The REconsolidaTion Using RewiNd Study (RETURN): a randomised control trial

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Introduction

Research suggests that current psychological and pharmacological treatments remain ineffective to a substantial proportion of those with PTSD due to high dropout rates and current treatment being difficult to tolerate (Lewis et al., 2020). Thus, there is a clear need to develop more effective treatments that are shorter in duration and less emotionally distressing (Olff et al., 2019; Lewis et al., 2020).

The Rewind Technique

The Rewind Technique was developed by David Muss (1991). The participant is asked to imagine they are watching a film of their traumatic experience as if it was captured on CCTV. Rather than the film starting at the point of the trauma, the participant is asked to imagine the film starts just before the traumatic experience takes place. The participant then imagines they are observing the traumatic experience with all of the regular intrusive recall, such as, images, sounds, smells and, if apart of the regular recall, what could have happened next but didn't. The participant is invited to enter the screen as the film is rewound at speed to the point before the traumatic incident took place. This technique seeks to briefly mobilise the traumatic memories before the dissociative experiences are explored and the memory modified; reconsolidating it so the event can be remembered without PTSD symptomology (Tylee et al., 2017).

Aims

1. To investigate the effect sizes of the Rewind Technique at reducing PTSD symptoms in people with PTSD.

2. To establish whether any symptom improvement is maintained over 16 week follow up.

3. To investigate the impact of the Rewind Technique on symptoms of depression, anxiety and insomnia.

4. To investigate if an efficacy RCT is feasible and indicated.

5. To assess if the Rewind Technique is acceptable to participants with PTSD as measured by a qualitative questionnaire

Methods

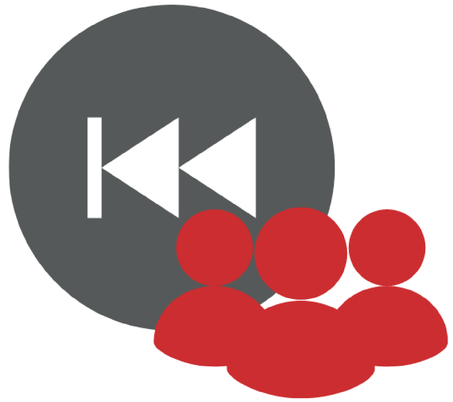
40 participants recruited through Cardiff and Vale University Health Board have been randomised to receive either the Rewind Technique immediately, or after an 8 week wait. The Rewind Technique includes up to three 60 minute sessions administered by experienced and trained psychological therapists. The primary outcome is PTSD symptom severity as measured by the Clinician Administered PTSD Scale for DSM5 (CAPS-5) at 8 weeks post-randomisation. The secondary outcome measures include the CAPS at 16 weeks and the PTSD Checklist (PCL-5), International Trauma Questionnaire (ITQ), Patient Health Questionnaire (PHQ-9), the General Anxiety Disorder-7 (GAD-7), Insomnia Severity Index, the Euro-Qol-5D (EQ5D-5L), and the prominence of re-experiencing specific symptoms (CAPS-5) at 8 and 16 weeks, and an intervention acceptability questionnaire to measure tolerability of the intervention.

Results

The trial is currently ongoing with results to be available in April. We will conduct an intention to treat analyses and compare the means of continuous data using ANCOVA with baseline outcomes as co-variates. The factors associated with reduction in symptom severity scores will be analysed using regression.

Conclusions:

This study is the first RCT to assess the Rewind Technique and the first to be conducted totally remotely. Using a cross-over methodology, we hope to rigorously assess the efficacy and tolerability of Rewind using pragmatic inclusion criteria. Challenges have been faced, and largely overcome, including participant recruitment and retention and the unblinding of researchers administering the CAPS-5.



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