Group cognitive processing therapy: A specialized mental health intervention that supports improvements in well-being for sexual violence survivors

Johns Hopkins Bloomberg School of Public Health

International Rescue Committee

USAID from the American People | Victims of Torture Program

The World Bank — Working for a World Free of Poverty

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Open Square Foundation

Commission européenne — Aide humanitaire et Protection civile

Context: South Kivu

- Conflict
- Culture of gender inequality
- Pervasive sexual violence
- Consequences
  - Social rejection and stigma
  - Mental health problems
  - Lack of access to income

Academic-NGO Partnership: JHU and IRC

- IRC currently implementing programs to prevent and respond to violence against women in 19 countries
- JHU-IRC collaboration in DRC began in 2005
  - Initial qualitative investigation of mental health and psychosocial needs in one area
  - Led to improved training and monitoring of general psychosocial program with local NGOs

Current Project: Overall Objective and Aims

- To identify cost effective and scalable interventions that demonstrate improvements in the psychological, social, and economic functioning of survivors of sexual violence living in Eastern DRC:
  - **What is the impact of a mental health intervention on social, psychological, and economic functioning?**
  - What is the impact of a **socio-economic intervention** on social, psychological, and economic functioning?

Formative Research Phase

1. Qualitative studies in 3 study communities
   - Identify mental health problems relevant to local context
   - Identify tasks and activities that define functionality in these communities
   - Inform selection of interventions
2. Instrument development/adaptation and validation

Intervention Selection: Cognitive Processing Therapy

- Evidence-based trauma therapy
- Structured groups (6-8 women per group)
- Weekly meetings for 12 weeks
- Participation and homework
- Adapted, Trained and Supervised by collaborators at University of Washington (Kaysen/Griffith)

Apprenticeship Model*

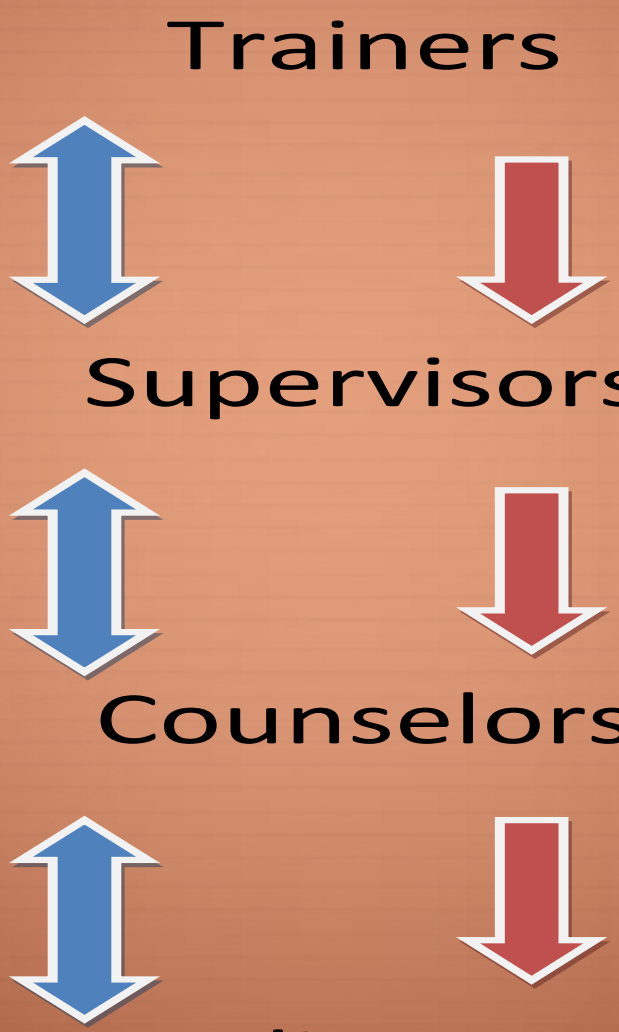
*Murray LK, Dorsey S, Bolton P, Jordans M, Rahman A, **Bass J**, Verdeli H. (2011) Building capacity in mental health interventions in low resource countries: An Apprenticeship Model for Training Local Providers. International Journal of Mental Health Systems. Nov 18;5(1):30.

