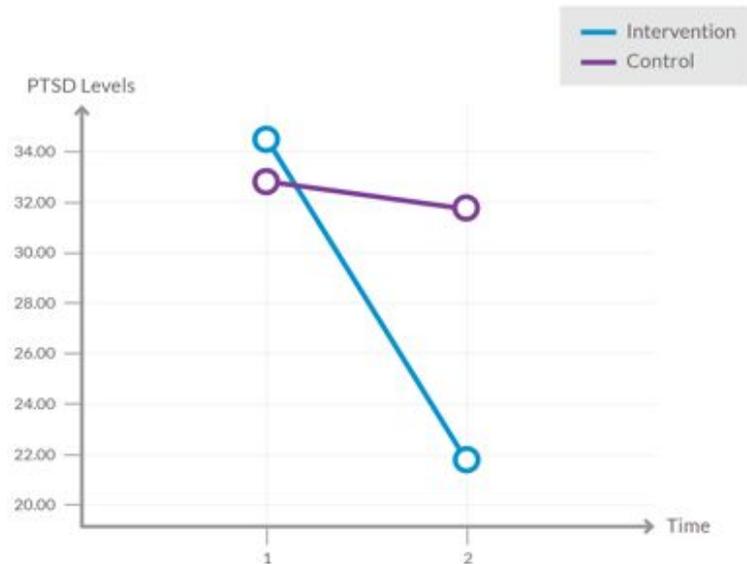


First Randomized Controlled Outcome Study on the use of Somatic Experiencing for PTSD: Preliminary Data Analysis July 2015

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The aim of the current study was to examine the efficacy of Somatic Experiencing® in reducing post traumatic symptoms in people who have been diagnosed with full PTSD. We recruited 63 people with full-fledged PTSD according to the DSM IV criteria. The recruitment was done by contacting mental health service providers, family doctors, on websites and word of mouth.

The therapists who did this study were psychotherapists recognized by the Ministry of Health in Israel, all qualified SEPs (Somatic Experiencing Practitioners) taught through the International Trauma-Institute (ITI) in Israel and certified by SETI, the Somatic Experiencing Trauma Institute, in the United States.



All participants were screened first by phone, followed by a full diagnostic procedure to ascertain that they were suffering from PTSD and not from any other disorder. The only concurrent disorder that was not excluded was depression if it was secondary to the PTSD. The researcher was Danny Brom, Ph.D., Director of the Israel Center for Treatment of Psychotrauma, and his team.

Patients were randomly assigned to the intervention treatment group or the waiting list control group. In the intervention treatment group people filled out questionnaires before (T1) immediately after (T2) and three months after the end of treatment (T3). In the control group, questionnaires were filled out before (T1) and after the waiting period of 4 months (T2), and after that they finished their treatment with SE (T3). A battery of questionnaires was used including the Post-traumatic Diagnostic Scale (PDS) and the Center for Epidemiological Studies Depression Scale (CES-D). The statistical comparison was made between the pre-post measurements of the intervention treatment group in comparison with the waiting list group.

The statistical analysis showed that both the symptoms of PTSD and of Depression went down in a statistically significant way while the control group showed no significant change. In the direct comparison we found a significant interaction effect (condition versus pre-post on post-traumatic symptoms) with an F-value of 12.7 and p-value of .001. Full analysis and writing of the research should be done in two months and submitted for publication. When it is accepted, we will make the full article available to the SE community.

Included above is the graph of the pre and post results for post-traumatic symptoms in the two groups.