A Systematic Review of Bottom-Up and Top-Down Psychotherapy Methods



for the Treatment of Posttraumatic Stress Disorder (PTSD)



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ABSTRACT

While numerous studies have investigated the efficacy of either top-down or bottom-up modalities in reducing PTSD symptoms, there is a paucity of research focused on comparing differences in treatment effects of bottom-up and top-down therapies. We investigated this gap by conducting a systematic review of top-down and bottom-up treatments for PTSD. To be included in the review, studies needed to examine adults meeting DSM-5 diagnostic criteria for PTSD and represent a Randomized Controlled Trial (RCT) comparing a psychotherapy intervention to an inactive control (e.g., placebo, no treatment, standard care, or a waitlisting control). Search methods were developed in conjunction with a librarian experienced in conducting systematic reviews. Initial search criteria produced 8,674 articles, of these 304 articles passed initial abstract screening. A narrative synthesis of articles meeting full eligibility criteria will be conducted. Factors such as PTSD symptom reduction, attrition rates, and patient satisfaction with treatment will be compared across the two models. Implications for treatment recommendations for PTSD are discussed.

INTRODUCTION

- Posttraumatic stress disorder (PTSD) is a debilitating psychological disorder that affects 6% of U.S. adults in their lifetimes (Kessler, Chiu, Demler & Walters, 2005)
- Empirically-supported treatments for PTSD exist, however, up to 50% of individuals with PTSD either drop out of these standard therapies or are not substantially helped by them (Schottenbauer, Glass, Arnkoff, Tendick, & Gray, 2008; Steenkamp et al., 2015).
- ❖ Top-down interventions: interventions built on an individual's ability to become conscious of their thoughts and their subsequent capacity to change those thoughts (Taylor et al., 2010).
- ❖ Bottom-up interventions: interventions relying on an individual's body sensations and/or movements to access and process trauma (Taylor et al., 2010).
- This review aims to further investigate differences in bottomup and top-down psychotherapy interventions for PTSD, with a specific focus on differences in treatment efficacy and tolerance across modalities. With this, the review hopes to shed more light on the most effective treatments for PTSD.

PRIMARY AIM AND HYPOTHESES

RQ1: Are there differences in the treatment efficacy of bottom-up versus topdown psychotherapy interventions in the treatment of adult PTSD?

RQ2: Are there differences in the treatment efficiency of bottom-up versus topdown psychotherapy interventions in the treatment of adult PTSD?