SUPERVISION MODEL

Monitoring quality

Continuous Training

Continuous intervention development



Study Timeline

April 2010:
Needs Assessment

November 2010:
Sites selected and randomized

Feb-March 2011:
Eligible women identified and Baseline

May-July 2011:
CPT and IS implemented

Aug 2011:
Qualitative data collection

Sept 2011:
Quant Data Collection (1st follow-up)

Feb-March 2012:
Quant Data Collection (2^{nd} follow up)

Study Conditions

- Cognitive Processing Therapy (CPT)
  - CPT training and piloting conducted in Jan/Feb 2012
  - Provided in 3 concurrent groups of 6-8 women
- Individual Support (IS)
  - Continuation of standard PSA program
  - Active listeningcounseling, family mediation, stress management, and referral to other essential services
  - Provided as needed and as requested by women

Study Participants

- Inclusion Criteria:
  - 18 years or older
  - Reporting personally experiencing or witnessing sexual violence
  - Total symptom score of at least 55 (i.e. average score of 1 for each of 55 symptoms)
  - Total functional impairment score of at least 10 (i.e. some dysfunction on at least half of the tasks)
- Exclusion Criteria:
  - Suicidality judged by clinical staff to require immediate treatment.

Study Instrument

A wide range of signs and symptoms through adapted versions of:

- A combined mental health assessment (55 items)
  - Hopkins Symptom Checklist (HSCL-25) Depression and Anxiety subscales
  - Harvard Trauma Questionnaire – PTSD Symptom Section
  - Locally identified signs and symptoms
- Function as assessed by tasks of daily living (20 items)
- Trauma experiences (6 items) and coping and service usage section (13 questions)
- Networks and social relationships section (17 questions)
- Extensive economic section

