate in this study. For the purpose of this research, we are looking for people

Who have been a victim of a crime, are closely related to a crime victim or have witnessed a crime at least 3 months ago and, as a consequence, feel very distressed.

We will not be able to include you in this study if you are

- physically unwell at the time of testing.
- Please inform us if you are suffering from a cold or flu or any other form of infection at the time of testing.
- suffering from any of the following chronic medical conditions: heart
- disease, diabetes, cancer, rheumatoid arthritis, Addison's Disease, Cushing's Disease, Lupus or chronic infections.
- taking medication suppressing your immune system
- pregnant or breast feeding. Please inform us if there is any possibility that you may be pregnant.
- suffering from a psychotic disorder such as schizophrenia
- taking warfarin

Please indicate any medication or vitamins you are currently taking.

What does the study involve?

1. Each person will be asked to complete a questionnaire consisting of various psychological factors which may result from the traumatic event you have experienced and contribute to life stress. We will also ask about your history of illnesses, medication and your

health related behaviours. In addition, we will conduct a structured interview with you.

2. For the measurement of biochemical markers, a Registered Nurse from the University of South Australia will take a small blood sample (30ml). This will also include a comprehensive blood test.

3. You will be asked to swill 15 ml of distilled water in your mouth for 30 seconds and expel the liquid into a container.

This assessment will take approximately 1.5 hours of your time.

Precautionary advice and possible adverse effects

Whenever a blood sample is taken there is a slight risk of bruising. As a precaution, blood thinning agents such as aspirin, warfarin,

NSAID and gingko should not be taken 3 days prior to giving a blood sample.
Relevant biochemical blood measures will be analysed following the procedure. If any blood abnormalities are detected, you will be advised to consult your GP as a precautionary measure.

Feedback

Upon completion of the study, a summary sheet of the results will be available. Individual results will be available on request.

Voluntary Participation and Confidentiality

Participation in the study is completely voluntary. You are free to withdraw from the project at any time and this will not affect your medical treatment now or in the future.

The information that you provide is strictly confidential. The results of this study are part of a research that may be published in an aggregated form, but will not personally identify you. The data will be stored securely in locked filing cabinets (as required for seven years).

If you agree to participate in the study, you will be asked to sign a consent form.

If you have any questions or concerns, at any time before, during or after the study, please do not hesitate to contact:

Birgit Pfitzer on (08) 8415 2419
e-mail: **birgit.pfitzer@adelaide.edu.au**

Dr. Jane Blake-Mortimer on 8331 9299

Human Research Ethics Committee Contact

If you have any ethical concerns regarding this study please refer to the attached contacts complaints form.

THE UNIVERSITY OF ADELAIDE
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DEPARTMENT OF PSYCHOLOGY

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PARTICIPANT INFORMATION SHEET

THE RELATIONSHIP BETWEEN BIOCHEMICAL MARKERS AND PSYCHOSOCIAL FACTORS IN VICTIMS OF CRIME: A PILOT STUDY

Birgit Pfitzer, PhD candidate
Dr. Jane Blake-Mortimer, PhD, clinical psychologist, senior lecturer

Appendix B

TELEPHONE ENQUIRY PROTOCOL: ELIGIBILITY OF CRIME VICTIMS INTERESTED IN JOINING THE STUDY

- **Date of enquiry** ☐☐/ ☐☐/☐☐
- **Surname……**

  First name…….

  SEX M ☐ F ☐

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1. <u>ASSESS ELIGIBILITY</u>

AGE **Date of Birth** ☐☐/ ☐☐/☐☐

- **Must be aged 18 - 67 years** Yes ☐ No ☐ **<u>Exclude if outside age limit</u>**

DATE OF CRIME ☐☐/ ☐☐/☐☐ **<u>≥</u> 3 months** ☐$_1$Yes ☐$_2$No

<u>Exclude if less than 3 months</u>

INDIVIDUALS WITH ANY OF THE FOLLOWING CONDITIONS

Possible Pregnancy, Pregnancy or breastfeeding	☐$_1$Yes ☐$_2$No
Heart disease	☐$_1$Yes ☐$_2$No
High blood pressure	☐$_1$Yes ☐$_2$No
Cancer	☐$_1$Yes ☐$_2$No
Diabetes	☐$_1$Yes ☐$_2$No
Infections	☐$_1$Yes ☐$_2$No
Autoimmune diseases	☐$_1$Yes ☐$_2$No
Allergies	☐$_1$Yes ☐$_2$No
Other chronic diseases	☐$_1$Yes ☐$_2$No
Schizophrenia or other psychotic illness	☐$_1$Yes ☐$_2$No
Taking Medication	☐$_1$Yes ☐$_2$No
Antidepressants	☐$_1$Yes ☐$_2$No
Anxiolytics	☐$_1$Yes ☐$_2$No

Immunosuppressive medications ☐1Yes ☐2No

Vitamins ☐1Yes ☐2No

Blood thinning agents, e.g. warfarin, aspirin, ginko, NSAID ☐1Yes ☐2No

Contraceptive pill ☐1Yes ☐2No

Other medications/name and dose of medication

_____

_____

_____

Need to exclude? **☐1Yes ☐2No**

Practical issues

3. ABLE TO ATTEND STUDY? Yes ☐ No ☐

4. ABLE TO ATTEND UNIVERSITY OF SOUTH AUSTRALIA CITY CAMPUS TO HAVE BLOOD AND SALIVA TAKEN? Yes ☐ No ☐

5. PERSON INFORMED OF ARRANGEMENTS?
(People will receive participant information sheet and consent/complaints form, after agreeing they will receive questionnaire and details about date and location of blood examination)

6. PARTICIPANT INFO SHEET, CONSENT/COMPLAINTS FORM SENT Yes ☐ No ☐

If person declines trial please record the reason

……

COMMENTS / PROBLEMS

Appendix C

TELEPHONE ENQUIRY PROTOCOL: ELIGIBILITY OF PEOPLE INTERESTED IN JOINING THE STUDY

- **Date of enquiry** ☐☐/ ☐☐/☐☐

- **SURNAME……. FIRST NAME..……SEX M ☐ F ☐**

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1. ASSESS ELIGIBILITY

AGE **Date of Birth** ☐☐/ ☐☐/☐☐

TRAUMATIC EXPERIENCE:
Sometimes things happen to people that are extremely upsetting- things like being in a life-threatening situation like a major disaster, very serious accident or fire: being physically assaulted or raped; seeing another person killed or dead, or badly hurt or hearing about something horrible that has happened to someone you are close to. At any time during your life, have any of these kinds of things happened to you?

☐$_1$Yes ☐$_2$No

If yes, please indicate the type of event ----------

DID YOU EVER SUFFER FROM ONE OF THE FOLLOWING CONDITIONS? IF YES, PLEASE SPECIFY.

