

THERAPIST-SUPPORTED INTERNET-BASED PSYCHOTHERAPY FOR POSTTRAUMATIC STRESS DISORDER IN WAR-TRAUMATIZED ARAB PATIENTS

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BACKGROUND



- Between 2003 and 2010 suicide bomb events caused 11% of all Iraqi civilian deaths and 26% of injured civilians (Hicks et al. 2011, Lancet)
- A large number of the population in the region suffers of PTSD and anxiety disorders (Alhasnawi, Sadik, Rasheed, et al. 2009)
- Contrarily, health professionals and physicians have left the country (Webster, 2011, Lancet)

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- Internet-based interventions for PTSD and complicated grief have been shown to be effective in Western countries (Lange et al. 2003, Knaevelsrud et al., 2006, Wagner et al., 2006)
- Treatment with Iraqi patients has been shown to be applicable and effective in a pilot study (Wagner, Schulz, & Knaevelsrud, 2012, Psych Res)
- Therapeutic relationship in Internet-based interventions (Knaevelsrud et al, 2006, Preschl, Maercker, & Wagner, 2011)

Efficacy of an Internet-based intervention in a unstable conflict region?

New perspectives in humanitarian aid?

Procedure

- Based on the Interapy protocol for PTSD (Lange et al., 2003)
- **Treatment phases:**
 1. Self-confrontation with the traumatic event
 2. Cognitive restructuring
 3. Social Sharing
- Duration of treatment:
 - 10 writing sessions (5 weeks)
 - Weekly: two essays à 45 minutes
- Psychotherapist were native speaking Arab mental health professionals (Iraq, Syria, Palestine, Egypt, Sudan)

Cultural adaptation

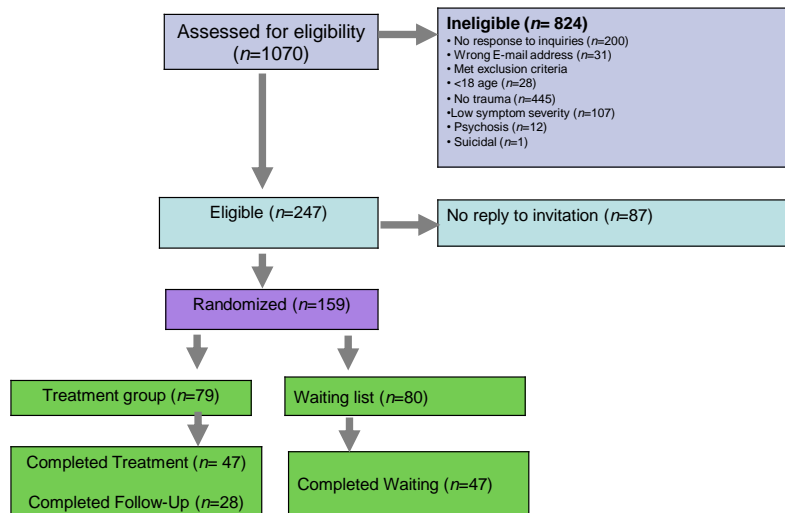
- Cognitive restructuring: stronger focus on collective identity, consequences for family;
- Embedding religion if patients use the Koran in their texts;
- Consequences of self-disclosure towards others
 - Sexual violence/abuse
- Role of Therapist is more active and directive;
- Solve the problems within the existing social context, rather than creating conflicts between the client and the social context
- More flexible time restrictions

RESULTS

Sample characteristics

		Treatment Group	Control Group
Age	Years, (SD), range	29.11 (3.01), 18-56	27.15 (6.48), 18-43
Gender	Female	76 %	69%
Education	Secondary school	22 %	35%
	University	71%	48%
Traumata	M, SD	3.67 (3.01)	3.03 (2.61)
Type of Trauma	Killing of family member	14%	16%
	War-related sexual violence	39%	40%
	Violence/ torture	20%	18%
	Others (e.g. kidnapping, bomb attacks)	27%	26%

Patient-Flow



Results (Intention-to-Treat)

	Pre-Test Mean (SD)	Post-Test Mean (SD)	<i>p</i>	Effect Size (Cohen's d) between ITT	Effect Size (Cohen's d) between Completers
PDS (PTSD)					
Treatment group	30.35 (8.16)	20.29 (12.45)	<.001	.92	1.76
Control group	30.65 (12.45)	30.17 (8.70)			
PDS (Intrusion)					
Treatment group	8.32 (3.98)	5.09 (4.33)	<.001	.72	1.49
Control group	8.33 (3.84)	8.06 (3.89)			
PDS (Avoidance)					
Treatment group	12.49 (3.77)	8.78 (5.38)	<.001	.92	1.58
Control group	12.80 (3.82)	13.04 (3.78)			
PDS (Hyperarousal)					
Treatment group	9.54 (3.07)	6.42 (4.19)	<.001	.68	1.41
Control group	9.52 (3.58)	9.07 (3.64)			
HSCL-25 (Depression)					
Treatment group	3.04 (0.58)	2.36 (.90)	<.001	1.03	2.03
Control group	3.10 (0.50)	3.11 (.50)			

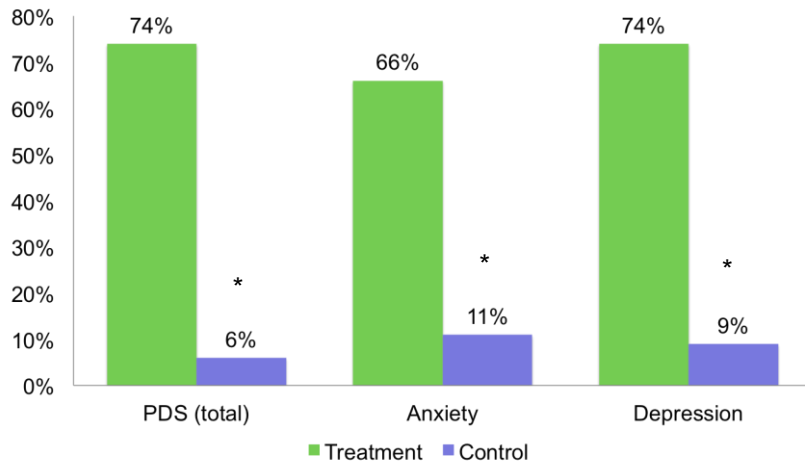
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Reliable Change



* $p < .001$

Challenges

- Ongoing threat and danger
- Technological problems: a slow or instable Internet connection or power cuts
- Cross-cultural diversity with timing
- Mistrust concerning confidentiality (program supported by Israel or CIA)
- No adequate treatment alternatives for referrals (no local psychiatric infrastructure)
- Therapists often have experienced traumatic experiences

Conclusion



- First CBT-trial for posttraumatic stress disorder in Arabic;
- Significant symptom reduction could be found, despite unsafe and violent environment;
- Effect sizes had the same magnitude as reported in Western samples;
- New technologies can be used to provide humanitarian aid in the form of e-mental health services



Contact

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Drop-out Analysis

- 41% attrition rate;
 - technical problems
 - lack of privacy at home to write undisturbed by family members;
- 62% of drop-outs did not respond to phone calls/emails;
- The treatment group did not differ from the control group in terms of attrition rate;
- Completers and noncompleters did not differ with respect to any sociodemographic variables;
- No differences in baseline PTSD, traumatic event, number of traumatic event, depression and anxiety;