



PERGAMON

Behaviour Research and Therapy 36 (1998) 1011–1050

**BEHAVIOUR
RESEARCH AND
THERAPY**

The role of trauma and dissociation in cognitive-behavioral psychotherapy outcome and maintenance for panic disorder with agoraphobia

Larry Michelson*, Kimberly June, Allan Vives, Sandra Testa,
Norman Marchione

The Pennsylvania State University, Department of Psychology, 541 Moore Building, The Stress and Anxiety Disorders Institute, University Park, PA 16802, USA

Accepted 20 February 1998

Abstract

The relationship between traumatic experiences and dissociation with pretreatment psychopathology and rates of recovery, relapse and maintenance for patients receiving cognitive-behavioral treatments for panic disorder with agoraphobia (PDA) were investigated. One-hundred and forty-seven subjects who met DSM-III criteria for agoraphobia with panic attacks and who completed participation in one of two previously conducted treatment outcome studies were mailed packets containing measures to assess history of trauma, victimization and dissociation. Eighty-nine of these were returned and completed sufficiently to be included in the present study. It was hypothesized that a variety of trauma-related variables (e.g. history of traumatic experience, type of trauma, age at which the trauma first occurred, perceived responsibility, social supports available, self-perceived severity, level of violence, and whether or not the traumatic event was followed by self-injurious or suicidal thoughts and/or behaviors) and dissociative symptomatology would be predictive of (1) greater psychopathology at pretreatment, (2) poorer treatment response and (3) higher relapse rates and poorer maintenance over a 1 year longitudinal follow-up. These hypotheses were supported by the findings and the theoretical, empirical and clinical implications are discussed. © 1998 Elsevier Science Ltd. All rights reserved.

1. Introduction

The purpose of this investigation is to examine the relationships between traumatic experiences and dissociation with pretreatment psychopathology and rates of recovery, relapse and

* Corresponding author. Tel.: +1-814-863-6019.

maintenance for patients receiving cognitive-behavioral treatments for panic disorder with agoraphobia (PDA).

The cost to those persons suffering from PDA are varied and often quite serious. This disorder has been associated with chronic debilitating anxiety, a self-perception of poor physical or emotional health, increased alcohol abuse, excessive utilization of health care and emergency health care services, unemployment, financial difficulties, stress on important interpersonal relationships, a general sense of demoralization and suicide attempts (Weissman et al., 1978; Chambless, 1982; Weissman et al., 1989; Markowitz et al., 1989; Johnson et al., 1990). Johnson et al. (1990) found that the rates of suicide attempts were significantly increased in subjects with panic disorder if it was comorbid with another disorder (23.6%). However, this rate dropped to 7% if the panic disorder was uncomplicated (not comorbid) and to 1% for subjects who did not receive a psychiatric diagnosis. Given this information, there is additional cause for concern because persons with anxiety disorders tend to underutilize mental health services (Shapiro et al., 1984).

Unfortunately, the lives of those who experience symptoms of PDA are oftentimes further complicated by the difficulties associated with comorbid disorders. For example, major depressive disorder occurs in individuals with panic disorder at a frequency of 50–65% and in two-thirds of these cases the panic disorder preceded the depression (DSM-IV). Other disorders comorbidly associated with panic disorder include substance abuse, social phobia, obsessive-compulsive disorder, specific phobias and generalized anxiety disorder (Barlow, 1988; Stein et al., 1989; Cox et al., 1990; Robins and Regier, 1991; DSM-IV). Barlow (1985) used the anxiety disorders interview schedule (ADIS) to assess comorbidity and found that approximately half of the subjects with agoraphobia received no other DSM-III anxiety disorder diagnosis, but the remaining subjects received one (20%), two (27%) or three or more (10%) secondary diagnoses. Additionally, approximately 50% of patients with PDA also exhibit Axis II comorbidity (Mavissakalian and Hamann, 1986; Friedman et al., 1987; Reich, 1988).

Results from an epidemiologic catchment area (ECA) survey sponsored by NIMH found that 2.8 to 5.7% of the randomly sampled populations met criteria for agoraphobia, with an additional 1% experiencing panic disorder (Myers et al., 1984). However, a more recent ECA study, Robins and Regier (1991), found that only 1.5% of their subjects met DSM-III criteria for panic disorder at some time in their life, with about a third of these persons also meeting criteria for agoraphobia. In the more recent study, rates for panic disorder were cross-sectionally higher in persons ages 35–44 and lowest in older persons ages 65 or older. Peak age of onset was typically in the mid-twenties and no significant differences were found among African-Americans, Mexican-Americans and Caucasians. In a previous study, Robins et al. (1984) found that college graduates across three ECA sites exhibited lower agoraphobia prevalence rates than noncollege graduates (2.9 and 6.1%, respectively). Whether these findings can be attributed to higher levels of education or higher socioeconomic standing is unclear.

In the Agoraphobia Program at the University of Pittsburgh, the average duration of illness for 100 patients with PDA seen in treatment was approximately 11 years (Michelson, 1987). However, there are few studies examining the long-term course of PDA. Findings to date suggest that in most cases it is a chronic disorder that intermittently increases and declines in severity and those who experience PDA tend to have a more severe and complicated course (Wolfe and Maser, 1994).

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات