



Treatment of Rape-related PTSD in the Netherlands:

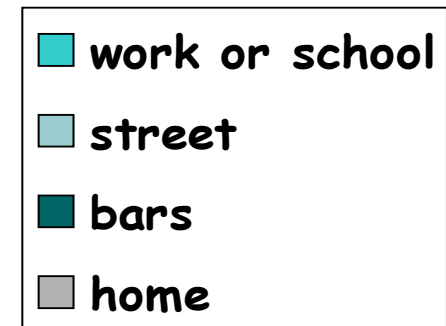
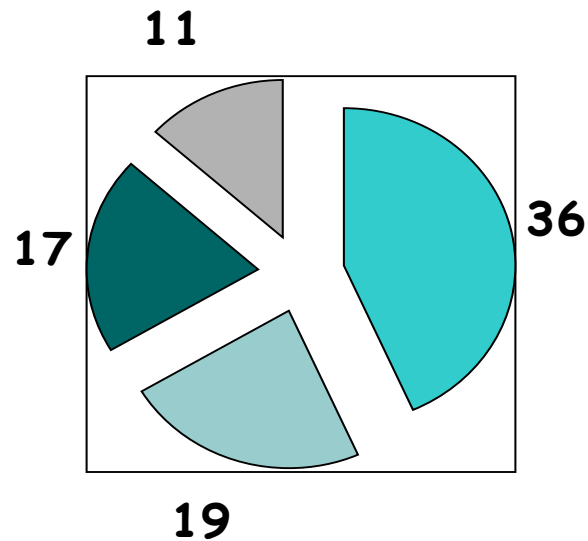
Short intensive cognitive- behavioral programs

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University of Nijmegen
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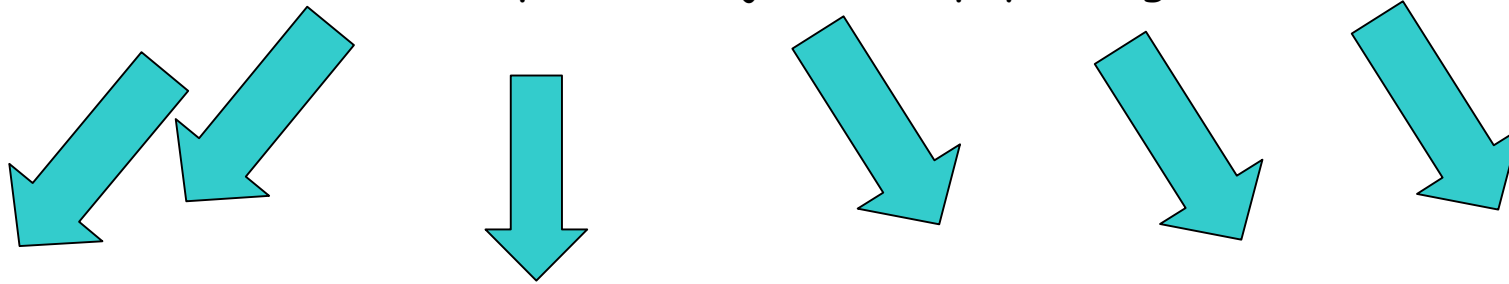
Rape

- In Netherlands:
About 10% of
women are victim of
rape



After rape

First:
Home doctor
Police
Organized specialized help for victims
(medical, practical, juridical, psychological)



In case of PTSD:
Psychologists
Private clinics
National Mental Health Organisations



Dutch Guidelines for Treatment of PTSD

- 1a. Cognitive behavioral treatment; Prolonged exposure (individual, 8 sessions) or
- 1b. EMDR (individual, 8 sessions)

- Step 2 (or in case of a co-morbid depression): add SSRI



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Prolonged exposure

(Foa's program)

- Exposure to traumatic memories; 8 weekly sessions of 60-90 minutes
- 1. Psycho-education: trauma reactions, PTSD symptoms, treatment
- 2. Imaginal exposure:
Patient is instructed to
 - -close eyes,
 - -imagine as vividly as possible the rape
 - -tell about it in present tense with details
 - -audiotaped and listen once daily
- 3. Exposure in vivo:
 - Patient is instructed to expose herself to cues in daily life that are rape-related (place of rape, films of rape, pictures of rape, sounds (nasty voice), smells (aftershave of perpetrator) etc
- 4. Cognitive restructuring
 - How does this exposure help you to think differently (more rational) about the rape and your reactions to it?



Video

Patient: "It is beginning to be dark, I am biking home and suddenly someone draws me from my bike. I see someone, but I am not sure who".

Therapist: "What do you hear?"

Patient: "I hear the sound of cars riding by, and I hear his voice "

Therapist: "What does he say?"



Effects

- Effect sizes in RCT's are large; between 1.0 - 2.0
- Can easily be implemented and learned by relatively low-experienced therapists (Cahill et al., 2006)
- Is suitable for all trauma types
- However: dropout rate may be rather high (>25%)



Tailoring CBT to specific groups

- **1. Cognitive behavioral treatment:**
- Rape (single) in young, adolescent girls (age 13-18)
- Rape as revictimization after chronic sexual abuse; complex PTSD



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CBT group treatment for adolescent girls after *single* rape: **STEPS**

Developed by
Iva Bicanic and Astrid Kremers, UMC Utrecht,
The Netherlands





STEPS

- Manual based treatment protocol (Bicanic & Kremers, 2007).
- Group sessions (8 for adolescent girls; 6 group sessions for parents)
- Cognitive behavior therapy
- 1. Education
 - e.g. class from doctor about female body (can I ever have sex again?), class from police about reporting assault (am I being confronted with him in court? Does he come after me?)
- 2. Exposure to memories
 - writing and telling about trauma
- 3. Exposure in vivo
- 4. Cognitive therapy

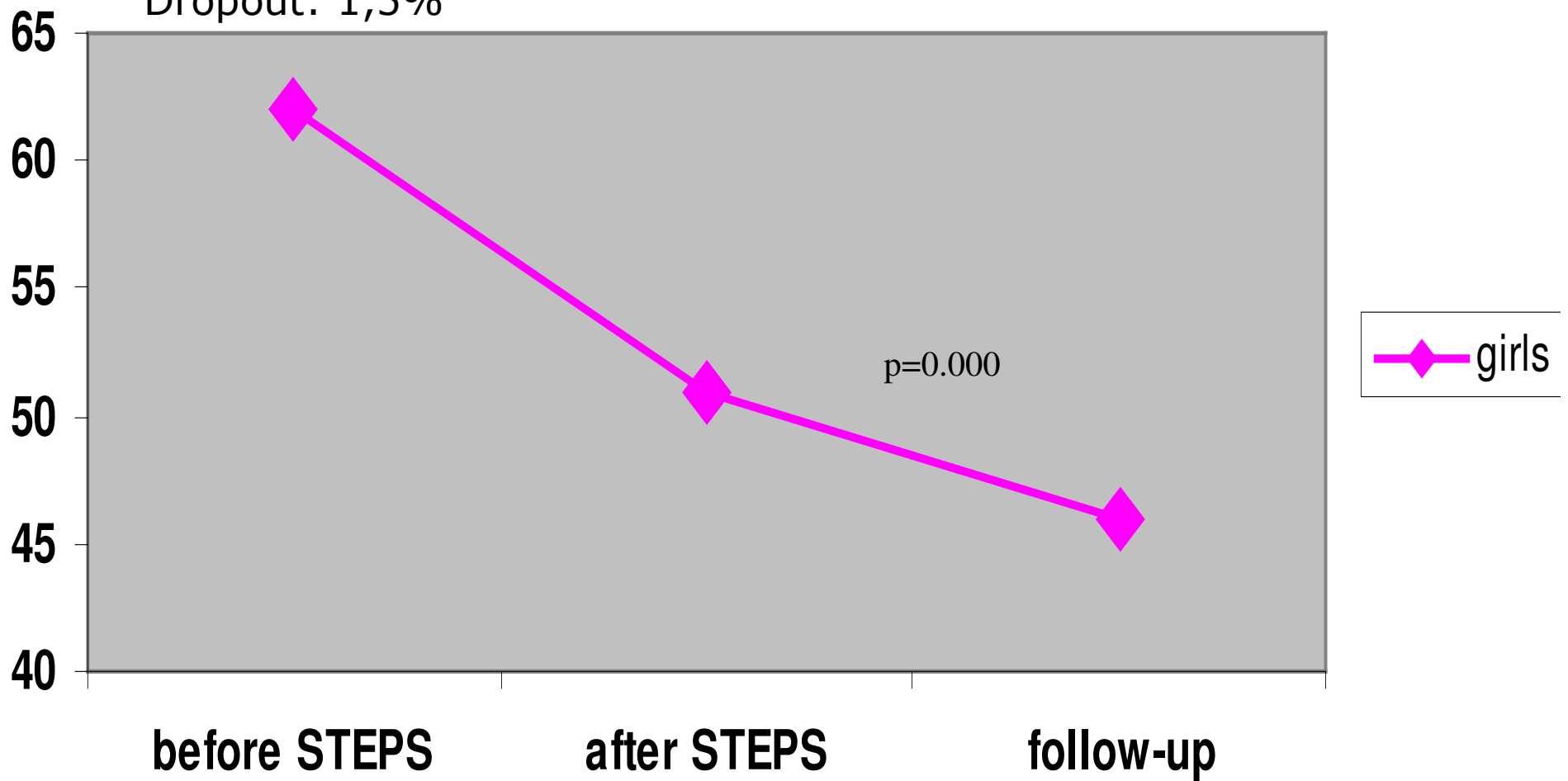


Exposure during STEPS; writing and telling about details of rape

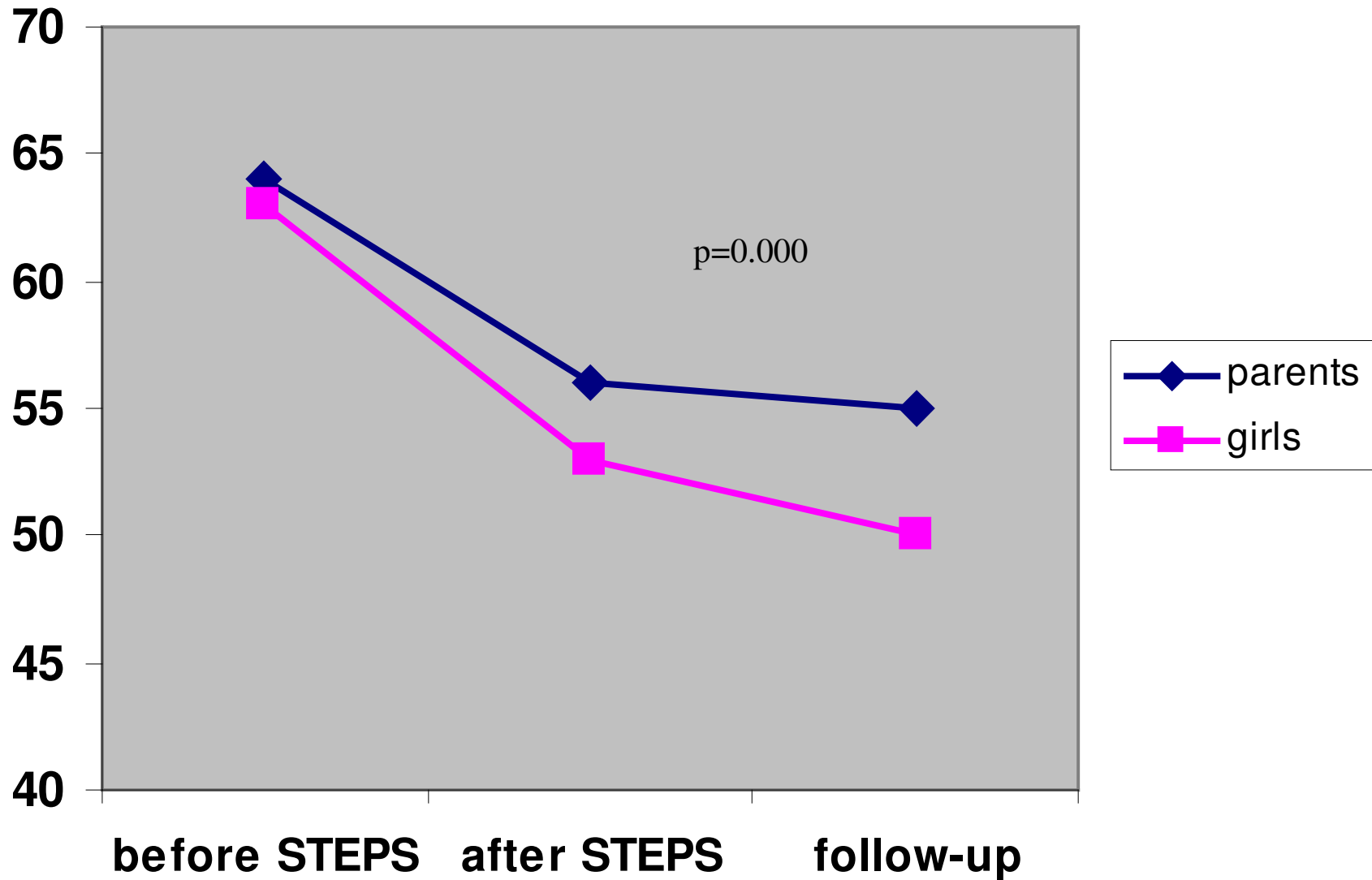
Video

Trauma Symptom Check List, PTSD symptoms (N=40)

Effect size 1.0-1.5
Dropout: 1,5%



Child Behavior Checklist, Internalizing Problems (N=40)





Conclusions

- Effective CBT program for specific group of victims and their parents. After STEPS group therapy significant decrease in rape-related symptoms such as PTSD, anxiety and depression