Heart disease_____ ☐$_1$Yes ☐$_2$No

High blood pressure_____ ☐$_1$Yes ☐$_2$No

Cancer_____ ☐$_1$Yes ☐$_2$No

Diabetes_____ ☐$_1$Yes ☐$_2$No

Chronic/long lasting infections_____ ☐$_1$Yes ☐$_2$No

Autoimmune diseases (e.g. asthma, arthritis)_____ ☐$_1$Yes ☐$_2$No

Allergies_____ ☐$_1$Yes ☐$_2$No

Schizophrenia or other psychotic illness_____ ☐1Yes ☐2No

Depression_____ ☐1Yes ☐2No

Anxiety_____ ☐1Yes ☐2No

Other psychological problems_____ ☐1Yes ☐2No

Are you pregnant? ☐1Yes ☐2No N./A.☐

PLEASE LIST ALL YOUR MEDICATION WHICH YOU ARE CURRENTLY TAKING

Name of medication and mg e.g. Lasix 20mg tablet	**Dose (How many per day?)**	**Reason for medication**
1.		
2.		
3.		
4.		
5.		
6.		
7.		

PLEASE LIST ALL THE VITAMINS WHICH YOU ARE CURRENTLY TAKING

Name of vitamin	**Dose** (how many times per w.)	**Reason for vitamin intake**
1.		
2.		
3.		
4.		
5.		
6.		

Please check: Did you think of

Antidepressants ☐1Yes ☐2No

Medication to ease anxiety ☐1Yes ☐2No

Immunosuppressive medications (e.g. Cortison) ☐1Yes ☐2No

Blood thinning agents, e.g. warfarin, aspirin, gingko ☐1Yes ☐2No

Contraceptive pill ☐1Yes ☐2No N./A.☐

We would like to know if you have had any medical complaints and how your health has been in general, OVER THE LAST FEW WEEKS. Please answer ALL the questions simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about PRESENT AND RECENT complaints, not those that you had in the past. It is important that you try to answer ALL the questions.

Have you recently……

been able to concentrate on whatever you're doing?	**Better than usual**	**Same as usual**	**Less than usual**	**Much less than usual**
lost much sleep over worry?	**Not at all**	**No more than usual**	**Rather more than usual**	**Much more than usual**
felt that you are playing a useful part in things?	**More so than usual**	**Same as usual**	**Less useful than usual**	**Much less useful**
felt capable of making decisions about things?	**More so than usual**	**Same as usual**	**Less so than usual**	**Much less than usual**
felt constantly under strain?	**Not at all**	**No more than usual**	**Rather more than usual**	**Much more than usual**
felt you couldn't overcome your difficulties?	**Not at all**	**No more than usual**	**Rather more than usual**	**Much more than usual**
been able to enjoy your normal day-to-day activities?	**More so than usual**	**Same as usual**	**Less so than usual**	**Much less than usual**
been able to face up to your problems?	**More so than usual**	**Same as usual**	**Less so than usual**	**Much less able**
been feeling unhappy and depressed?	**Not at all**	**No more than usual**	**Rather more than usual**	**Much more than usual**
been losing confidence in yourself?	**Not at all**	**No more than usual**	**Rather more than usual**	**Much more than usual**
been thinking of yourself as a worthless person?	**Not at ll**	**No more than usual**	**Rather more than usual**	**Much more than usual**
been feeling reasonably happy, all things considered?	**More so than usual**	**About same as usual**	**Less so than usual**	**Much less than usual**

Appendix D

DEMOGRAPHIC QUESTIONNAIRE

Name _____

ID Number _____

Do you live? On your own ☐ Family ☐ Partner ☐ Shared Accommodation ☐

Do you have children? Yes ☐ No ☐

How many? _____

Country of Birth (please specify) _____

Education Primary ☐ Secondary ☐ Tafe ☐ Tertiary ☐ Other ☐ _____

1. Do you currently smoke cigarettes, cigars, pipes or any other tobacco products? Please specify Daily ☐ At least weekly (not daily) ☐ Less Often than weekly ☐ Or not at all ☐	**3. During the last 7 days, on how many days did you do <u>vigorous</u> physical activities like heavy lifting, digging, aerobics or fast bicycling?** Days per week _____ No vigorous physical activities ☐
2. On average how many cigarettes do you smoke per day (daily) or each week (weekly)? *Enter number of cigarettes per day* _____ *or* *Enter number of cigarettes each week* _____	**4. How much time did you usually spend doing <u>vigorous</u> physical activities on one of those days?** Hours per day _____ Minutes per day _____ Don't know/not sure ☐

5. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking. Days per week _____ No moderate physical activities ☐	**9. How often do you have a drink containing alcohol?** (0) Never ☐ (1) Monthly or less ☐ (2) 2 to 4 times a month ☐ (3) 2 to 3 times a week ☐ (4) 4 or more times a week ☐
6. How much time did you usually spend doing <u>moderate</u> physical activities on one of those days? Hours per day _____ Minutes per day _____ Don't know/not sure ☐	**10. How many drinks containing alcohol do you have on a typical day when you are drinking?** (0) 1 or 2 ☐ (1) 3 or 4 ☐ (2) 5 or 6 ☐ (3) 7, 8 or 9 ☐ (4) 10 or more ☐
7. During the last 7 days, on how many days did you <u>walk</u> for at least 10 minutes at a time? Days per week _____ No walking ☐	**11. How often do you have six or more drinks on one occasion?** (0) Never ☐ (1) Less than monthly ☐ (2) Monthly ☐ (3) Weekly ☐ (4) Daily or almost daily ☐
8. How much time did you usually spend walking on one of those days? Hours per day _____ Minutes per day _____ Don't know/not sure ☐	**12. Do you take any other substances?** If yes, please specify how much and how often Marihuana/Cannabis…… Cocaine…… Speed/Ecstasy/Amphetamines…… Opioids/Hallucinogens……..

PLEASE LIST ALL YOUR MEDICATION WHICH YOU ARE CURRENTLY TAKING

Name of medication and mg e.g. Lasix 20mg tablet	**Dose (How many per day?)**	**Reason for medication**
1.		
2.		
3.		
4.		
5.		
6.		
7.		

PLEASE LIST ALL THE VITAMINS WHICH YOU ARE CURRENTLY TAKING

Name of vitamin	**Dose** (how many times per w.)	**Reason for vitamin intake**
1.		
2.		
3.		
4.		
5.		
6.		