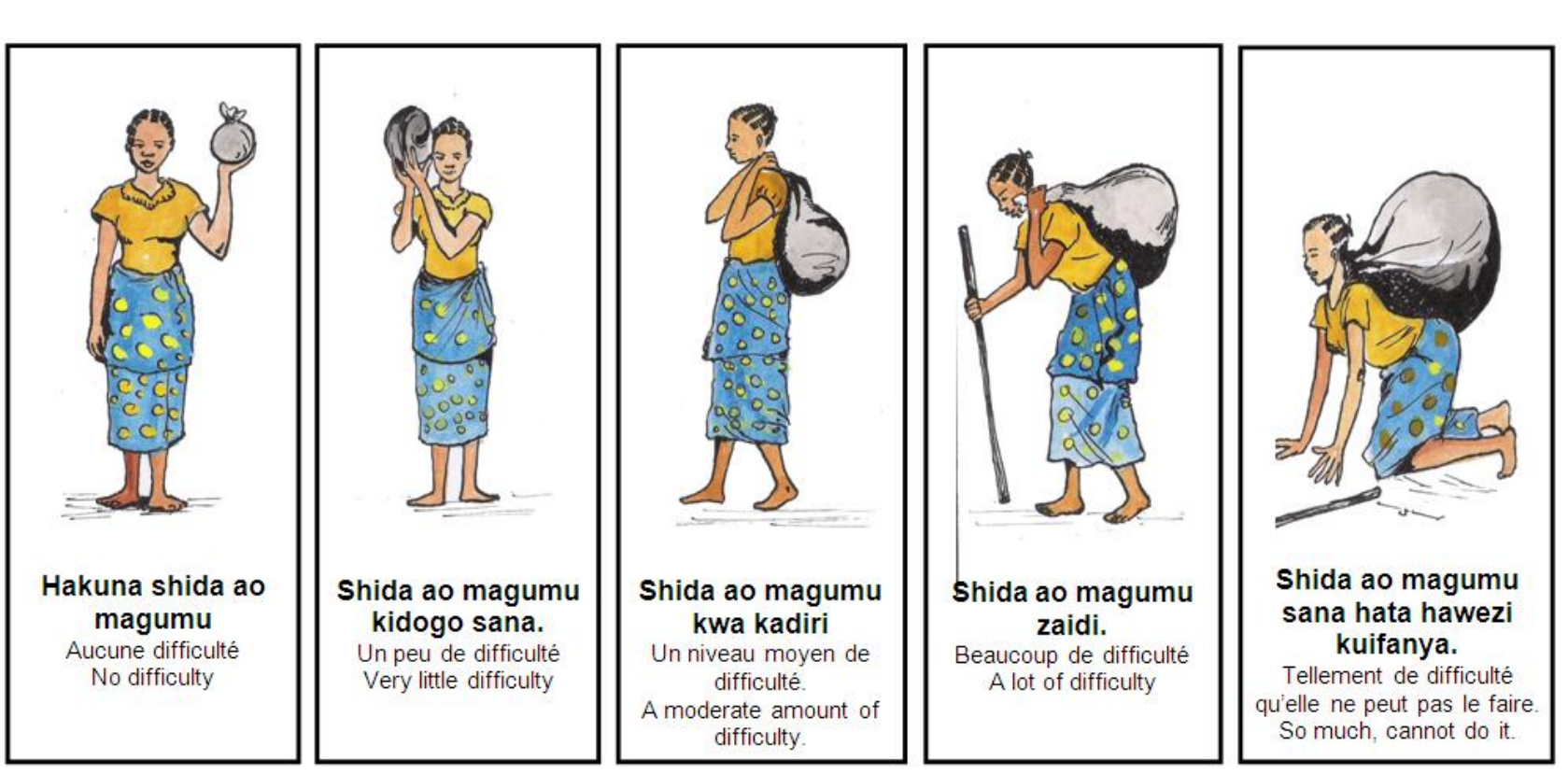
Example Mental Health and Function Questions

For each symptom say : For the problem _____ In the last 4 weeks, how often have you experienced it.

Problems	not at all	a little bit	moderate amnt:	a lot
B01. Feeling low in energy, slowed down (H)	0	1	2	3
B02. Blaming self for things (H,Q)	0	1	2	3
B03. Crying easily (H,Q)	0	1	2	3
B04. Loss of sexual interest or pleasure (H)	0	1	2	3
B05. Poor appetite (H,Q,D)	0	1	2	3

	Amount of difficulty doing the task/activity					
tâches/activités tasks/activities	None	Little	moderate amount	a lot	often cannot do	not applicable
A01. cultivating/farming	0	1	2	3	4	9
A02. trading or other ways of making money	0	1	2	3	4	9
A03. Cooking	0	1	2	3	4	9
A04. looking after children	0	1	2	3	4	9