- Group therapy and parent's group increases treatment adherence
- Parents' support group clinically satisfying




Tailoring CBT to specific groups

- 1. Cognitive behavioral treatment:
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Rape and Complex PTSD

- Revictimization: some of rape-victims are childhood sexual abuse victims (Maniglio, 2009)
- High rates of co-morbidity
 - Dissociation,
 - Depression,
 - Anxiety,
 - Eating disorders,
 - Borderline personality disorders,
 - Selfmutilation,
 - Alcohol and drugs dependence



Problems in (regular, outpatient) CBT treatment

- High levels of dropout (> 50%)
- Selection and isolation of one specific trauma (one triggers the other)
- Daily problems interfere with treatment compliance
- Emotion regulation problems
- Some treatment programs add components to the CBT treatment (e.g. STAIRS, Cloitre et al) aiming at emotion-regulation skills before exposure. Disadvantages:
 - treatment longer...
 - is it necessary?



Development of 5 day intensive treatment program for Complex PTSD

- 5 days
- Individual
- Out of usual (highly stressful) environment, stay in hotel
- Every day same structure and key elements
- 1. Psycho-education: class about important trauma-related subjects (dissociation, co-morbidity, memory, tonic immobility)
- 2. Imaginal exposure (60 minutes)
- 3. Exposure in drawings (includes exposure in vivo elements) (120 minutes) plus representation in narrative
- 4. Cognitive therapy: dialogue with traumatic self.



