A review of the transportability of cognitive therapy for the treatment of PTSD among South African rape survivors

Anita Padmanabhanunni

Private Bag X17, Department of Psychology, University of the Western Cape, Cape Town, South Africa

Abstract

This study aimed to evaluate the transportability of cognitive therapy (CT) for rape survivors with PTSD to South African conditions. Ten local treatment outcome studies investigating the transportability of CT were identified and appraised. The common elements of CT for PTSD including psychoeducation, exposure therapy and cognitive restructuring of trauma-related appraisals were found to be transportable to local contexts. Contextual factors that can complicate treatment delivery were also identified namely exposure to multiple traumatic events, HIV, absence of safety and support in the external environment and language barriers. The augmentations made to an existing evidence-based treatment protocol to address these contextual factors are described.

© 2017 The Authors. Publishing services by Elsevier B.V. on behalf of Johannesburg University. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

1. Introduction

Rape represents a serious societal crisis and major public health concern in South Africa. Compared to other traumatic events, rape is associated with the highest frequency of post-traumatic stress disorder (PTSD) among survivors (Atwoli et al., 2013; Breslau, 2009; Ullman, Townsend, Filipas, & Starzynski, 2007). PTSD represents a debilitating psychiatric condition characterised by intrusive re-experiencing of the traumatic event, cognitive and behavioural attempts to avoid reminders, negative alterations in cognition and mood and symptoms of alterations in arousal and reactivity (American Psychiatric Association, 2013). Depression, suicidal ideation, self-harming behaviours and alcohol abuse often co-occur with PTSD (Ullman et al., 2007).

Several South African studies have confirmed the prevalence of PTSD following exposure to rape. For instance, Atwoli et al. (2013), in a nationally representative survey of South African adults, found that rape was the traumatic event with one of the highest risks for PTSD. A comparative study of different types of traumatic events (Seedat Nyamai, Njenga, Vythilingum & Stein 2004) concluded that sexual assault, when compared to all other traumas, was associated with the greatest risk of PTSD. Studies conducted in community settings (Dinan, McCall, & Gibson, 2004) and university contexts (Padmanabhanunni & Edwards, 2015) have further corroborated these findings.
In treating PTSD following rape, the majority of interventions with evidence of efficacy are cognitive-behavioural treatments (Edwards, 2013; Foa, Keane, Friedman, & Cohen, 2008; Vickerman & Margolin, 2009; Wilson, Friedman, & Lindy, 2012). Some of the existing protocols (e.g. Stress Inoculation Training) have been adapted for the treatment of rape survivors while others such as prolonged exposure therapy (PET) and cognitive processing therapy (CPT) were specifically developed for this population group. Other cognitive therapy (CT) treatments that have been used with rape survivors and found to be effective include Ehlers and Clark (2000) Cognitive Therapy (ECT) and eye movement desensitisation and reprocessing (EMDR) (Foa et al., 2008; Ford & Courtois, 2009; Vickerman & Margolin, 2009). These treatments typically have a number of common components (Schneider et al., 2015) namely psychoeducation about PTSD and the impact of traumatic events, exposure therapy aimed at facilitating processing of the trauma memory and cognitive restructuring of problematic cognitive appraisals associated with the trauma and its sequelae.

Each of these protocols have been assessed in randomised controlled trials (RCTs), that is, efficacy studies designed to demonstrate whether a treatment produces the desired clinical outcome (e.g. reduction and resolution of PTSD symptoms) under ideal clinical settings (e.g. those characterised by the presence of trained clinicians and with client populations that do not present with co-morbid diagnoses). A detailed discussion of each of these clinical trials is beyond the scope of this paper (see Foa et al., 2008; Vickerman & Margolin, 2009 for a more complete description of these studies).

Despite the availability of efficacious CT protocols for PTSD, there is evidence that these interventions are under-utilised in clinical practice both internationally and locally and this has been attributed to concerns regarding transportability (Borntreger, Chorpita, Higa-McMillan, & Weisz, 2015; Edwards, 2013; Higson-Smith, Thacker, & Sihakakane, 2005). According to Schoenwald and Hoagwood (2001), transportability refers to the extent to which treatments developed in Western clinical trials are applicable in other settings. Current findings (e.g. Borntreger & al., 2019) suggest that many clinicians are sceptical about the foundations of evidence-based interventions predominately because treatment conditions in clinical trials do not reflect the complexities encountered in real-world settings. For this reason, various researchers (Chorpita & Regan, 2009; Schoenwald & Hoagwood, 2001) have emphasized that evidence of transportability is a precursor to adoption. This means that for efficacious treatments to ultimately be adopted by clinicians there needs to be evidence that these interventions are applicable in standard clinical contexts.

South African society is characterised by high levels of poverty, unemployment, crime and under-resourced public sector services. In addition, clients seen in local settings tend to differ in terms of race, culture, socio-economic status and historical background and often have to contend with complex life circumstances (Young, 2009). Clinicians in South Africa also differ in terms of their cultural background, level of expertise and their general approach to therapy. Furthermore, owing to historical factors, the majority of clinicians in the country are White and this can have implications when working with clients from different racial and socio-economic backgrounds (Eagle, 2005). It is probable that these contextual factors may impact on the transportability of interventions.

This study aims to evaluate the transportability of CT in the treatment of rape-related PTSD to local contexts by appraising the evidence from local treatment outcome studies.

## 2. Methodology

The present study used systematic review methodology. Systematic reviews are a form of secondary research that involves a comprehensive survey of a topic in which all of the primary studies are systematically identified, appraised and then summarised according to an explicit and reproducible methodology. Systematic reviews have become a well-established means of informing policies and decisions regarding the delivery of health care services (Petticrew & Roberts, 2008).

### 2.1. Article selection

The treatment outcome studies that were reviewed form part of a larger project spearheaded by Professor David Edwards and aimed at investigating the transportability of ECCT in local contexts. This project generated a series of systematic case studies on the treatment of PTSD among survivors of various types of traumatic events. The clinicians in each of these case studies were Master’s and Doctoral students in Psychology. The present study exclusively reviewed those cases focusing on the treatment of rape survivors. Although the intervention used in each case was ECCT, these studies provide an opportunity to examine the transportability of the core components of CT in the treatment of rape survivors to local contexts.

The inclusion criteria were case studies focusing solely on the treatment of rape survivors with PTSD. Participants in the primary studies had to be adolescent or adult female rape survivors who were formally diagnosed with PTSD and treated using CT. Case studies were excluded if they focused on traumatic events other than rape. There were two independent reviewers for the study namely, a primary reviewer (the principal researcher) and a second reviewer. The second reviewer independently screened the studies identified by the primary reviewer.

## 3. Results

Ten systematic case studies were identified. Eight were published in peer-reviewed journals while two were unpublished dissertations. These studies are summarised in Table 1. Pseudonyms were used in these studies to protect the identities of participants.

An analysis of these studies revealed that in three cases (Padmanabhanunni & Edwards, 2012, 2013, 2016) the client dropped out of treatment by failing to attend a scheduled session and subsequently not returning for therapy. Dropout occurred during the treatment phase. In three of the studies (Davidow & Edwards, 2007; Sokutu, 2010; Van der Linde &
دریافت فوری
متن کامل مقاله
امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات