



No More Nightmares – Testing a novel intervention for UK Veterans

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BACKGROUND

Nightmares are:

- Hallmark symptom of PTSD - affect up to 90% trauma exposed adults¹ & exacerbate other PTSD symptoms²
- Resistant to traditional psychotherapy³
- Linked to serious mental illnesses and higher risk of suicide⁴

Existing treatments (e.g. Image Rehearsal therapy) provide little guidance, require homework & are limited to repetitive nightmares.

“Each night would become just another horrific journey of personal survival as in my mind I walked among the sights, sounds, smells and horrors of some long forgotten engagement. One where the same people would die, one that would only ever end one way, the same way it did the first time I fought it.”
Voice of a veteran⁵

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OBJECTIVES

Aim: To test an enhanced approach to stopping traumatic nightmares called **Planned Dream Interventions®** (PDI), conceived and developed by a US Military Psychologist, Dr Beverley Dexter.

Design: To conduct a randomised control trial comparing outcomes from a single 2.5 hour PDI session with a control group who received a Sleep Hygiene (SH) intervention of similar duration for UK military veterans.

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PLANNED DREAM INTERVENTION® EXPLAINED

The basic concept is to consciously create a dream intervention for the most *recent* dream at point of waking by asking ‘what do you want to happen next that feels good at a *gut level?*’ This allows the dream process to continue uninterrupted.

Key elements from training include:

- When ‘bad’ things happen, we are supposed to dream about them
- Reframing nightmare as a ‘stuck’ dream
- Paradigm shift to ‘There is no such thing as a bad dream’ and ‘anything can happen in a dream’
- PDI is uncensored and provides sense of mastery

PDI Example – Being Burnt



“I was severely burned as a child and had frequent nightmares for years. I would wake up during the part where the burn occurs, often screaming.”

*“The dream intervention I used was that suddenly I was standing under a waterfall **laughing**, and the water was washing me clean – the burn was now just dirt.”*

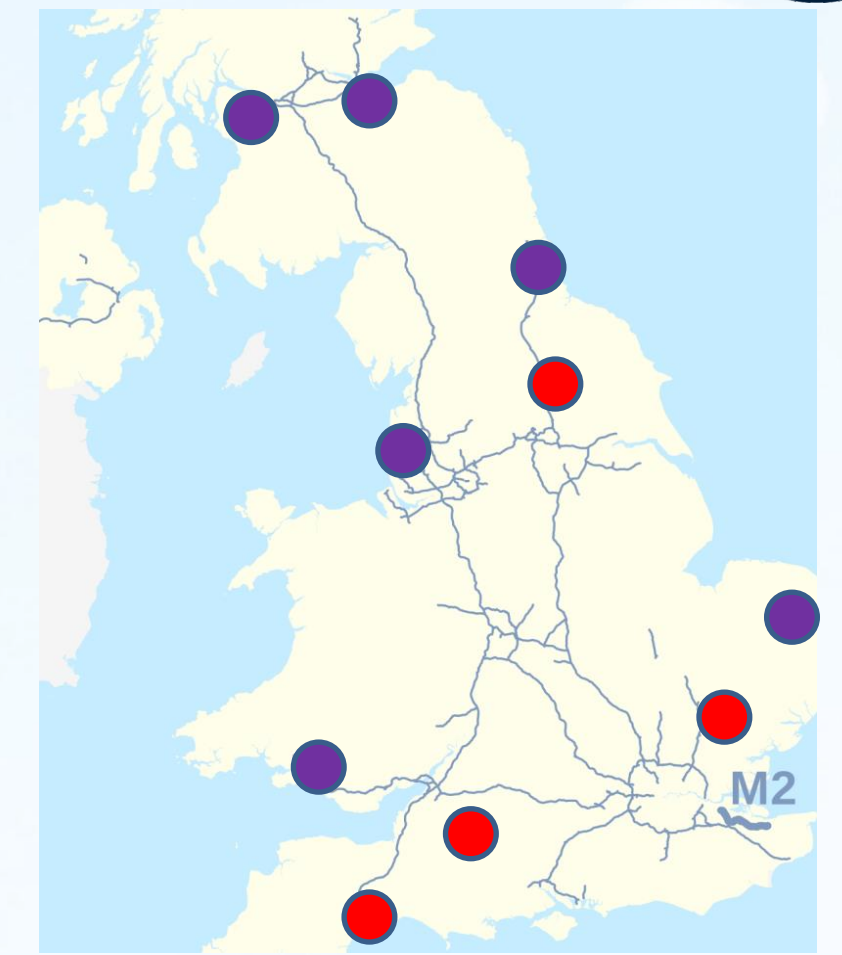
- 129 Veterans with at least 1 nightmare/week attended 27 sessions in 2016
- 35 lost to follow up
- Waitlist introduced for operational reasons