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The defense cascade

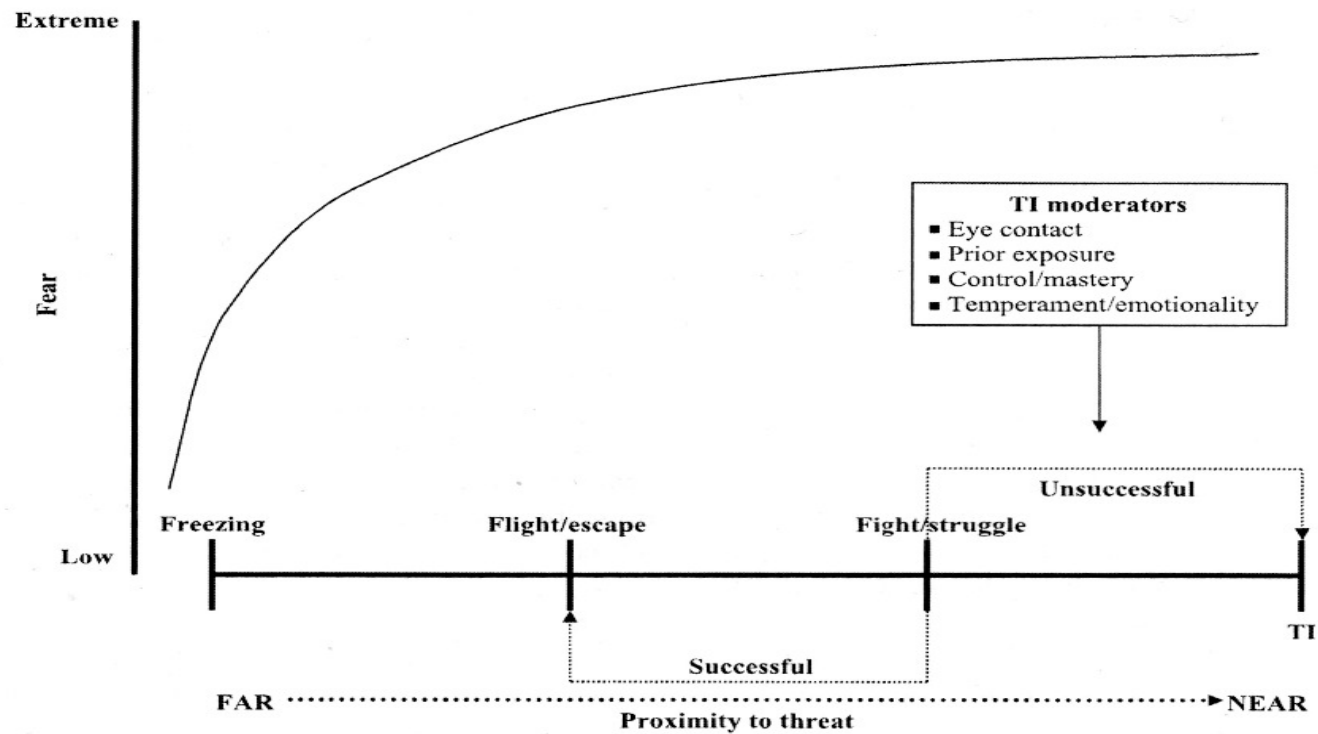


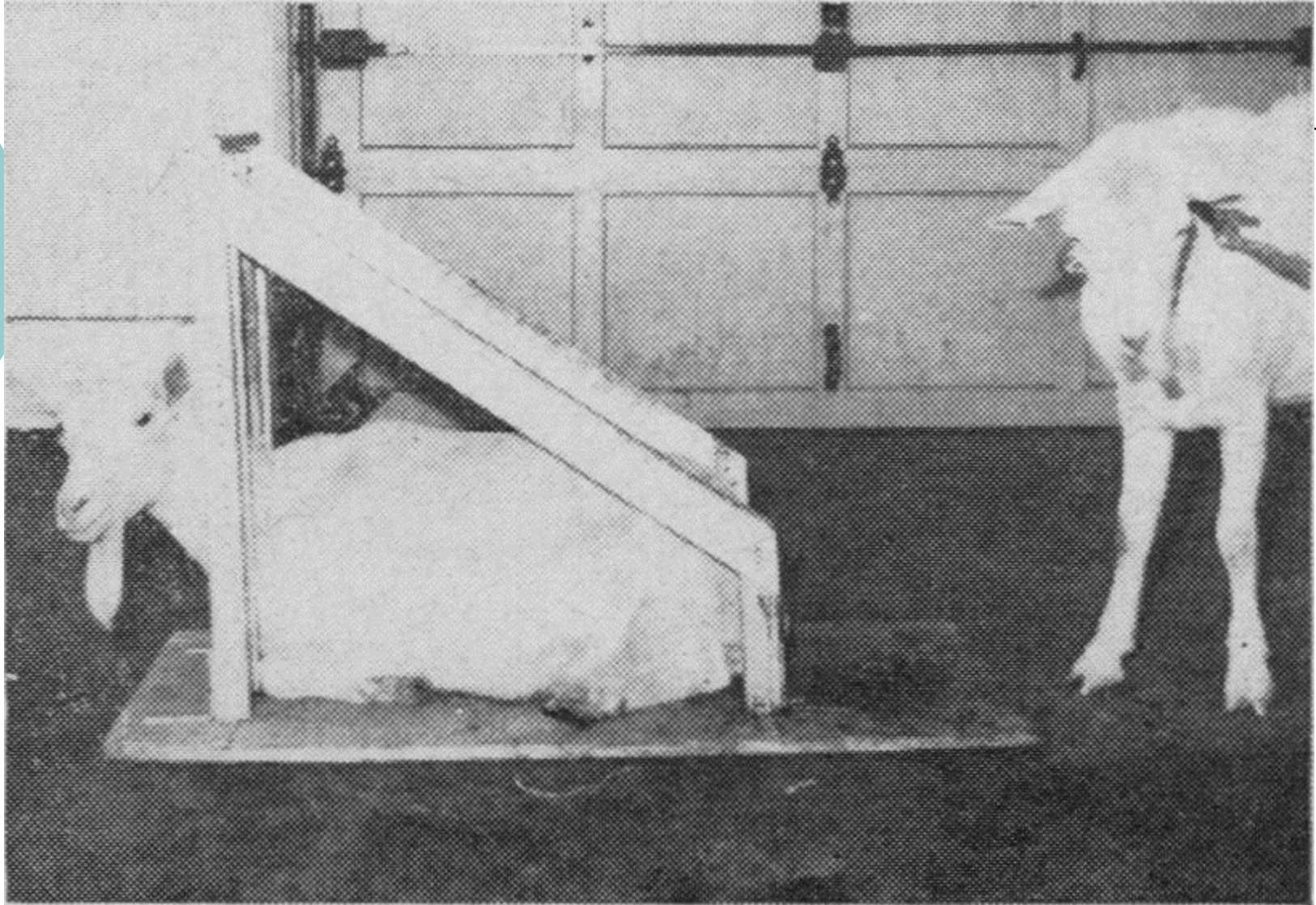
Figure 1. The defense cascade as a function of proximity to threat and fear.

