

Could rotating multiple therapists better treat PTSD patients?

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New research by Agnes van Minnen of Radboud University questions the importance and concept of the need for a dedicated therapist in treating post-traumatic stress disorder (PTSD). Patients and therapists were equally positive when rating treatment given by multiple therapists. The research will be published in the European Journal of Psychotraumatology on 17 July.

It is common to work with one dedicated therapist in psychotherapy. The idea is that this '[therapeutic relationship](#)' is important for discussing personal and emotional experiences such as traumas. Clinical psychologist Agnes van Minnen wondered whether this was necessary. She was able to investigate this thanks to her role both as a researcher and clinical psychologist.

Therapist rotation

The idea came from practical considerations. "We were starting new intensive therapies that lasted a few days," explains van Minnen. "These proved difficult to schedule with a single therapist, as many of them work part-time."

In addition, Minnen suspected that therapists often deviated from the [treatment](#) plan. As a researcher, she wanted to know whether working with several therapists could ensure that a patient's treatment plan was more closely followed.

Van Minnen thought that 'therapist rotation' could potentially answer both questions. At both Overwaal (part of Pro Persona) and PSYTREC (another clinic), a trial was started in which several therapists collaborated to give a regular form of trauma treatment. The therapists alternated between sessions.

Patients diagnosed with serious PTSD received a short, intensive trauma treatment with several treatment sessions each day. The treatment followed the standard guidelines, specifically

exposure therapy, a form of cognitive behavioural therapy or EMDR (Eye Movement Desensitization and Reprocessing) sessions. In this case, the sessions were given by multiple therapists instead of one. Between four and sixteen therapists in total were responsible for holding the sixteen sessions with the PTSD patients. For example, session one would be given by therapist A, session two by therapist C, session three by therapist E and session four by therapist A and so forth.

Both therapists and patients were remarkably positive. The vast majority of patients found working with rotating therapists more pleasant than working with a single therapist. It was noteworthy that they rated the therapeutic relationship positively. This also applied to patients with bonding issues. "You could even say that it improves the therapeutic relationship as the therapy gets down to its core more quickly and patients learn to trust multiple people. Patients tell me: 'I couldn't keep avoiding the issue like I did with a previous therapist,'" explains van Minnen.

The therapists also liked the system and reported a good therapeutic relationship with the [patients](#). "Initially, the therapists struggled with not knowing everything about a patient," remarks van Minnen. "I propose that they do not need to, just as you do not need to know how many children a person has or what kind of hobbies they have in order to be able to give good therapy."

The therapists indicated that, most importantly, the new, shared responsibility enabled them to 'push through' more during the trauma therapy and that they better followed the treatment plan.

According to van Minnen, the research shows that therapist rotation can be a good alternative to one-on-one [therapy](#). It can also make an important contribution to the training of therapists and the implementation of knowledge and guidelines for good care. "We are going to conduct further

research on this topic. Important questions remain, such as what the optimal number of [therapists](#) is, whether guidelines for treatment really are better applied in this system and whether the patient achieves better treatment results through this method. In this case, this system was mainly applied to intensive treatment programmes, and we do not yet know whether this can also work with the one or two sessions per week of usual outpatient treatments in mental health care. We will now proceed to investigate that."

More information: Agnes Van Minnen et al. Therapist rotation: a novel approach for implementation of trauma-focused treatment in post-traumatic stress disorder, *European Journal of Psychotraumatology* (2018). [DOI: 10.1080/20008198.2018.1492836](#)

Provided by Radboud University

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