

## Predictors of treatment outcome in an Arabic Internet-based psychotherapy for post-traumatic stress disorder

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### Background: Predictors of treatment outcome

- up to now there are **no specific predictors** for Internet-based therapies (Spek et al., 2007; Andersson et al., 2008)
- higher **pre-treatment symptom severity** predicted a worse treatment outcome (van Minnen et al., 2002; Karatzias et al., 2007)
- a good **therapeutic relationship** is associated with a better treatment outcome (Martin et al., 2000)
- in most Internet-based therapies participants were excluded if they had a current **suicide risk** or a high **psychotic symptom level** (Lange et al., 2003; Knaevelsrud & Maercker, 2007; Wagner et al., 2006)
- little is known about the value of these **exclusion criteria** (psychotic symptoms and suicidality) and whether they influence treatment outcome negatively

## Research question

Do these variables (**initial symptom level, therapeutic relationship, suicidality and psychotic symptom level**) predict treatment outcome in an Arabic Internet-based psychotherapy for PTSD?

## Ilajnafsy

- *Ilajnafsy* = Arabic meaning „psychotherapy“
- Internet-based treatment for **Arabic-speaking participants** suffering from post-traumatic stress disorder
- Based on a **disorder-specific treatment manual** (Interapy; Lange et al., 2003)
- Treatment duration: **5 weeks** (10 essays in total)
- Treatment consisted of **three phases**:
  - Self-confrontation
  - Cognitive restructuring
  - Social Sharing



## Measures

Psychopathology

**PTSD**                      **PDS (Foa, 1995)**  
Anxiety                      HSCL-25  
Depression                      HSCL-25  
Somatization                      SCL

Exclusion criteria

**Psychotic symptoms**                      **SDPD (Lange et al., 2000)**  
Dissociation                      SDQ-5  
**Suicidality**                      **SRT (Arnoldi et al., 2000)**

Life Satisfaction

EUROHIS

Therapeutic Relationship

WAI (Tracey & Kokotovic, 1989)

Sociodemographic Variables

Age, sex,  
Education...

**Assessments:** Baseline (t1), Post-treatment (t2), 3-Months Follow-up (t3), 12-Months Follow-up (t4)

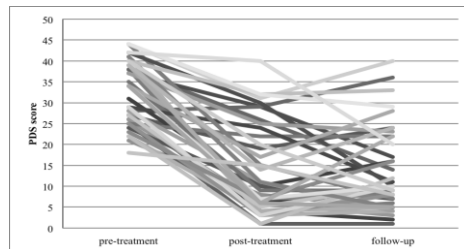
## Sample

- Analysis were conducted only on participants that completed at least the 3-months follow-up ( $n = 39$ )

	Mean (SD)
<b>Number of Traumata</b>	3.27 (2.61)
<b>Initial Symptom Level (PDS score)</b>	32.31 (7.56)
<b>Age</b>	27.7 (7.03); 19-48
	%
<b>Gender (Female)</b>	77
<b>Educational level</b>	
Secondary school leaving certificate	15
University	62
<b>Marital Status</b>	
Single	74
Partnership/Married	26
<b>Type of Trauma</b>	
Violent passing of loved ones	10
Sexual Abuse	41
Violence/War/Torture	26
Others	23

## Treatment outcome

- participants **significantly improved** regarding their posttraumatic stress symptoms from baseline to 3-months follow-up,  $F(2,76) = 99.94, p < .001, d = 2.11$
- **increased standard deviations** indicated that all participants benefited from treatment, but showed **considerable differences** concerning their performance (Duncan, Duncan & Strycker, 2006)



	M	SD
Pre	32.31	7.56
Post	14.15	10.78
FU	13.67	9.96

PDS-Score:  $n = 39$

## Predicting outcome at post-treatment

Multiple regression analysis:

- to predict **PDS change scores** from baseline to post-treatment
- higher change scores indicate **more** improvement
- *adj. R<sup>2</sup> = .19*

Predictor	$\beta$	$t$	$p$
Initial symptom level	0.16	0.96	.35
Therapeutic relationship	0.34	2.33	.03*
Psychotic symptoms	0.26	1.55	.13
Suicidality	-0.34	-2.15	.04*

## Predicting outcome at 3-months follow-up

Multiple regression analysis:

- to predict **PDS change scores** from baseline to Follow-up
- higher change scores indicate **more** improvement
- *adj. R<sup>2</sup> = .49*

Predictor	$\beta$	$t$	$p$
Initial symptom level	0.83	5.72	<.001*
Therapeutic relationship	-0.06	-0.55	.59
Psychotic symptoms	-0.27	-2.16	.04*
Suicidality	-0.11	-0.92	.37

## Summary

- **initial symptom level** of posttraumatic stress was not related to the outcome at post-treatment
  - treatment seems to be effective regardless of symptom severity
- relation between **therapeutic alliance** and treatment outcome
- even after controlling the baseline PDS scores, **suicidality** was a significant predictor at post-treatment → in line with previous research (Tarrier et al., 2000)
- only in the follow-up period **higher initial psychotic symptoms** predicted a worse treatment outcome
  - exclusion criteria **need to be considered** when deciding whether an Internet-based psychotherapy is indicated
  - maybe **other possibilities** to compensate higher psychotic symptoms: adapting the treatment protocol for this subgroup

Thank you for your attention!

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