Function Graphic



0 1 2 3 4

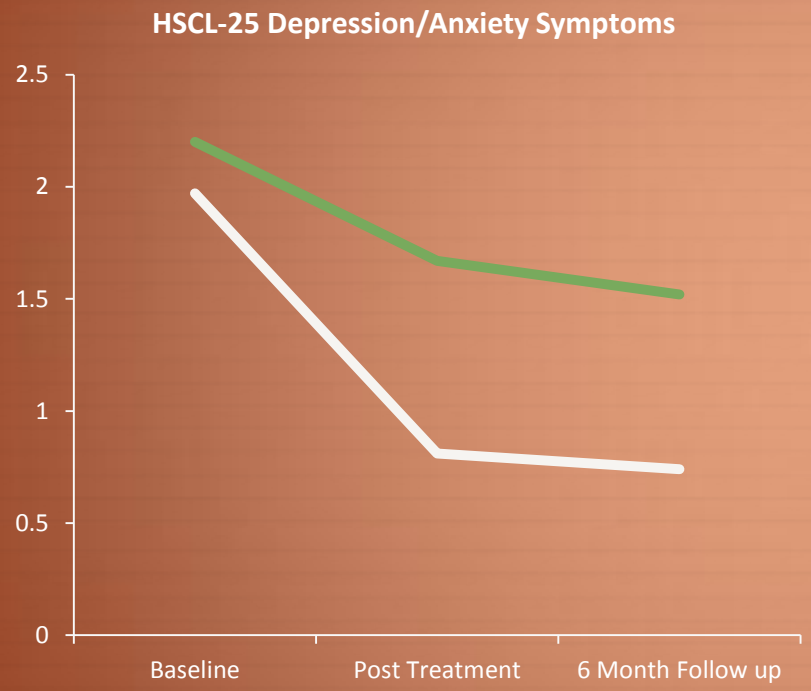
Difficulty in daily functioning **score** =

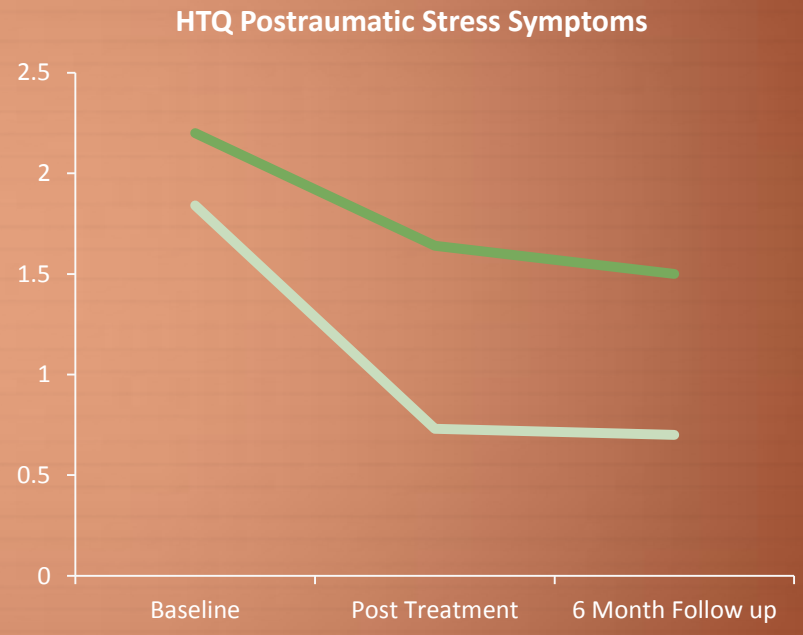
The **average** of responses for 20 daily tasks and activities

