Anke Ehlers: Overcoming anxiety and trauma with cognitive behavioural therapies

SUMMARY

Professor Anke Ehlers has developed cognitive behavioural therapies for anxiety disorders including post-traumatic stress disorder. Having produced models of the factors involved in maintaining the disorders, she has developed psychological treatments that have been shown to be more effective than other therapies and/or drugs.

Background

In the weeks following a traumatic event, survivors typically experience distressing symptoms such as problems sleeping or intrusive memories. Most people recover over time without help, but for some the symptoms persist to the extent that their work and personal lives can be severely disrupted. Currently, the most common treatment for anxiety disorders is medication, but relapse is common when the course of drugs ends – and many sufferers prefer to avoid medication if possible.

Anke Ehlers, Professor of Experimental Psychopathology and Wellcome Trust Principal Research Fellow at the Institute of Psychiatry, London, is one of the leading researchers in the psychological treatment of anxiety disorders. She has focused in particular on the common and disabling complaints of post-traumatic stress disorder (PTSD), panic disorder and social phobia, and has developed new models and cognitive behavioural therapies.

Advance

In 2000, Professor Ehlers and Professor David Clark (also at the Institute of Psychiatry) developed a model for how symptoms experienced after trauma may persist to become chronic PTSD. This model proposed that the symptoms of a trauma persist when survivors process the event so that they perceive a serious current threat. This may either be a serious risk in their everyday lives (such as 'I will have another trauma') or a threatening view of themselves (such as 'I am a bad person'). Typically the individual makes an excessively negative interpretation of the trauma and/or their responses.

Furthermore, involuntary re-experiencing of the trauma – due to the way the trauma is laid down in the person's memory – contributes to the sense of current threat. They then develop strategies to avoid the perceived threat and to control their symptoms, but these strategies actually maintain and exacerbate the symptoms.

Professor Ehlers used the model as the framework for a new treatment – a cognitive behavioural therapy for PTSD – that targets the processes responsible for maintaining the symptoms. The patient and therapist work together to change the excessively negative interpretations of the trauma and their responses, to identify the cues that trigger inappropriate memories and to change the responses to these cues. For example, during therapy the triggers are identified and then clearly discriminated from those stimuli that were actually there during the event; thus the link between stimuli in everyday life and disturbing memories is broken. Strategies that maintain the symptoms are replaced by more adaptive responses.

How it's making a difference

The cognitive behavioural therapy programme developed by Professor Ehlers has been shown to be highly effective, to perform better than other treatments and to be well tolerated by patients. She has found that it is possible to deliver the programme of therapy intensively over one week (instead of the usual once-a-week over three months programme), thus reducing the time patients spend being treated without compromising the outcome of the treatment.

The cognitive behavioural approach to treating PTSD has been extended to victims of terrorism and has also been successfully modified for use with children.

Professor Ehlers has followed trauma survivors who have recently experienced a trauma such as an assault or severe accident for up to three years and has shown that the model predicts well who will develop chronic PTSD. These results are important in deciding which people need treatment after trauma. Many people recover on their own, and therapies need to target those most vulnerable to developing chronic PTSD.

Next steps

Professor Ehlers is planning to develop self-study parts of the therapy for the patient to complete before seeing the therapist. The patient is then able to identify in advance the issues that are best focused on with the therapist. This may further reduce therapist times by up to 50 per cent and increase the number of people that can be treated. Professor Ehlers and Professor Clark's research group has successfully developed a similar self-study programme for social phobia.

The group is using psychological tests and functional magnetic resonance imaging studies to investigate how the therapies work. For example, psychological studies are being used to ask whether therapy alters the factors – such as cue-driven memory retrieval – that are responsible for maintaining PTSD.

Through a study of newly recruited emergency staff, Professor Ehlers aims to improve the identification of people most at risk of long-term PTSD. This study will inform possible prevention programmes for people who are exposed to trauma as part of their work.

References

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Timeline of Anke Ehlers