Appendix E

Table 1 – Spearman correlations between biochemical and psychological results in the control group

Table 1
Spearman correlations between biochemical and psychological results in the control group

	CRP	HCY	B12	IL 1B	TNFα	TNFβ	IFNγ
General Health Questionnaire	.28	.18	-.12	-.10	-.09	-.14	-.07
Beck Depression Inventory	.33*	-.14	-.16	-.34	-.33	-.45*	-.14
UCLA Loneliness Scale	.34*	-.15	.03	-.20	-.13	-.18	.09
STPI state depression	.28	-.10	.05	-.13	-.18	-.21	.05
STPI trait depression	.43**	-.32*	.10	-.12	-.11	-.18	-.16
STPI state anxiety	.32*	.18	-.23	-.14	-.07	-.24	-.17
STPI trait anxiety	.33*	-.01	-.07	.03	-.02	-.04	.05
STPI state anger	.31*	0	.16	0.04	-.08	-.14	-.24
STPI trait anger	.17	.09	-.34*	-.05	.18	.04	-.10
STPI state curiosity	-.08	-.09	-.27	-.04	-.11	-.01	-.16
STPI trait curiosity	-.07	0	-.23	-.19	-.10	-.08	-.34
STAXI anger suppression	0	.09	.05	.16	.14	-.04	-.02
STAXI outward directed anger	.08	.27	-.40*	.04	.18	-.06	.05
STAXI control anger suppression	-.03	-.09	.25	.13	.02	.06	-.12
STAXI control of outward anger	.07	-.06	.25	-.11	-.27	-.14	-.31

* for $p<.05$; ** for $p<.01$
CRP, HCY, B12 = one-tailed significance test
IL 1B, TNFα, TNFβ, IFNγ = two-tailed significance test

Appendix F

Table 2 – Pearson correlations between biochemical and psychological results in the control group

Table 2
Pearson correlations between biochemical and psychological results in the control group

	FOL	CHOL	NT	LO	VitC
General Health Questionnaire	-.17	-.02	.02	.32*	.06
Beck Depression Inventory	.19	.07	.52**	.12	.29
UCLA Loneliness Scale	.18	-.07	.14	.11	-.07
STPI state depression	.36*	-.18	.20	.22	.07
STPI trait depression	.36*	-.06	.21	.39*	.23
STPI state anxiety	-.04	-.02	.04	.09	.11
STPI trait anxiety	.06	-.17	.15	.15	.23
STPI state anger	.33*	.18	-.07	-.06	.46**
STPI trait anger	-.06	.05	.23	.35*	.09
STPI state curiosity	-.12	-.11	.05	.07	.25
STPI trait curiosity	.01	.08	-.05	-.04	.12
STAXI anger suppression	-.12	-.16	.20	-.13	-.03
STAXI outward directed anger	-.06	.18	-.05	.38*	.26
STAXI control anger suppression	.11	.18	-.32*	-.18	.01
STAXI control of outward anger	.02	.06	-.32*	-.26	-.09

*for p<.05; ** for p<.01 (one tailed)

Appendix G

Table 3 – Influence of depression severity

Table 3
Comparison of M, SD in biochemical markers depending on depression severity

	Mild/moderate depression *n*=17	Severe depression *n*=10
	M (SD)	*M (SD)*
C-reactive protein (CRP)	3.64 (3.25)	4.50 (4.30)
Homocystein (HCY)	8.07 (2.58)	8.19 (2.69)
Vitamin B12	297.29 (137.04)	432.90 (184.11)
Interleukin 1b (IL 1b)	3.34 (1.95)	39.33 (76.06)
Tumor necrosis factor alpha (TNF α)	2.60 (1.36)	23.66 (56.47)
Tumor necrosis factor beta (TNF β)	4.44 (4.92)	8.53 (16.39)
Interferon gamma (IFN γ)	10.14 (10.32)	16.40 (32.42)
Folate	26.40 (14.21)	20.73 (7.55)
Cholesterol	5.35 (.88)	4.87 (.83)
Lipidoxide	5.45 (2.48)	8.00 (4.36)
Lymphocytic'5-Ectonucleotidase	.47 (.15)	.56 (.18)
Vitamin C	52.88 (12.01)	50.70 (14.16)

Appendix H

Table 4 – Influence of overall stress

Table 4

Differences in biochemical measures according to overall stress level

	Normally/mildly stressed (GHQ 0-3) *n*=17	Severely stressed (GHQ >4) *n*=10
	M (SD)	*M (SD)*
C-reactive protein (CRP)	2.33 (1.65)	4.77 (4.08)
Homocystein (HCY)	7.48 (1.75)	8.82 (2.88)
Folate	28.66 (13.57)	22.12 (11.42)
Vitamin B12	278.11 (115.95)	382.22 (179.67)
Cholesterol	5.34 (.80)	5.09 (.93)
Interleukin 1b (IL 1b)	3.49 (2.19)	21.28 (55.21)
Tumor necrosis factor alpha (TNFα)	2.39 (1.50)	14.39 (42.46)
Tumor necrosis factor beta (TNFβ)	5.25 (6.62)	6.35 (12.29)
Interferon gamman (IFNγ)	9.49 (12.55)	13.91 (24.36)
Lipidoxide (LO)	4.72 (1.98)	7.23 (3.77)
Lymphocytic'5-Ectonucleotidase (NT)	.51 (.19)	.50 (.16)
Vitamin C	57.33 (13.61)	49.44 (11.60)

Appendix I

PARTICIPANT INFORMATION SHEET

THE RELATIONSHIP BETWEEN BIOCHEMICAL MARKERS AND PSYCHOSOCIAL FACTORS IN VICTIMS OF CRIME: A PILOT STUDY

You have participated in our study examining the relationship between psychological stress and your health. To gain a better understanding of the underlying mechanisms I would like to conduct an interview with you. Before agreeing to participate in this interview, it is important that you read and understand the following explanation of the interview procedure. Prior to agreeing to participate, you will be asked to sign a form indicating that you consent to take part in this interview. However, even if you choose to participate, you have the right to withdraw at any time.

What is this interview about?
This interview will extend upon the questions asked in your completed psychological questionnaires. I would like to obtain a deeper insight into the kind of stress you are experiencing and how you are coping with this stress, how you are supported by relatives and clinical professionals and how the crime has affected your way of thinking and feeling about the future.
An important purpose of this interview is to gain additional knowledge which can be used for the development of a treatment program specifically tailored at the needs of victims of crime.

Who can take part in the trial?
People who participated in the pilot study can participate in this interview.

What does this interview involve?

- Each person will be asked to come in for an interview and answer questions in relation to psychological responses which may result from the traumatic event you have experienced.
- The interview will take place at the Victim Support Service in Adelaide (11 Halifax Street, Adelaide) and take approximately one and a half hours of your time.
- The interview will be tape recorded. After the conduction of the interview, the records will be transcribed and analyzed by myself.

Voluntary Participation and Confidentiality
Participation in the interview is voluntary. You are free to withdraw from it at any time. The information that you provide is strictly confidential. The results of this study are part of a research that may be published in an aggregated form, but will not personally identify you. The data will be stored securely in locked filing cabinets (as required for seven years). If results from this interview will be used in a later publication, names and personal data will be changed to grant your anonymity. If you agree to participate in the interview, you will be asked to sign a consent form. If you have any questions or concerns, at any time before, during or after the interview, please do not hesitate to contact:

Birgit Pfitzer on 8303 6802
e-mail: birgit.pfitzer@adelaide.edu.au

Human Research Ethics Committee Contact
If you have any ethical concerns regarding this study please refer to the attached contacts attached to the consent form.

Appendix J

Semi-structured Interview

1. **Firstly, I would like to ask you a few questions in relation to your personal stress experience:**

a) Can you tell me what "stress" means to you? To what state of being do you refer when you talk about stress?

Do you realize any changes in your way of thinking when you feel stressed?

How do you perceive stress in your body – are there any physical reactions related to it?

What kind of feelings or emotions are there when you are experiencing stress?

How does stress affect the way you are acting?

Does stress affect your health behaviour? (food, sleep, smoking habits, alcohol intake, exercise)

b) For how long have you felt stressed?

c) When you think of your crime experience - which factors caused most stress to you since the crime has happened?

d) Have any other life events contributed to more stress or, on the other hand, reduced the stress caused by your crime experience?

e) Did you/do you feel stressed constantly or were/are there times with a lot of fluctuation?

f) If yes, what were/are the reasons for this fluctuation?

g) Can you tell me what is stressful for you at the moment?

2. **We have talked a lot about your stress experience, - I would now like to gain some insight into how you are managing your stress:**

a) How do you deal with the stress you are experiencing at the moment?

b) Can you tell me which strategies help you best to deal with stress?

c) Did you seek professional help – if yes, what was helpful?

d) Are there any aspects in treatment/counseling/support groups sessions which you find difficult to deal with?

e) What would you change if you were able to do so/if you were a therapist/counsellor? (e.g. frequency of appointments, setting, certain aspects of support)

f) I have asked you many questions about your psychological wellbeing - do you experience any other psychological/emotional difficulties we did not talk about yet?

Semi-structured Interview (continued)

3. **I am very interested in how the crime has affected your way of thinking and feeling about the future:**

a) Do you consider your crime experience as a life changing experience?

Are these changes of a permanent or of a temporary nature?

b) Did the trauma change you as a person? In which way?

c) Do you think that the crime has affected your relationships with other people?

d) In which way did it affect your plans and goals for your future?

e) Did you loose important aspects of your life or of yourself through this crime experience?

f) Besides all your suffering, - would you say that you have learnt something from this experience which you wouldn't have learnt otherwise?

4. **And lastly, I would like to know what motivated you to take part in this research?**

Appendix K

THE UNIVERSITY OF ADELAIDE
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BIRGIT PFITZER
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PARTICIPANT INFORMATION

EVALUATION OF A COMBINED CBT-HYPNOSIS TREATMENT FOR VICTIMS OF CRIME

You are invited to participate in a study examining the benefits of two different treatment programs for victims of crime. This is a study conducted by Birgit Pfitzer, a Registered Clinical Psychologist and PhD student at the Psychology Department of the University of Adelaide.
Before agreeing to participate in the study, it is important that you read and understand the following explanation of the study and procedures. Prior to agreeing to participate, you will be asked to sign a form indicating that you consent to take part in this study. However, if you choose to participate, you have the right to withdraw from the study at any time.

What is this study about?

I would like to find out which psychological treatment best meets the needs of victims of crime.
To answer this question, two treatment programs will be compared with respect to their efficacy. Both programs will use cognitive behavioural therapy (CBT) which has been shown to be very useful in decreasing distress and associated problems after a traumatic event. Both treatments will follow the same goals: you will be provided with information about common psychological and physical responses to a crime experience and you will learn some useful techniques to cope with this stress. An important purpose of the treatment is to enhance your ability to process the traumatic memory. Another important goal is to encourage you to fully participate in life again.
The difference between the two treatment programs is that in the first treatment program only one treatment approach (CBT) will be applied while the second treatment program involves a combination of CBT and Hypnosis. Hypnosis has been found to be very effective for a variety of psychological and health problems. You will be provided with detailed information about Hypnosis before the commencement of the treatment program.
This study also wants to achieve a better understanding of the relationship between improved psychological well being and physical health. Previous research has shown that an increase in psychological well being can result in improved immune functioning. Thus, it is possible that psychological treatment may have valuable benefits not only to psychological health, but also to physical health in crime victims. Effects on physical health outcomes can be tested by examining immunological markers by a small blood sample.

Who can take part in the trial?

People aged between 18 and 70 years will be invited to participate in this study. For the purpose of this research, we are looking for people

Who have been a victim of a crime, are closely related to a crime victim or have witnessed a crime at least 3 months ago and, as a consequence, feel very distressed

We will not be able to include you in this study if you

- are suffering from a psychotic disorder
- are suffering from alcohol and substance dependence
- are suffering from severe chronic health conditions such as organic brain syndrome, heart disease, stroke, diabetes, cancer.
- are suffering from autoimmune diseases such as rheumatoid arthritis, Addison's Disease, Multiple Sklerosis, Cushing's Disease, Lupus.
- are taking medication suppressing your immune system, e.g. Cortisol

As this study looks at people suffering from posttraumatic stress, we may not be able to include you in this study if your current stress level is not high enough.

Please indicate any medication, vitamins or substances you are currently taking. Please do not change your medication intake during the study.

What does the study involve?
Before the commencement of the treatment program:

1. There will be a short telephone interview to gain some general information about your psychological stress and your physical health (10 min.).

2. You will be invited for a structured clinical interview to assess your posttraumatic stress symptoms. (approx. 40 min.). In addition, you will be provided with questionnaires and a test which assesses your hypnotizability which you can complete at home in your own time. Please note that low hypnotic suggestibility does not exclude you from participation in the study.

3. For the measurement of immunological markers, a Registered Nurse from the University of South Australia will take a small blood sample (30ml). This will also include a comprehensive blood test to indicate your general health status. In addition, each person will be asked to complete a psychological questionnaire (approx. 45 min).

4. You will be randomly allocated to one of the two treatment groups. This means you will either receive CBT treatment or a combination of a CBT and Hypnosis treatment.

Treatment program:

5. There will be 9 weekly treatment sessions of approx. 90 minutes duration. After each session, you will be provided with homework. The treatment sessions will be videotaped or audiotaped. Treatment sessions will take place at the Centre for Treatment of Anxiety and Depression, 30 Anderson St., Thebarton, SA 5031.