Baseline Characteristics

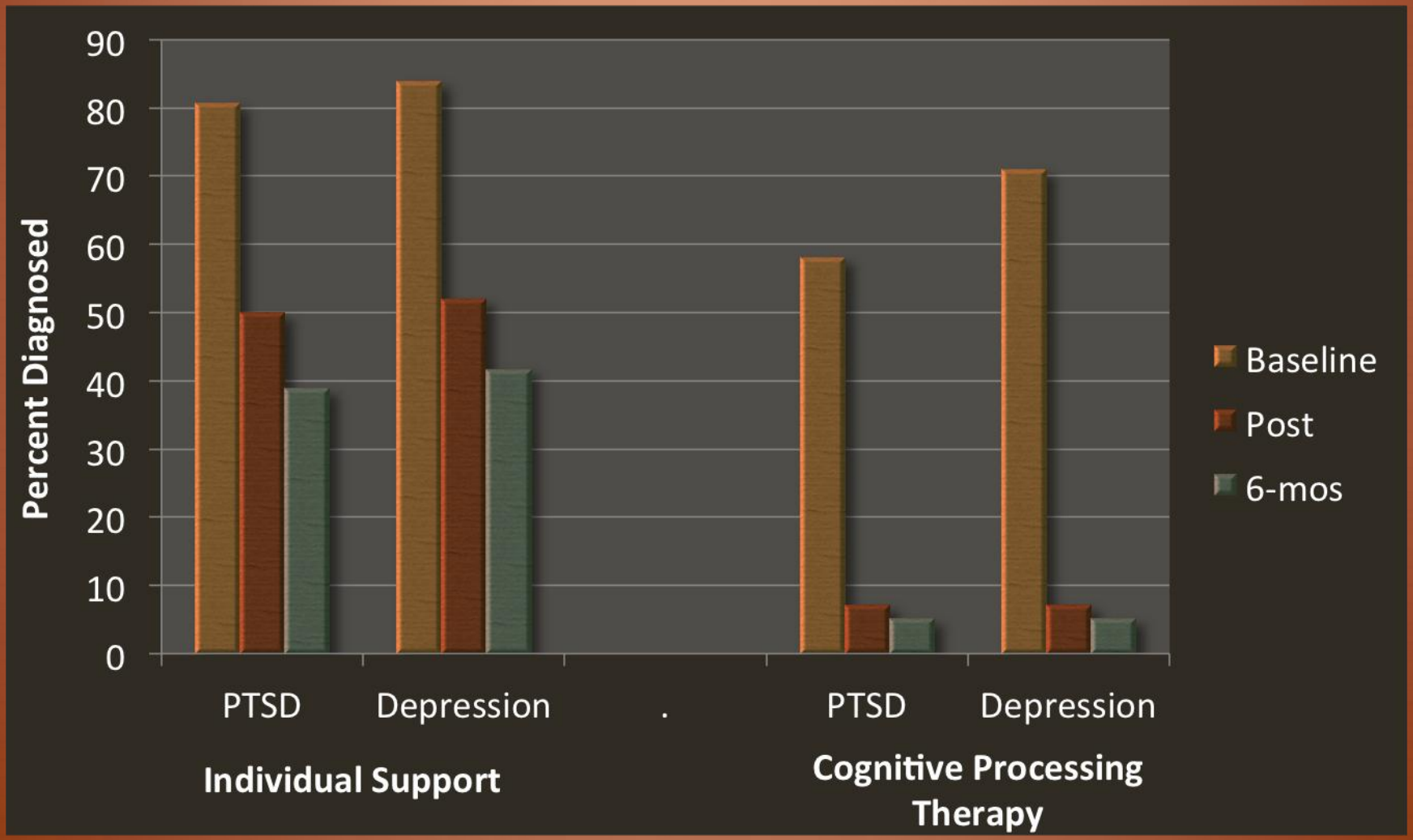
	CPT N=157	IS N=248
Age in years, mean (sd)	36.9 (13.4)	33.8 (12.4)
Years of education completed, mean (sd)	1.8 (2.8)	2.3 (3.1)
Number of people living in home, mean (sd)	7.4 (3.2)	6.8 (3.3)
Number of children responsible for, mean (sd)	4.0 (2.7)	4.1 (2.8)
Current marital status, No. (%)		
Single, never married	20 (12.7)	35 (14.1)
Married	93 (59.2)	107 (43.2)
Divorced/separated	20 (12.7)	54 (21.8)
Widowed	24 (15.3)	52 (21.0)
Ave. HSCL-25 scores, mean (SD)	1.97 (0.5)	2.20 (0.5)
Ave. HTQ scores, mean (SD)	1.84 (0.6)	2.20 (0.5)
Ave. function impairment scores, mean (SD)	1.65 (0.7)	1.77 (0.9)

Intervention impact on mental health symptoms



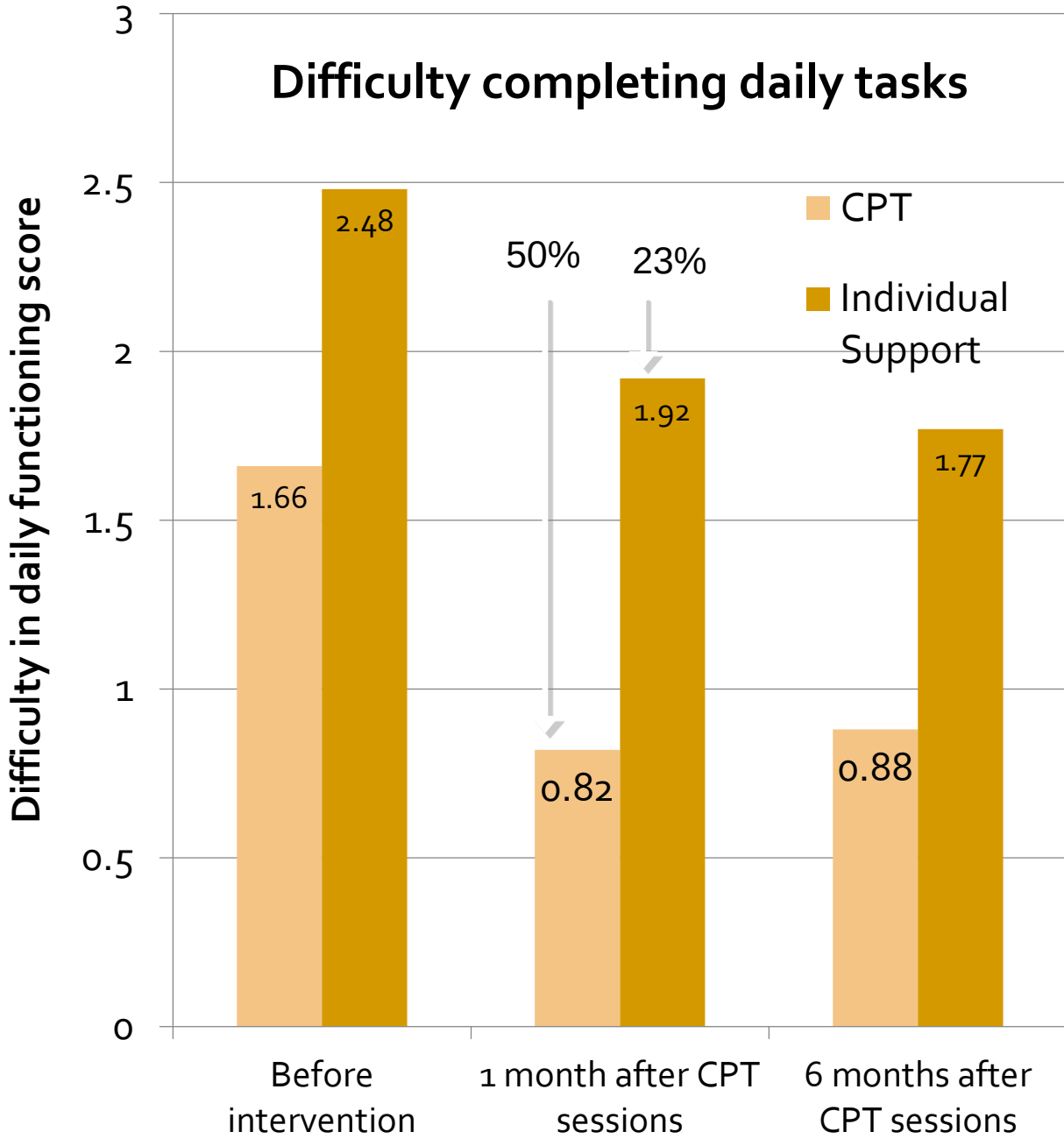


Both interventions led to remission but CPT was significantly more likely to result in remission of diagnoses.