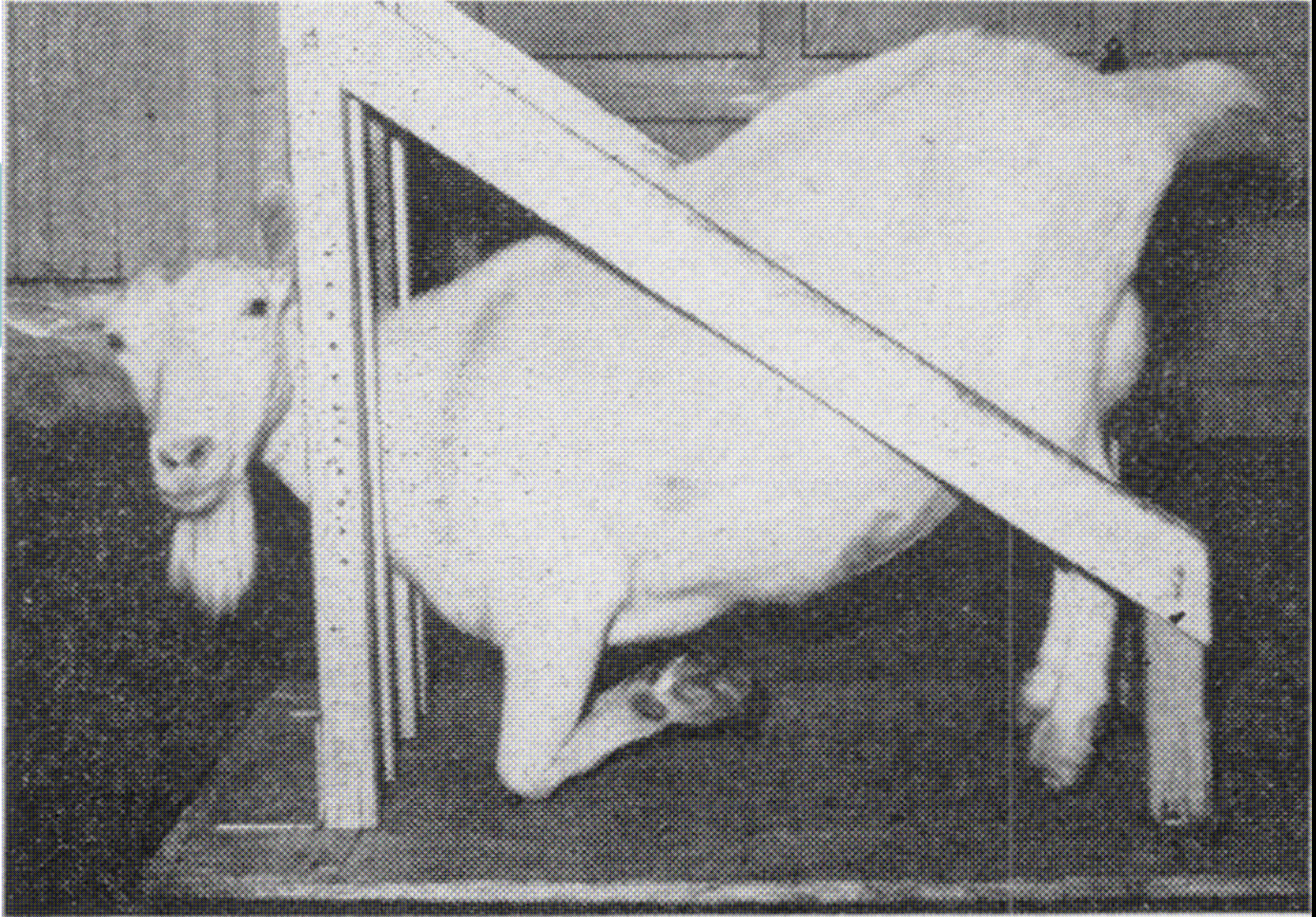
Marx et al., 2008



Tonic Immobility (also known as rape paralysis)

- Immobility
- Mutism
- Catalepsy
- Excitement
- Analgesia
- Eye closure
- Tremors
- Automatic reflex responses; compare animal reactions (play dead)











Studies

- Fusé et al. (2007)
- Group 1: female, sexual assault N=88
- 41.5% TI, 12.5% extreme TI
- Group 2: female, sexual assault N=191
- 41.7% TI, 10.4% extreme TI