After treatment program:

6. same procedure as in 3. and another clinical interview (approx. 1.5 hours).

Precautionary advice and possible adverse effects

Both treatment programs will require intense work and commitment. Even though you are free to withdraw anytime, you should carefully consider whether you will be able to attend the 9 treatment sessions to make the most of your treatment. You should also allow time for your homework (approx. one hour a day).
While attending the treatment program, you may feel discomfort when you are recalling your crime experience. However, I will carefully monitor your stress levels and you will learn to apply appropriate stress management techniques. The treatment will take place in a safe, accommodating environment. I will be contactable for you between sessions if you feel that you need help in coping with your feelings. If we both feel that you would benefit more from other forms of assistance I will provide you with information about other services.

Whenever a blood sample is taken there is a slight risk of bruising. Please inform us about your intake of any blood thinning agents such as aspirin, warfarin, NSAID and gingko you may take.
If your normal blood picture indicates any significant abnormalities, we will contact you and advise you to consult your GP as a precautionary measure.

Feedback
Upon completion of the study, a summary sheet of the results will be available. Individual results will be available on request.

Voluntary Participation and Confidentiality

Participation in the study is completely voluntary. You are free to withdraw from the project at any time and this will not affect your medical treatment now or in the future. There are no costs involved in the treatment.

The information that you provide is strictly confidential. The results of this study are part of a research that may be published in an aggregated form, but will not personally identify you. The data will be stored securely in locked filing cabinets (as required for seven years).

If you agree to participate in the study, you will be asked to sign a consent form.

If you have any questions or concerns, at any time before, during or after the study, please do not hesitate to contact:

Birgit Pfitzer
PhD Candidate, Registered Psychologist:
School of Psychology, The University of Adelaide
(08) 8303-6802
e-mail: birgit.pfitzer@adelaide.edu.au

Human Research Ethics Committee Contact
If you have any ethical concerns regarding this study please refer to the attached contacts complaints form or contact Ms. Sabine Schreiber, Secretary of the Human Research Ethics Committee at the University of Adelaide: (**08) 8303 6028**

Dr. Paul Delfabbro
Supervisor, Senior lecturer
School of Psychology, The University of Adelaide

Appendix L

Table 5 – Overview of recruitment sources for treatment study

Table 5

Overview of recruitment sources and reached participant numbers

Recruitment Sources	Participants	Reached	Assessed	Intent to treat
GPs		3		
Psychiatrists		2	2	1
Psychologists				
Victim Support Service		6	1	
Families SA/Relationship Australia				
Children, Youth – and Family Services				
Women's/Men Information services				
Rape and Sexual Assault Service				
Domestic Violence Services/Shelters				
University counselling service				
Church-affiliated counselling services (Anglicare, UCW, Centacare, Salvation Army)				
Assessment – and Crisis intervention services				
Sexual Assault Unit Police				
Police victim contact officers				
Community general health services				
Community Mental Health Services		1	2	2
GP Newsletter		1		
VSS Newsletter				
VSS LATTE group member letter				
Participants from Study 1, 2		4	3	2
University staff newsletter		4	1	1
Homicide Victims group newsletter				
Recruitment posters		5		
ASCA/VSS talk		2		
Messenger advertisement		2	2	1
Media Release		37	13	10
Internet				
mouth to mouth...		2	2	2
SUM		**69**	**26**	**19**

Appendix M – Crisis Protocol

Any indication of suicidal ideations, self harm behaviour, risk behaviour (or any question coded "yes" in M.I.N.I) :

Risk Of Harm To Self	**0 None**	(no thoughts, actions; appropriate self care)
	1 Low	(fleeting thoughts; no plans; low substance use; mildly impaired self care)
	2 Moderate	(current thoughts; distress; past actions without intent/plans; moderate substance use; moderately impaired self care)
	3 High	(current thoughts; past impulsive actions; recent impulsivity; some, not well developed plans; substance use; poor self care)
	4 Extreme	(current thoughts with expressed intentions; past history of plans; unstable mental illness; high substance use; means at hand; extreme self-neglect)
Risk of Harm To Others	**0 None**	(no thoughts; no actions; intact judgement)
	1 Low	(fleeting thoughts; no plans; low substance use)
	2 Moderate	(current thoughts; past actions without intent/plans; moderate substance use; impaired judgement/irritability/disinhibition)
	3 High	(current intense and distressing thoughts; past impulsive actions; recent impulsivity; some, not well developed plans; increased substance use/intoxication; very poor judgement)
	4 Extreme	(current suicidal thoughts with expressed intentions; past history of plans; unstable mental illness; high substance use; means at hand; gross disinhibition)
Impairment Of Functioning	**0 None**	(no more than everyday problems)
	1 Moderate	(in one area or mild impairment in several areas)
	2 Sign. in 1 area	(significant in one area, moderate in several areas)
	3 Sign. in sev. areas	(significant in several areas)
	4 Extreme	(inability to function in almost all areas)
Level Of Current Support	**0 High**	(extensive support by family; professional support)
	1 Moderate	(some support; can find help in times of need)
	2 Limited support	(only few sources of help)
	3 Minimal support	(only few sources and minimal motivation to help)
	4 No support	(no support in all areas or unwilling to accept support)

Overall Assessment Of Risk:
1 Low
2 Medium
3 High
4 Extreme
also take into account recent response to treatment and attitude towards treatment (see ACIS Risk Assessment Form)

Birgit Pfitzer/Chris Wigg/CNWAHS Adelaide

According to the score and your clinical judgment determine:

High/Extreme Risk: (3) or (4)

1. Stay with client
2. Contact senior psychologist at CTAD: Page No?
3. Together contact ACIS: **131 465**
4. Contact GP
5. Inform Birgit: **0405 693737**
6. Document what you have done

Medium Risk: (2)

1. Can person credibly assure that he/she is safe right now, will not engage in any self harm behaviours?
2. How does person realize he/she is in a crisis?
3. Does person know where to find help in case of crisis -> provide ACIS phone number: **131 465**
4. Consent to inform GP->letter to GP
5. Inform psychologist at CTAD: Page No?
6. Inform Birgit: **0405 693737** and document

Low Risk (1)

1. Can person credibly assure that he/she is safe right now, will not engage in any self harm behaviours?
2. How does person realize he/she is in a crisis?
3. Does person know where to find help in case of crisis -> provide ACIS phone number: **131 465**
4. Consent to inform GP->letter to GP
5. Inform Birgit: **0405 693737**
6. Document what you have done

Appendix N

Interview questions in the first treatment session
(adapted from Foa & Rothbaum, 1998)

1. I would like to ask you a few questions in relation to your current life situation

1.1 What is your age?

1.2 Can you tell me your current relationship status

1.3 With whom do you live?

1.4 What is your profession?

1.5 What is your employment status now?

1.6 Were there any changes in your employment status since the crime has happened?

2. Now I would like to ask some questions in relation to your crime experience:

2.1 When did the crime happen?

2.2 Could you tell me briefly what happened the day/night you have experienced a crime? What were you doing just before the crime and what happened during the crime?

