Expanding Availability of CPT Psychotherapy Services in Eastern DRC

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In DRC, there are 4 psychiatrists and 1 psychologist per 10,000,000 people.
Cognitive processing therapy (CPT) is an evidence-based treatment for PTSD.
CPT was more effective than individual support in reducing PTSD, depression, and anxiety symptoms.

- RCT of group CPT in the Democratic Republic of Congo
  - CPT: 7 villages (n= 157)
  - Individual Support: 8 villages (n= 248).

- Worksheets were simplified and participants memorized the forms and concepts.
- Therapy delivered by paraprofessionals in the villages.

Bass et al., 2013
Distance to treatment was a barrier.
CPT Dissemination with IMA World Health

• USHINDI Project implemented starting in 2010 in North and South Kivu and Ituri provinces to provide global assistance to SGBV survivors.

• More than 30,000 survivors of SGBV received medical, psychosocial, legal and/or socio-economical assistance.

• In reviewing their programming they identified 25-30% of survivors in need of more specialized treatment.

• IMA World Health began implementing CPT in North and South Kivu Provinces
  • September 2016 started in 3 new health zones
  • April 2018 expanded to 5 new health zones
We adopted a model of a hub and spoke, with mobile therapists anchored in local Centers of Excellence.
We use an apprenticeship training model with ongoing support.

**Expert Trainers**

**Master Supervisor**

- Meetings with supervisors. Periodic field visits.

**Supervisors**

Based at the Centers for Excellence (Panzi, Heal Africa)

- Co-lead groups with new counselors.
- Supervision with counselors. Conduct field visits.

**Counselors**

Based at the Centers for Excellence (Panzi, Heal Africa)

- Mobile
Moving CPT groups closer to the survivors who needed them seems to have increased access and decreased attrition.

<table>
<thead>
<tr>
<th></th>
<th>USHINDI - 1st wave</th>
<th>TUSHINDE - 2nd wave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving psychosocial care</td>
<td>1545</td>
<td>4019</td>
</tr>
<tr>
<td>Screened for CPT</td>
<td>1292</td>
<td>2727</td>
</tr>
<tr>
<td>Referred for CPT</td>
<td>713</td>
<td>1113</td>
</tr>
<tr>
<td>Started CPT</td>
<td>489</td>
<td>916</td>
</tr>
<tr>
<td>Completed CPT</td>
<td>478</td>
<td>310*</td>
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Mobile therapists were effective at reducing symptoms of PTSD, depression, and anxiety.
CPT also had effects on improving physical functioning.

Average scores for difficulty in completing 20 daily tasks and activities.
Mobile therapists were effective at reducing symptoms.

TUSHINDE data

Symptom Scores Over Time by Zone

Individual | Session 1 | Session 2 | Session 3 | Session 4 | Session 5 | Session 6 | Session 7 | Session 8 | Session 9 | Session 10 | Session 11
---|---|---|---|---|---|---|---|---|---|---|---
Bunyakiri | Karisimbi | Katana | Nyangezi | Walikale | Total

0 5 10 15 20 25 30
What does it take to implement CPT in DRC?

- Adequate time and support for personnel
- Training
- Monitoring and feedback
- Ongoing supervision
The mobile “hub and spoke” model allowed providers to reach individuals in more rural areas.

- Reduced travel time may increase service utilization and engagement.
- Reduces the number of providers needed to cover a wider geographic range.
- Allows for flexibility in moving services to sites as needed, which should decrease training costs.
Use of mobile therapists does add travel and personnel costs.

- Costs associated with the mobile services, including equipment and maintenance.
- Pressure on providers to travel to outlying sites.
- Difficulty with providing in-person supervision.
- Need for local psychosocial assistants, to increase buy-in about treatment.
- Need committed financial support for programs from existing health infrastructure to make this sustainable.