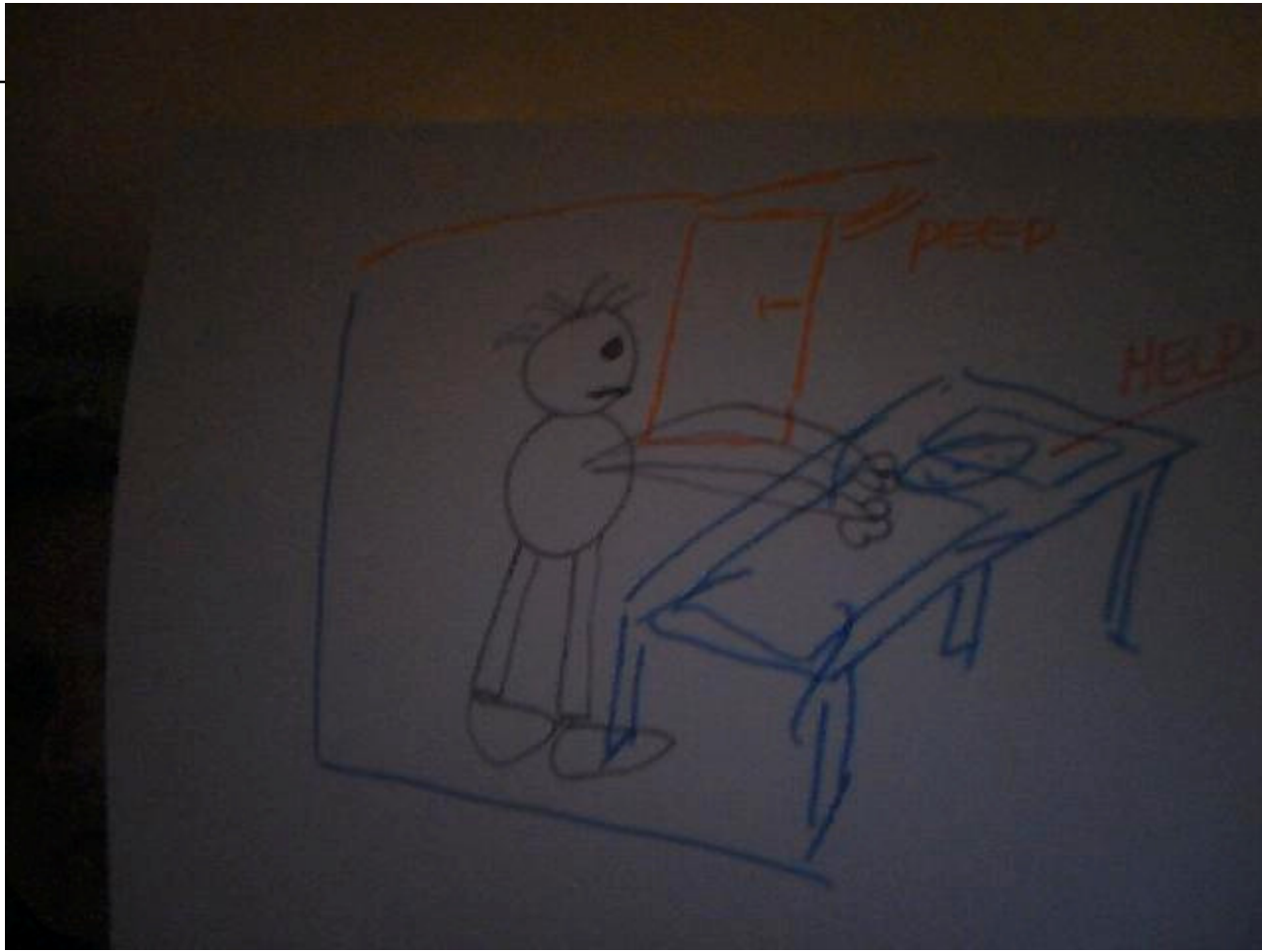
Education about TI

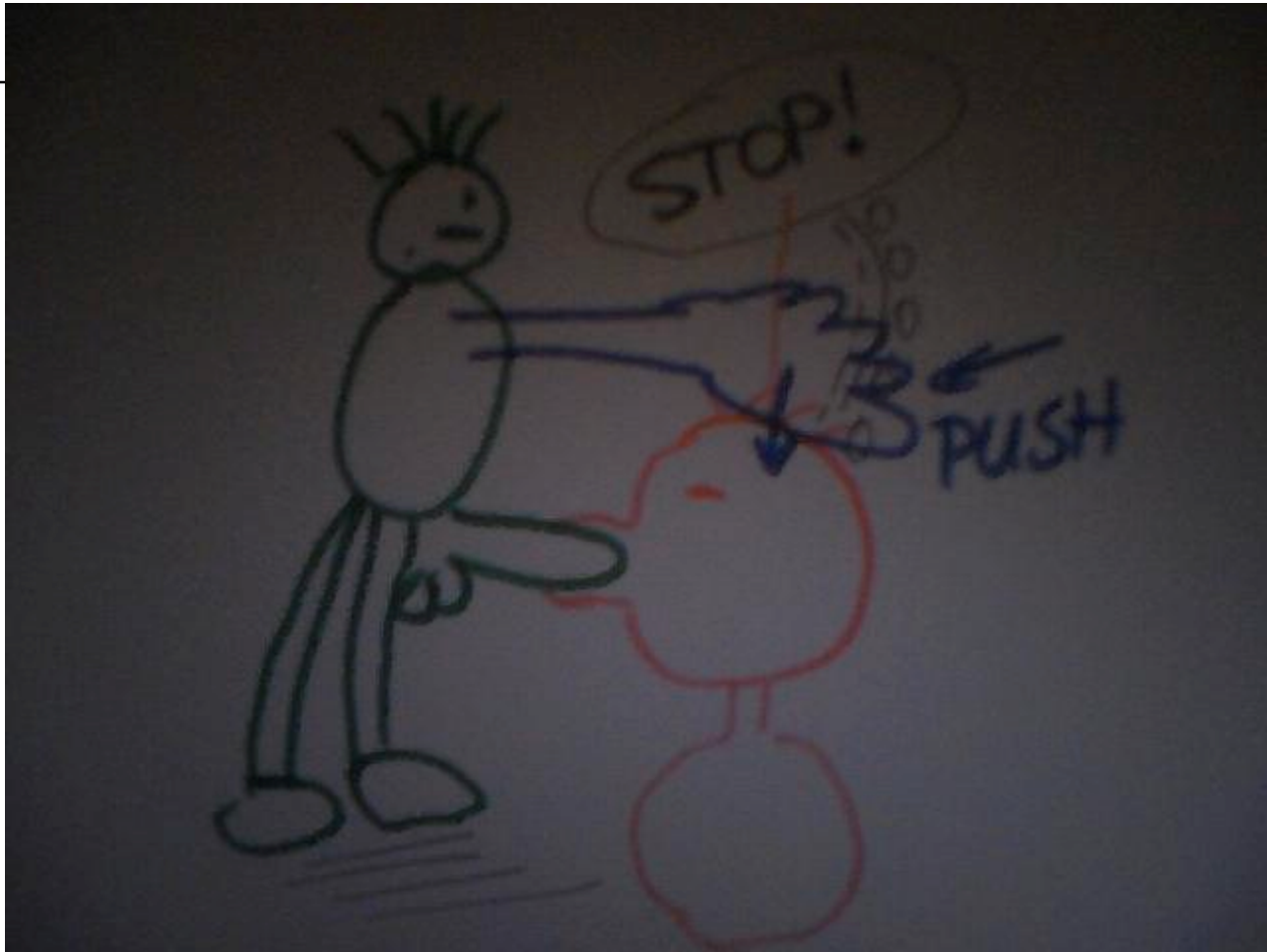
- Lowers guilt and shame feelings, selfblame, reactions commonly associated with rape related PTSD (I didn't do anything, I was paralyzed)
- Make revictimisation more understandable (why do I always get caught up in these situations? There must be something terribly wrong with me)