2.3 How many people were involved in the crime?

2.4 What time of the day did the crime occur?

2.5 In which season of the year?

2.6 Where did it happen?

2.7 Do you know the offender(s)

2.8 Was anyone else with you?

2.9 Did you escape the situation on your own or did someone come to your assistance?

2.10 Have you had any other traumatic experiences in your life?

3. I would like to ask a few questions in relation to life changes after the crime:

3.1 Did you move?

3.2 Did you change phone numbers?

3.3 Did you separate from your partner?

3.4 Did you increase security? How?

3.5 Have you changed your job?

3.6 Do you take special measures to defend yourself?

3.7 How many people have you confided in about the crime?

3.8 Did you report the assault to the police?

3.9 Did you press any charges?

3.10 Did you identify the offender?

3.11 Was the offender arrested?

3.12 Have you attended a preliminary hearing?

3.13 What was the result of the hearing?

3.14 Have you been to your trial?

3.15 What was the outcome of your trial?

3.16 How do you feel about the outcome?

3.17 Have you had any contact with the offender?

3.18 Has the offender threatened you / is the offender threatening you?

4. Finally, I would like to ask a few questions in relation to your psychological and physical health

4.1 Have you sought psychological, psychiatric or any other form of help?

4.2 Have you been to the hospital since the crime for a nervous condition?

4.3 Since the crime, did you ever think that life is not worth living or thought seriously about suicide?

4.4 Did you think of how would kill yourself?

4.5 Did you make preparations and/or a concrete plan of killing yourself (Selected a location, date, bought a gun, collecting pills)

4.6 Have you ever made a suicide attempt? (since the crime?/before?)

4.7 Do you suffer from physical problems since the crime? As a direct/indirect consequence of the crime?

4.8 Would you agree for your GP/psychiatrist to be contacted if we would feel that we should give them information or if we would need some information that would benefit this treatment?

□ yes □ no

Contact details:

Other comments:

Appendix O - Evaluation of therapy session (by participant)

Session No._____ Group: □ Hypnotherapy □ Cognitive-behavioural therapy

(Please indicate in which treatment group you are)

According to my perception, the goals of today's therapy session were:

1._____

2._____

According to my perception, the major focus of today's therapy session was on:

_____

_____

Do you think the above mentioned goals were reached?

Yes □ No □

If no, why do you think they were not reached?

_____

What was not covered?_____

The topics of today's session were

	strongly disagree	**disagree**	**rather agree**	**agree**	**strongly agree**
relevant for my problems	□	□	□	□	□
presented in an understandable way	□	□	□	□	□
conveyed in an adequate pace	□	□	□	□	□
too many topics	□	□	□	□	□
not enough topics	□	□	□	□	□
Did you feel comfortable in the session?	□	□	□	□	□
Did you feel listened to?	□	□	□	□	□
Did you feel understood?	□	□	□	□	□
Did you think the therapist showed empathy?	□	□	□	□	□
Did you think the therapist was credible?	□	□	□	□	□

Did you think therapist was committed? □ □ □ □ □

Was there anything during the session that disturbed you (re therapist, material, venue etc.?)

_____

_____

_____

How much distress did you experience during the session?

1 2 3 4 5 6 7 8 9

None at all somewhat distressed very distressed

What was most stressful?

_____

_____

How intrusive did you find the therapeutic techniques?

1 2 3 4 5 6 7 8 9

Not at all intrusive very intrusive

Which techniques were most intrusive?

_____

_____

Appendix P - Homework Review

Refers to Session _____ Date _____

On leaving the last session, how much distress did you experience during the next few hours? Please note that this is not a judgment of your therapist, but rather of the actual treatment and its methods.

1 2 3 4 5 6 7 8 9

None at all somewhat distressed very distressed

How anxious were you about returning to this session?

1 2 3 4 5 6 7 8 9

Not at all somewhat anxious very anxious

How useful were your info sheets from the last session?

1 2 3 4 5 6 7 8 9

Not useful at all somewhat useful very useful

Comments:

The next three questions refer to your homework:

1. Skill: _____

Please indicate how often you have used the learnt skill during the last week?

1	2	3	4	5
not at all	< two times	2-5 times	6-10	more

How helpful was it to use this skill?

1	2	3	4	5
not at all	a little	somewhat	very	extremely

2. Skill: _____

Please indicate how often you have used the learnt skill during the last week?

1	2	3	4	5
not at all	< two times	2-5 times	6-10	more

How helpful was it to use this skill?

1	2	3	4	5
not at all	a little	somewhat	very	extremely

3. Skill: _____

Please indicate how often you have used the learnt skill during the last week?

1	2	3	4	5
not at all	< two times	2-5 times	6-10	more

How helpful was it to use this skill?

1	2	3	4	5
not at all	a little	somewhat	very	extremely

Appendix Q – Therapist self-evaluation of therapy session

Session No. _____ Group_____ Date_____

Session goals:

1. _____

2._____

Treatment components:

Treatment component	Planned time	Required time	Problems/comment
1.			
2.			
3.			
4.			
5.			
6.			

Were treatment goals reached?

Yes □ No □ If not, why_____?

What was not covered?

_____?

The topics of today's session were

	strongly disagree	disagree	rather agree	agree	strongly agree
relevant for client's problems	☐	☐	☐	☐	☐
seemingly understood by client	☐	☐	☐	☐	☐
conveyed in an adequate pace	☐	☐	☐	☐	☐
too many topics	☐	☐	☐	☐	☐
not enough topics	☐	☐	☐	☐	☐
Did I feel comfortable in the session?	☐	☐	☐	☐	☐
Did I listen carefully?	☐	☐	☐	☐	☐
Did I understand client's perspectives?	☐	☐	☐	☐	☐
Did I show empathy?	☐	☐	☐	☐	☐
Was I credible?	☐	☐	☐	☐	☐
Was I committed?	☐	☐	☐	☐	☐

Was there anything during the session that disturbed me (re client reaction, material, venue etc.)