Intervention Impact on Daily Functioning Outcomes

Average scores for **difficulty** in completing 20 daily tasks and activities



Other Outcomes

- Social Functioning:
  - Small to medium effects on increased group membership and participation and emotional support seeking at post-intervention
  - No intervention effects for size of support networks
- Economic functioning:
  - Preliminary analysis shows CPT groups worked approximately 8 more hours per week and reported higher per capita food expenditures than women in the individual support villages

Research Challenges and Limitations

- Baseline differences across treatment arms
- Challenges with instrument validation process and results
  - Inability to generate diagnostic categorization based on locally relevant information
- Differences in supervision intensity and structure across treatment arms
- Challenges in accurately following-up with beneficiaries

Implementation Challenges

- Human and financial costs of implementing a new program
- Start up required dependence on external technical Mental Health professionals
- Security challenges
- Managing expectations of beneficiaries

Conclusions

- Well supervised Group CPT is an effective addition to case management for treating high levels of depression, anxiety, PTSD and dysfunction among sexual violence survivors compared with IS.
- Task Sharing is feasible when supervision structures are in place:
  - Community-based paraprofessionals can provide interventions normally requiring experts when appropriate supervision is provided
- Interventions in conflict/crisis can work

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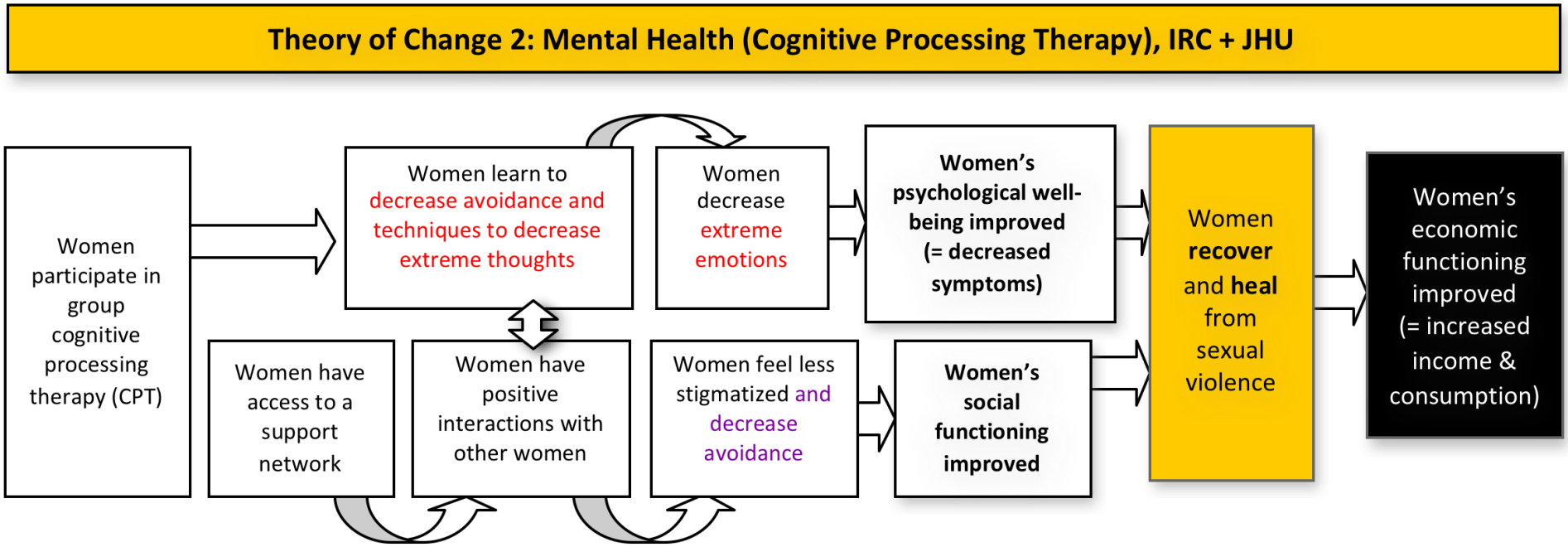
Theory of Change