

Investigating the effectiveness of a brief Comprehensive Resource Model group intervention on trauma symptomatology and alexithymia among individuals in custody

Background

Research has shown that there is an association between experiencing trauma and subsequent offending behaviour (Ardino, 2011). Those who have experienced trauma have also been shown to present with increased distress, depression, impulsivity, and anxiety coupled with the suppression of aggression. Miller and Najavits (2012) suggest the implementation of trauma-specific therapies with a view to improving the safety and wellbeing of people in custody, prison staff, and the public.

The Comprehensive Resource Model

The Comprehensive Resource Model (CRM) is a relatively new, neurobiological-based trauma therapy. It is a nested modality which is conceptually represented by the nest Russian Dolls (Schwarz, Corrigan, Hull, and Raju, 2017). In CRM, the client is provided with positive and internally sourced attachment resources which facilitate the client in remaining fully present while processing traumatic material. Stabilization, processing, and integration occur simultaneously while the resources utilised are anchored through eye positions in the brainstem. Five of the seven CRM Resources were utilised in this group i.e. Attunement, Breathing, Special Place, Grids and Attachment.

Aims

The aim of this research is to investigate the effectiveness of the brief Comprehensive Resource Model (CRM) group intervention in reducing trauma symptomatology and alexithymia symptomatology among individuals in custody.

Method

Data includes samples from groups who completed the six week group in 2018 and 2019. A total of 15 participants completed the six week group intervention. Some individual scores were excluded from the statistical analysis due to incompleteness of both pre- and post-measures. The following quantitative measures were completed by participants before and after intervention:

1. PTSD Checklist for DSM-5 (PCL; Weathers et al., 2013)
2. Multiscale Dissociation Inventory (MDI; Briere, 2002)
3. Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995)
4. Toronto Alexithymia Scale (TAS; Bagby, Parker & Taylor, 1994).

Results

A series of paired sample t-tests was conducted to evaluate the impact of the intervention on all four measures. There was a statistically significant decrease in scores across all measures analysed.

Measure	Pre	Post	Change	% Decrease
<i>PCL</i>	37.40	21.38	-16.02	42%
<i>TAS</i>	55.86	49.64	-6.21	11%
<i>MDI</i>	55.36	46.00	-9.36	17%
<i>DASS</i>	35.86	17.21	-18.64	52%

PCL-5

The PTSD Checklist for DSM-5 (PCL-5) is a 20-item self-report measure that assesses the presence and severity of PTSD symptoms. Items on the PCL-5 correspond with DSM-5 criteria for PTSD. A total score of 33 or higher may suggest the presence of PTSD.

A paired sample t-test showed there was a statistically significant decrease in PCL-5 scores from pre (M = 37.40, SD = 19.18) to post (M = 21.38, SD = 15.85), $t(12) = 3.744$, $p = .003$. The mean decrease was 16.02 points (42%). Three subscales also achieved statistically significant decreases; '*Intrusion*', '*Cognition and Mood*', and '*Arousal and Reactivity*'. *Intrusion*: pre (M = 10.62) to post (M = 6.33), $t(12) = 2.82$, $p = .016$. Mean decrease was 4.5 points. *Mood and cognition*: pre (M = 13.63) to post (M = 6.38), $t(12) = 3.67$, $p = .003$. Mean decrease was 8.35 points. *Arousal and Reactivity*: pre (M = 9.00) to post (M = 5.46), $p = .023$.

Subscales	Pre	Post	Points Decrease
Intrusion	10.62	6.08	-4.54
Avoidance	4.15	3.46	-.70
Cognition and Mood	13.63	6.38	-7.24
Arousal	9.00	5.46	-3.54

DASS

The DASS is a set of three self-report scales designed to measure the negative emotional states of depression, anxiety and stress. Higher scores indicate increased severity of symptoms.

A paired sample t-test showed there was a statistically significant decrease in TAS-20 scores from pre (M = 35.86, SD = 27.28) to post (M = 17.21, SD = 15.85), $t(13) = 3.52$, $p = .004$. The mean decrease was 6.21 points (11%). Two subscales also achieved significant pre and post differences, *Depression* and *Stress*. *Depression*: pre (M = 10.93) to post (M = 4.43), $t(13) = 2.52$, $p = .026$. *Stress*: pre (M = 14.07) to post (M = 6.29), $t(13) = 3.58$, $p = .004$. Mean decrease was 7.78 points.

Subscales	Pre	Post	Points Decrease
Depression	10.93	4.43	-6.50
Anxiety	10.86	6.50	-4.36
Stress	14.07	6.29	-7.78

TAS-20

The TAS is a 20-item instrument that is one of the most commonly used measures of alexithymia. Total scores higher than 61 = high alexithymia (“alexithymia”), scores between 51 and 61 = possible alexithymia, scores less than 51 = low alexithymia (“non-alexithymia”).

A paired sample t-test showed there was a statistically significant decrease in TAS-20 scores from pre (M = 55.86, SD = 12.61) to post (M = 49.64, SD = 9.82), $t(13) = 4.01$, $p = .001$. The mean decrease was 6.21 points (11%). Two subscales also achieved statistically significant decreases; ‘*Identifying Feelings*’ and ‘*Describing Feelings*’. *Identifying Feelings*: pre (M = 19.14) to post (M = 15.50), $t(13) = 2.86$, $p = .013$. Mean decrease was 3.71 points (17%). *Describing Feelings*: pre (M = 15.21) to post (M = 12.50), $t(13) = 3.09$, $p = .009$. Mean decrease was 4.14 points (26%).

Subscales	Pre	Post	Points Decrease
Identifying Feelings	19.14	15.50	-3.64
Describing Feelings	15.21	12.50	-2.71
Externally Orientated Thinking	21.50	21.64	+14

MDI

The MDI is a 30-item self-report test of dissociative symptomatology. It contains 6 subscales, with higher scores indicating increased severity of symptoms.

A paired sample t-test showed there was a statistically significant decrease in MDI scores from pre (M = 55.36, SD = 17.70) to post (M = 46.00, SD = 12.76), $t(13) = 2.41$, $p = .031$. The mean decrease was 6.21 points (11%). The subscale *emotional constriction* achieved a statistically significant decrease from pre (M = 11.36) to post (M = 7.93), $t(13) = 3.23$, $p = .007$. Mean decrease was 3.43 points.

Subscales	Pre	Post	Points Decrease
Disengagement	12.07	10.71	-1.36
Depersonalisation	7.29	6.00	-1.29
Derealisation	8.86	8.29	-0.57
Emotional Constriction	11.36	7.93	-3.43
Memory Disturbance	8.57	6.93	-1.64
Identity Dissociation	7.21	6.14	-1.07

Conclusion

Results from this research indicate that a brief CRM group intervention can be effective in reducing trauma symptomatology and alexithymia symptomatology among individuals in custody. Limitations include the absence of a control group, a small sample size and short intervention duration. Studies

which address these limitations are recommended in the future, in an effort to increase the evidence base for trauma-specific, recovery based therapy in mental health services.