_____

Appendix R - TREATMENT INTEGRITY MEASURE – CBT/HYPNOSIS

Session:

Rater:

Overall rating of session. Please rate the integrity of the therapy conducted in this session (circle appropriate number):

0 1 2 3 4 5 6

Unacceptable Marginal low acceptability----------high acceptability

Comments:

1. Treatment rationale

_____Explained general CBT and HYPNOTHERAPY principles

_____Explained application of cognitive, behavioural and hypnosis components in this treatment program: (exposure, cognitive restructuring, anxiety management)

_____Discussed common misconceptions about hypnosis

_____Clarified client's previous experiences/expectations/concerns re hypnosis

_____Provided overview over treatment sessions (major focus; time required; general structure)

_____Allowed time for questions

2. Psychoeducation

_____Explained common reactions to victimization

_____Provided information on other sources of information such as internet/VSS

_____Aimed at overview over individual problems of clients

_____Linked client's individual problems to trauma theories/models

_____Worked towards individual case conceptualization with perpetuating and exacerbating factors

_____Explained to client's level of understanding

3. Preparation of Exposure

_____Provided general rationale for exposure (restriction in life quality through avoidance; opportunity to prove dysfunctional thoughts wrong; long term benefits; exposure as a planned, controlled and safe technique to target anxiety)

_____Gave examples to illustrate exposure principles: e.g. falling of a horse; cab driver with bridge phobia; not digested meal…

_____Explained habituation principles: (repeated exposure, habituation -> showed habituation model: anxiety will rise, stay on a certain level for some time, then decrease…)

_____Provided rationale for Hypnotherapeutic Exposure to memories and In-Vivo Exposure: (importance to process traumatic memories; avoidance of thoughts increases their intrusiveness; exposure to avoided situations/people to regain life quality…)

_____Explained planned procedures

Explanation of SUDS

_____Explained relevance: common understanding of stress level; observation of stress level; control

_____Explained scale: distress measured on scale from 0-100; related body reactions, thoughts, feelings

_____Collected examples of situations together with client to illustrate different SUDS levels

_____Encouraged practice of SUDS (handed out monitoring sheet)

4. Exposure hierarchy

_____Explained and educated on hierarchy principles

_____Ranked currently avoided/anxiety provoking situations and thought/memories on hierarchy

_____Encouraged client to decide upon exposure tasks for In-Vivo Exposure

_____Encouraged client to decide upon exposure tasks for Hypnotherapeutic Exposure to memories

5. Conduction of In-Vivo Exposure

_____Reviewed In-Vivo Exposure practice at home

_____Reviewed emerging dysfunctional thoughts, images -> reframing in hypnosis (later in session or at home)

Provided imaginative preparation of in-vivo exposure

_____hypnotic induction

_____imagination of planned target situation

_____assessed SUDS continuously

_____kept client in situation until SUDS decreased

_____Planned next steps/exposure tasks together with client

6. Conduction of Hypnotherapeutic trauma confrontation

_____Reviewed exposure practice at home

Screen technique exposure:

_____Provided hypnotic induction

_____Established "safe place" (during first few exposures)

_____Established hypnotic dissociation (screen technique: in the beginning at least double dissociation)

_____Established "Super-person" during first few exposures

_____Continuously assessed SUDS levels

_____Kept steady communication with client on what he/she is experiencing

_____Made sure client did not stop "movie" but used appropriate techniques to stay in control

_____Ran "movie" at least twice

_____Applied adequate probing questions

_____Reframed by using split screen technique (not in first session)

Meeting with inner child exposure

_____Provided hypnotic induction

_____Provided suggestions to grow to a "super-person"

_____Ensured that client had adopted feelings/sensations of a super-person and felt safe

_____Encouraged meeting with inner child

_____Allowed time for imaginary meeting and exchange of information/fulfillment of needs

_____Gave posthypnotic suggestions

_____Facilitated re-orientation

_____Allowed time to report on experiences -> thoughts, images which can be targeted during next exposure practices

_____Used appropriate strategies to ensure client leaves without/not more than a low level of distress

_____Hypnosis was tape recorded and provided to client to be practiced at home

7. Activation of resources/anxiety management

_____Facilitated hypnotic induction

_____Provided deepening technique

_____Facilitated concentration on resources (e.g. sensory systems/safe place; observation skills/inner advisor; distancing technique and collection of resources; inner conference to ask other parts for advice; nurturing practice; integration techniques such as empathy for oneself, house with room for various feelings, book of life)

_____Gave posthypnotic suggestions

_____Facilitated re-orientation

8. Relapse prevention

Suggested traveling along time line:

_____Gave hypnotic induction

_____Provided Deepening technique

_____Encouraged traveling along time line with special focus on turning points

_____Included age regression

_____Included age progression

_____Gave posthypnotic suggestions

_____Facilitated re-orientation

After hypnosis:

_____Debriefing on useful coping strategies and "turning points/alarm signals"

_____Encouraged overall evaluation of therapy program

_____Discussed follow-up assessment

_____Discussed further support options

9. Overall

_____Session outline was provided in the beginning of each session

_____Reviewed homework in the beginning of each session

_____Allowed time for discussion of difficulties/questions

_____Used CBT and Hypnotherapy principles

_____Generated appropriate therapeutic relationship

_____Did not exceed session time limit

_____ Explained and assigned homework by the end of each session

_____Ensured that client leaves session in a safe/calm state

Appendix S - TREATMENT INTEGRITY MEASURE - CBT

Session:

Rater:

Overall rating of session. Please rate the integrity of the therapy conducted in this session (circle appropriate number):

0 1 2 3 4 5 6

Unacceptable Marginal low acceptability----------high acceptability

Comments:

1. <u>Treatment rationale</u>

_____Explained general CBT principles

_____Explained application of cognitive and behavioural components in this treatment program: exposure, cognitive restructuring, anxiety management

_____Provided overview over treatment sessions (major focus; time required; general structure)

_____Allowed time for questions

<u>2. Psychoeducation</u>

_____Explained common reactions to victimization

_____Provided information on other sources of information such as internet/VSS

_____Aimed at overview over individual problems of clients

_____Linked client's individual problems to trauma theories/models

_____Worked towards individual case conceptualization with perpetuating and exacerbating factors

_____Explained to client's level of understanding

<u>3. Preparation of Exposure</u>

_____Provided general rationale for exposure (restriction in life quality through avoidance; opportunity to prove dysfunctional thoughts wrong; long term benefits; exposure as a planned, controlled and safe technique to target anxiety)

_____Gave examples to illustrate exposure principles: e.g. falling of a horse; cab driver with bridge phobia; not digested meal…

_____Explained habituation principles (repeated exposure, habituation -> habituation model: anxiety will rise, stay on a certain level for some time, then decrease…)

_____Provided rationale for Imaginal and In-Vivo Exposure (importance to process traumatic memories; avoidance of thoughts increases their intrusiveness; exposure to avoided situations/people to regain life quality…)

_____Provided explanation of planned procedures

Explanation of SUDS:

_____Explanation of relevance: common understanding of stress level; observation of stress level; sense of control

_____Explanation of scale (distress measured on scale from 0-100; related body reactions, thoughts, feelings)

_____Collected examples of situations experienced by client to illustrate different SUDS levels

_____Encouraged practicing of SUDS (monitoring sheet)

4. Exposure hierarchy

_____Explained and educated on hierarchy principles

_____Ranked currently avoided/anxiety provoking situations and thoughts/memories on hierarchy

_____Encouraged client to decide upon exposure tasks for In-Vivo Exposure

_____Encouraged client to decide upon exposure tasks for Imaginal Exposure

5. Conduction of In-vivo exposure

_____Reviewed In-Vivo Exposure practice conducted at home

_____Reviewed emerging dysfunctional thoughts -> restructuring

_____Planned next steps/exposure tasks together with client

6. Conduction of Imaginal exposure

_____Reviewed exposure practice at home

_____During exposure:

_____Assessed SUDS levels at least every 10 min./at critical points

_____Kept client at an appropriate level of anxiety

_____Kept client in present tense (apart from first exposure)

_____Reassured client and applied adequate probing questions

_____Noted "hot spots"(not first exposure)

_____Kept client in exposure for 30-45 min

After exposure

_____Allowed time allowed to report on experiences after exposure

-> cognitive restructuring of thoughts

_____used anxiety management techniques to ensure client leaves with a low level of distress

_____whole exposure was tape recorded and provided to client to be practiced at home

7. Anxiety management

Breathing techniques

_____Provided rationale for its use

_____Explained and demonstrated technique

_____Practiced technique together with client

_____Encouraged distancing techniques, e.g. "Oasis"-practice

8. Activation of resources

_____Explained resources concept: (use of present skills; acquirement of new skills; various kinds/categories of resources - practical, physical, psychological, social, spiritual)

_____Introduced/explained "skills list"

_____Introduced/explained "Observation of pleasant activities"

_____Introduced/explained "Emergency kit"

9. Cognitive restructuring

_____Provided rationale and explanation(common dysfunctional thoughts after a crime experience; association between thoughts, emotions, body reactions, behaviours)

_____Illustrated ABC model by an elaboration of individual dysfunctional thoughts of client

_____Explained Cognitive Restructuring (education on common cognitive distortions; questions to check on reality/challenge thoughts)

_____Gave example of cognitive restructuring using client's automatic thoughts

_____Encouraged further monitoring/restructuring of these thoughts with a provision of monitoring sheets

10. Relapse prevention

Illustrated client's perceived overall functioning on a time line:

_____focused on changes through crime experience(s)

_____elaborated on applied coping strategies

_____facilitated differentiation between maladaptive/beneficial strategies

_____outlined future perspectives/strategies

_____Encouraged overall evaluation of therapy program

_____Discussed follow-up assessment

_____Discussed further support options

11. Overall

_____Provided overview over session contents in the beginning

_____Reviewed homework

_____Allowed time for discussion of difficulties/questions

_____Used CBT principles

_____Generated appropriate therapeutic relationship

_____Went at speed of patient

_____Did not exceed session time limit

_____Assigned and explained homework

_____Ensured that client left session in a safe/calm state

_____**DID NOT USE HYPNOTHERAPEUTIC TECHNIQUES**

Appendix T

DSM-IV Diagnostic Criteria for Posttraumatic Stress Disorder

Criterion A (Stressor): The person has been exposed to a traumatic event in which both of the following were present:

i. the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
ii. the person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior.

Criterion B (Reexperiencing): The traumatic event is persistently reexperienced in one (or more) of the following ways:

i. recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
ii. recurrent distressing dreams of the event Note: In children, there may be frightening dreams without recognizable content.
iii. acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). Note: In young children, trauma specific enactment may occur.
iv. intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
v. physiological reactivity on exposure to internal and external cues that symbolize or resemble an aspect of the traumatic event.

Criterion C (Avoidance): Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

i. efforts to avoid thoughts, feelings or conversations associated with the trauma
ii. efforts to avoid activities, places or people that arouse recollections of the trauma
iii. inability to recall an important aspect of the trauma
iv. markedly diminished interest or participation in significant activities
v. feeling of detachment or estrangement from others
vi. restricted range of affect (e.g unable to have loving feelings)
vii. sense of a foreshortened future (e.g. does not expect to have a career, marriage, children or a normal life span)

Criterion D (Arousal): Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following):

i. difficulty falling or staying asleep
ii. irritability or outbursts of anger
iii. difficulty concentrating
iv. hypervigilance
v. exaggerated startle response

Criterion E (Duration): Duration of the disturbance is more than one month

Criterion F (Distress or Impairment): The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

American Psychiatric Association, 1994, cited in Brewin, 2000

Appendix U
Reliable Change Indices treatment study

4. Impact of Events Scale

Person / group	T1	T2	Observed difference	Difference required	Reliable change yes/no
1 CBT	15	7	8	14.23	N
2 CBT	32	10	22	14.23	Y
3 Hypno	58	10	48	14.23	Y
4 CBT	53	41	12	14.23	N
5 CBT	34	53	-19	14.23	N
6 Hypno	28	5	23	14.23	Y
7 CBT		53		14.23	

Three out of seven people show a reliable improvement on the IES.

5. STPI State Depression

Person / group	T1	T2	Observed difference	Difference required	Reliable change yes/no
1 CBT	22	20	2	3.08	N
2 CBT	20	14	6	3.08	Y
3 Hypno	21	12	9	3.08	Y
4 CBT	15	14	1	3.08	N
5 CBT	26	32	-6	3.08	N
6 Hypno	16	13	3	3.08	N
7 CBT	21	23	-2	3.08	N

Only two out of seven people show a reliable improvement on the State depression scale.

6. STPI State Anxiety

Person / group	T1	T2	Observed difference	Difference required	Reliable change yes/no
1 CBT	23	17	6	3.42	Y
2 CBT	20	15	5	3.42	Y
3 Hypno	26	17	9	3.42	Y
4 CBT	27	23	4	3.42	Y
5 CBT	23	28	-5	3.42	N
6 Hypno	19	11	8	3.42	Y
7 CBT	23	22	1	3.42	N

Five out of seven people show a reliable improvement on the State anxiety scale.

7. STPI State Anger

Person / group	T1	T2	Observed difference	Difference required	Reliable change yes/no
1 CBT	15	11	4	1.26	Y
2 CBT	10	13	-3	1.26	N
3 Hypno	10	13	-3	1.26	N
4 CBT	11	13	-2	1.26	N
5 CBT	11	16	-5	1.26	N
6 Hypno	10	13	-3	1.26	N
7 CBT	13	13	-	1.26	N

Only one out of seven participants showed a reliable improvement on the State anger scale. All other participants demonstrated an increase in anger.