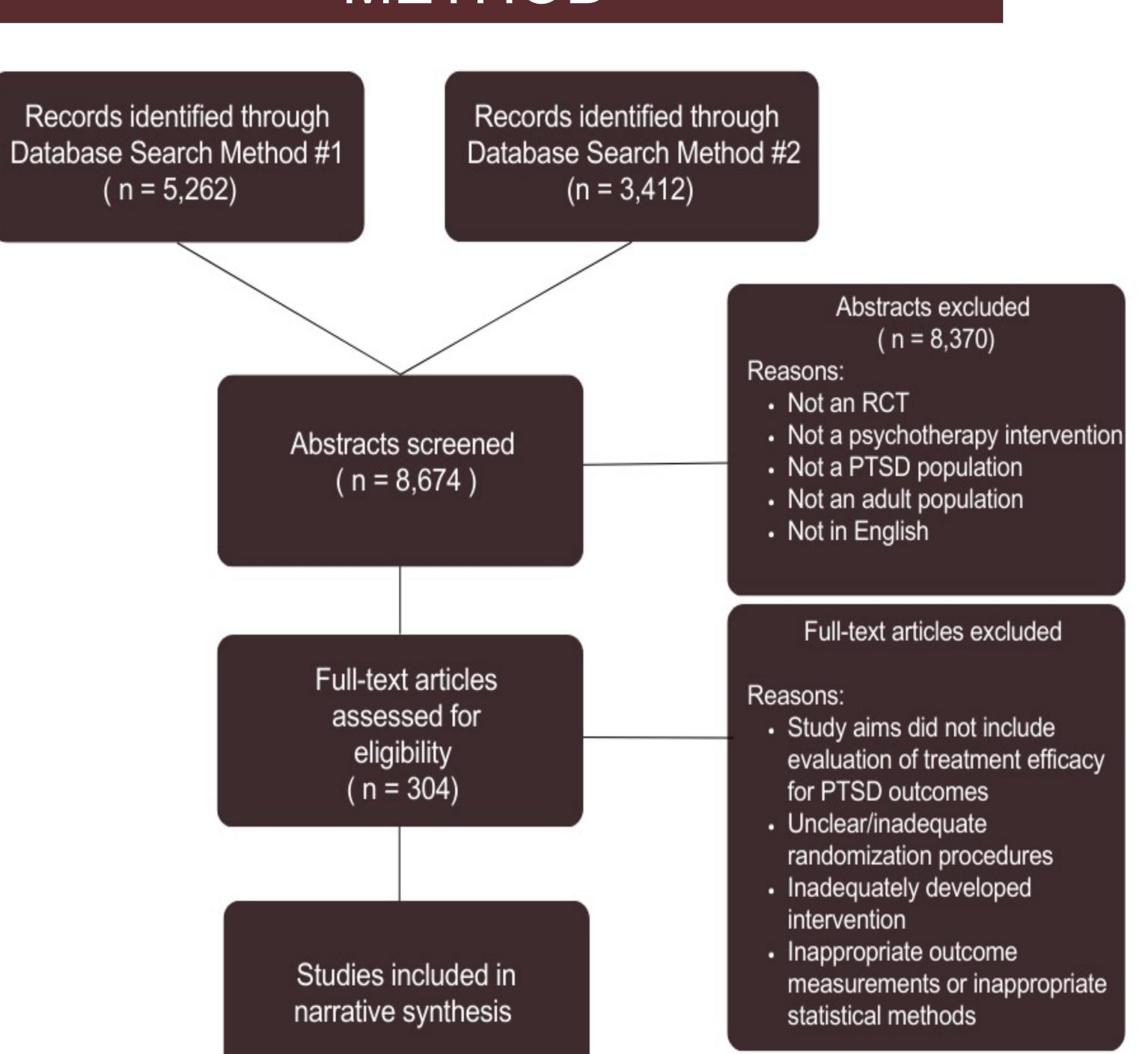
RQ3: Are there differences in the treatment tolerability of bottom-up versus topdown psychotherapy interventions in the treatment of adult PTSD?

H1: There will be no difference in the treatment efficacy of bottom-up versus topdown psychotherapy interventions in the treatment of adult PTSD.

H2: There will be no difference in the treatment efficiency of bottom-up versus top-down psychotherapy interventions in the treatment of adult PTSD.

H3: Bottom-up psychotherapy interventions will be more tolerable than top-down psychotherapy interventions.

METHOD



RESULTS

- A narrative synthesis will be used to examine the studies that meet full eligibility criteria
- ❖ Particularly interested in differences between bottom-up and top-down interventions relating to:
- Attrition rates
- PTSD symptom reduction
- Treatment satisfaction
- Maintenance of results over time
- Studies will be classified as bottom-up or top-down psychotherapy interventions based on ISTSS guidelines as follows (Bisson et al., 2019):

Top-Down Interventions

- Cognitive-Behavioral Therapy (CBT)
- Cognitive-Behavioral Conjoint Therapy (CBCT)
- Cognitive Processing Therapy (CPT)
- Dialectical Behavioral Therapy (DBT)
- Prolonged Exposure (PE)
- Trauma-Focused Cognitive Behavioral Therapy (TFCBT)
- Written Exposure Therapy

Bottom-Up Interventions

- Brainspotting
- Eye Movement Desensitization and Reprocessing (EMDR)
- Expressive Arts Therapy
- Mindfulness-Based Stress Reduction (MBSR)
- Internal Family Systems (IFS)
- Somatic Experiencing (SE)

DISCUSSION

As a clinician, choosing between interventions can often be a difficult process. It is important to understand differences in the efficacy and efficiency of treatment modalities to be able to best match interventions to clients. By better understanding differences in treatment efficacy, efficiency, and tolerability between bottom-up and top-down psychotherapy interventions, clinicians will be better equipped to choose the most suitable intervention when working with clients with PTSD.