- Help for Heroes Recovery Centre
- RBL Drop in centres
- AF&V Launchpad
- Scottish Veterans Residence
- Tom Harrison House
- Walnut Tree Project



- 93% male & 80% army
- Average age 46
- 65% previous PTSD diagnosis
- 83% IES > 33 (i.e. PTSD)
- 40% previous trauma treatment
- Average 14yrs of nightmares

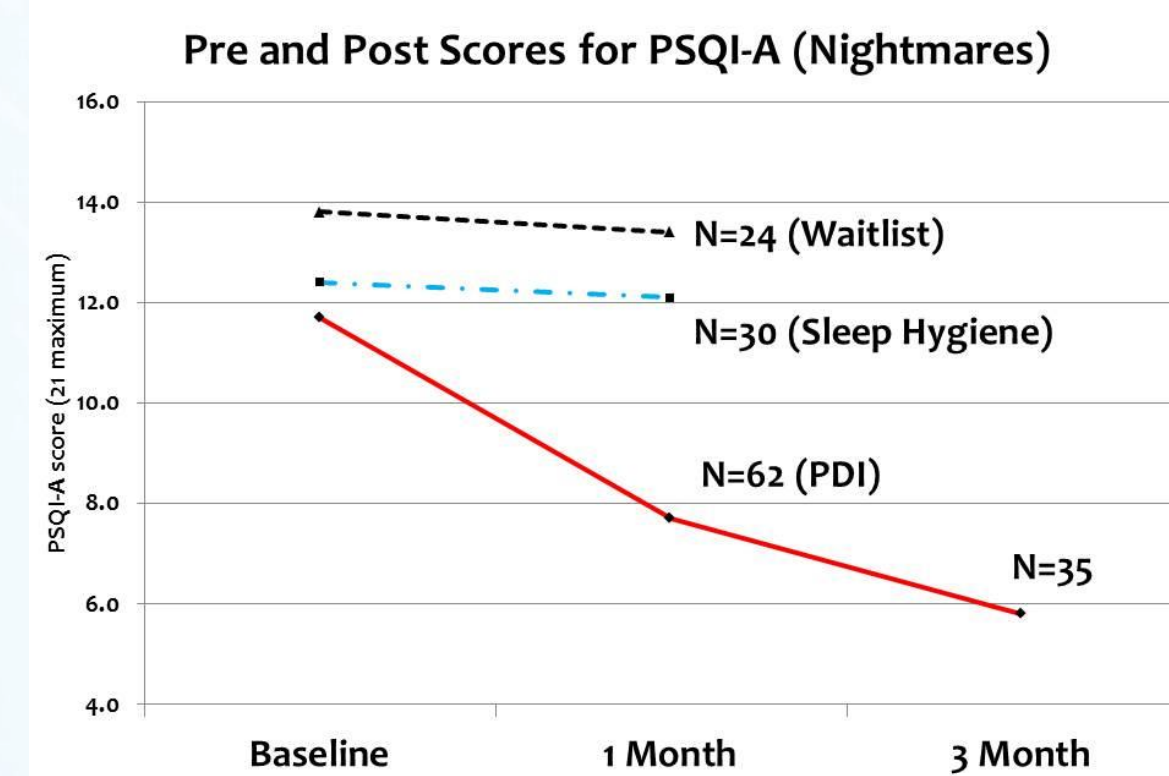
4 METHODS



5 RESULTS

Measures:

- Pittsburgh Sleep Quality Index (PSQI) Scale 0-21
 - PSQI PTSD addendum (PSQI-A) Scale 0-21
 - Impact of Events Scale – Revised (IES-R) Scale 0-88
- Complete data available for 116 veterans at baseline & 1 mth

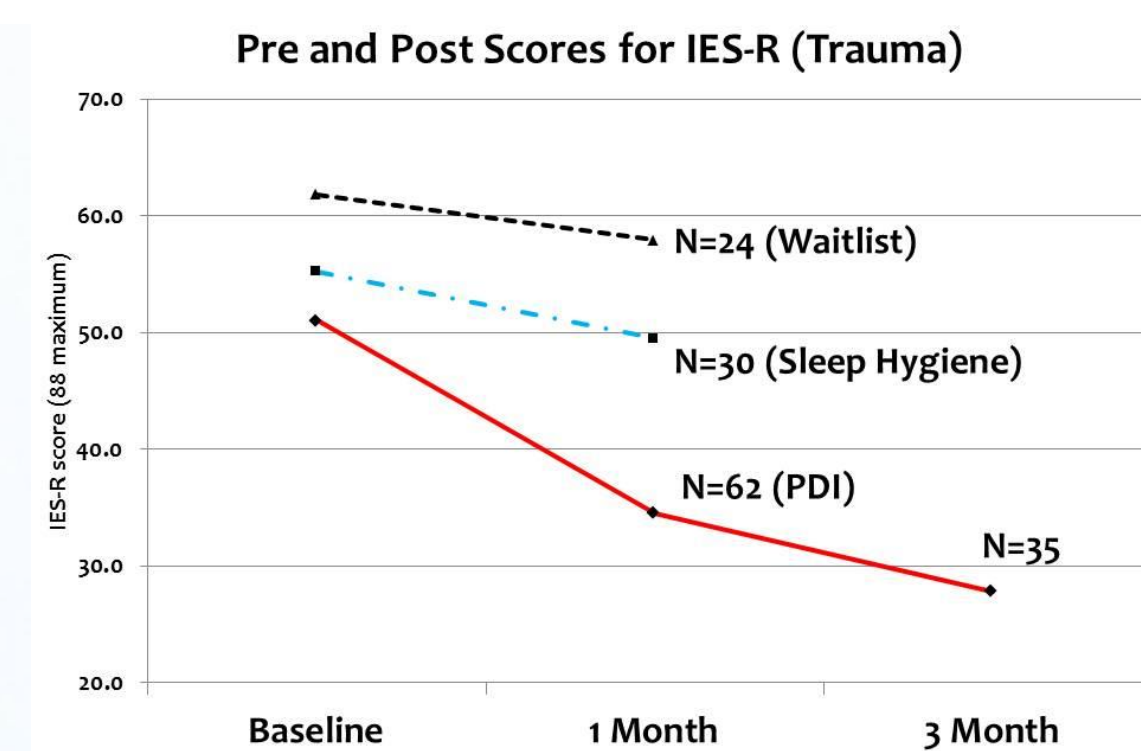


- Large effect sizes within PDI group ($d=.88$) & between PDI and controls ($d=1.0$)
- ANOVA shows statistically significant change

- 29% of PDI group from IES >33 before to IES <33 after (PTSD cut-off)

Limitations:

- Multiple role of researcher
- Narrow range of measures



6 IMPLICATIONS

- PDI is safe, resource efficient and effective
- Not just sleep improvement, but trauma reduction
- Can be taught to individuals or groups
- Used inside or outside therapy environment
- Suitable for other populations
- Different types of nightmares – non-repetitive & ‘no recall’
- Could be delivered via internet based learning
- Potential as preventative/early intervention for trauma
- **Support and funding for further development required**

References:

1. Hasler, B. & Germain, A., 2009. Correlates and treatments of nightmares in adults. *Sleep Medicine*, 4(4), pp.507-17
2. Campbell, R. & Germain, A., 2016. Nightmares and Posttraumatic Stress Disorder (PTSD). *Current Sleep Medicine*, 2, pp.74-80
3. Brownlow, J. et al., 2016. Influence of Sleep Disturbances on Global Functioning After Posttraumatic Stress Disorder Treatment. *Journal of Traumatic Stress*, 29, pp.515-21
4. Littlewood, D., Gooding, P., Panagioti, M. & Kyle, S., 2016. Nightmares and Suicide in Posttraumatic Stress Disorder: The Mediating Role of Defeat, Entrapment and Hopelessness. *Journal of Clinical Sleep Medicine*, 12(3), pp.393-99
5. Knell, T., 2013. *A Hell for Heroes*. London: Hodder & Stoughton

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