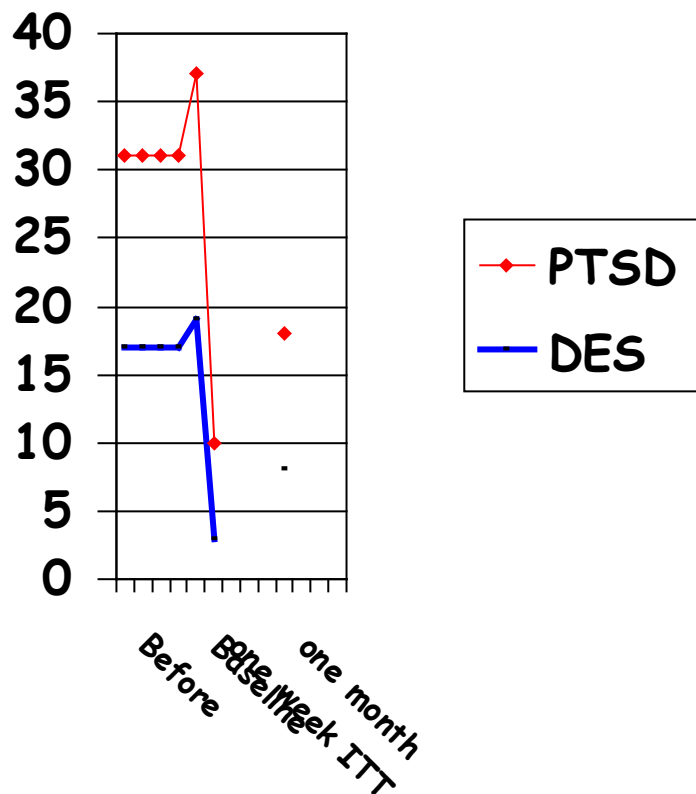
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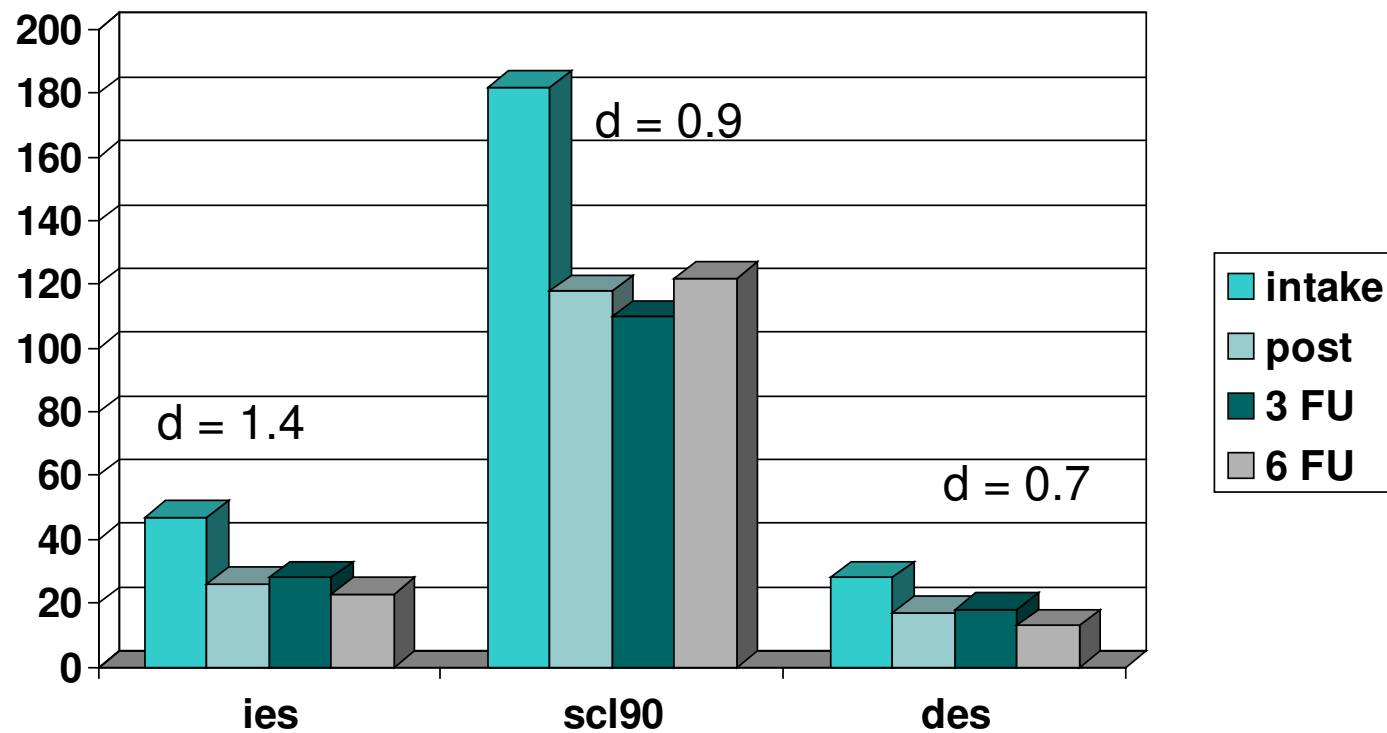


Example



- PTSD patient, woman, 52 years old, chronic childhood sexual abuse, 28 traumatic "hot spots", no effects of exposure, EMDR or medications, 25 years in professional help (stabilizing, group work, psychotherapy, psychoanalysis), many co-morbid conditions (severe depressions, alcohol abuse, borderline, desnos, 4 suicide attempts, 3 admissions in psychiatric hospitals, no work, abusive relationships)

Effects Intensive Trauma Therapy ($n = 72$) (Gantt & Tinnin, 2007)





Conclusions

- Rape-related PTSD can be treated effectively using CBT trauma-focused programs
- Treatment programs involve key elements of psycho-education, exposure and cognitive therapy
- Treatment programs are short
- While keeping the key CBT elements the same, treatment programs can be tailored to specific victims groups (e.g. adolescents, complex PTSD)
- By manipulating the treatment context (e.g. involving parents, out of stressful environment) dropout can be lowered successfully



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- *Merci beaucoup pour votre l'attention*