

A Mental Healthcare Model for Mass Trauma Survivors: Control-Focused Behavioral Treatment of Earthquake, War and Torture Trauma

Cambridge University Press Cambridge UK 2011, ISBN: 9780521880008, by Basoglu Metin and Salcioglu Ebru

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There are literally thousands of published books in the field of psychological trauma. Many of these books focus on mass trauma including natural disasters, political violence, armed conflict and survivors of torture. The publication of a new book which promises a single integrated treatment model to care for all of these forms of mass violence is an ambitious and exciting project. *A Mental Healthcare Model for Mass Trauma Survivors: Control-Focused Behavioral Treatment of Earthquake, War and Torture Trauma* is a follow-up to a 1992 volume by Basoglu entitled *Torture and Its Consequences: Current Treatment Approaches* (Cambridge University Press) and is based on over 20 years of study involving animal and human responses to unpredictable and uncontrollable stressors.

The authors of this text are well known in the trauma field. Metin Basoglu and Ebru Salcioglu are both visiting scholars of trauma studies in the Department of Psychological Medicine at the Institute of Psychiatry at Kings College London, as well as Directors at the Istanbul Center for Behavior Research and Therapy. The authors have completed exten-

sive research in Turkey and the former Yugoslavia since the early 1990s. The present text reviews over 20 studies covering some 15,000 survivors of mass trauma. Their key finding is that traumatic stress can be reversed by interventions that enhance a sense of control over and resilience against traumatic stressors.

The authors have developed what they claim is a theoretically sound, evidence-based, brief and cost-effective behavioral intervention, one which is easy to train therapists to deliver and suitable for dissemination to both professionals and lay people. The core of this treatment is what the authors call Control-Focused Behavioral Treatment. It shifts the focus from the standard habituation to exposure model to a focus on enhancing a sense of control over and resilience against the anxiety of traumatic stressors. The authors' learning theory model of traumatic stress focuses on the response of helplessness and hopelessness involved in unpredictable and uncontrollable events. Their treatment aims to develop anxiety tolerance and control rather than a pure anxiety reduction.

Much of the text focuses on the authors' work with earthquake victims. There is a chapter on assessment tools which includes client self administered screening instruments as well as instruments designed for research purposes. A detailed account of Control-Focused Behavioral Treatment outlines the steps of identifying

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traumatic cues and avoidance behaviors followed by focusing on self exposure exercises which lead to mastery and control over anxiety. There is an excellent chapter on the assessment and treatment of prolonged grief reactions as well as sections on war and torture survivors. The appendix includes the complete 78 page manual with a set of assessment tools and the specific materials used for treatment of earthquake survivors.

While this is an important contribution to the literature, it contains several bold assertions which will be controversial. The authors argue that their treatment is equally successful for both acute, single traumatic events (earthquakes) and chronic trauma exposure (torture). They argue that “The fact that war, torture, and earthquake trauma share the same mechanism of traumatic stress implies that they are likely to respond similarly to effective interventions that can reverse the traumatic process.” (page 181). They continue “The results of between sample comparisons do not support the view that war, torture, and earthquake traumas differ substantially in their subjective impact, cognitive effects, mechanisms of traumatic stress, and the nature, prevalence, and severity of their mental health outcomes.” (page 187) Less controversial they claim that “All these findings imply that a resilient person subjected to extremely severe torture in objective terms (i.e. the nature and number of torture events endured) might present with relatively mild mental health problems, whereas a less resilient natural disaster survivor exposed to relatively milder trauma might present with severe psychiatric problems.” (page 179)

The book does not address several key points that experienced clinicians would expect. For example, the authors do not discuss the evidence for Complex Posttraumatic Stress Disorder and the psychological consequence of prolonged inescapable exposure causing deeper personality changes in survivors. The authors also do not discuss the important use

of bodywork to locate emotional stress in the body and empower and reconnect the mind with the body. Especially important there is little discussion of the effects of using a single protocol to treat patients from highly diverse societies in Africa, Latin America, Asia and the Middle East. It should also be noted that most of the assessment instruments presented were not culturally validated. The manifestation of trauma may be culturally bound and may manifest distress in a cultural context. Culture may also affect the acceptability of treatments and the assessment of outcomes. Attention to language and communication difficulties as well as the role of community and religious traditions may seriously impact the implementation of treatment strategies.

In the final chapter the authors are most critical of the torture treatment and rehabilitation center movement stating that funders of these organizations provide “unquestioning support for essentially ineffective rehabilitation services” (page 193) and “essentially ineffective rehabilitation services stand a better chance of obtaining funding than those that propose research to develop effective treatments”. (page 193) These are provocative statements and as a practicing physician with over 30 years of caring for victims of trauma this is not my or my colleagues experience. While it is true that more research needs to be done, especially on stratified populations and conditions, I do not believe that the funding organizations unquestioningly support essentially ineffective rehabilitation programs.

The authors conclude, “On a final note in ending this book we are well aware of the fact that the implications of the material covered in this book go against mainstream thinking in the field of psychological trauma. There will most probably be challenges to the evidence presented or disagreements with our conclusions of recommendations and all this is natural in the field of science.” (page 195). Here I wholeheartedly agree.