



RESPOND, EDUCATE & ADVOCATE TO END SEXUAL VIOLENCE

IMPLEMENTING RECOVERY FOCUSED EVIDENCE BASED PRACTICE FOR ADULT SURVIVORS OF SEXUAL VIOLENCE

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6/27/2014

Objectives



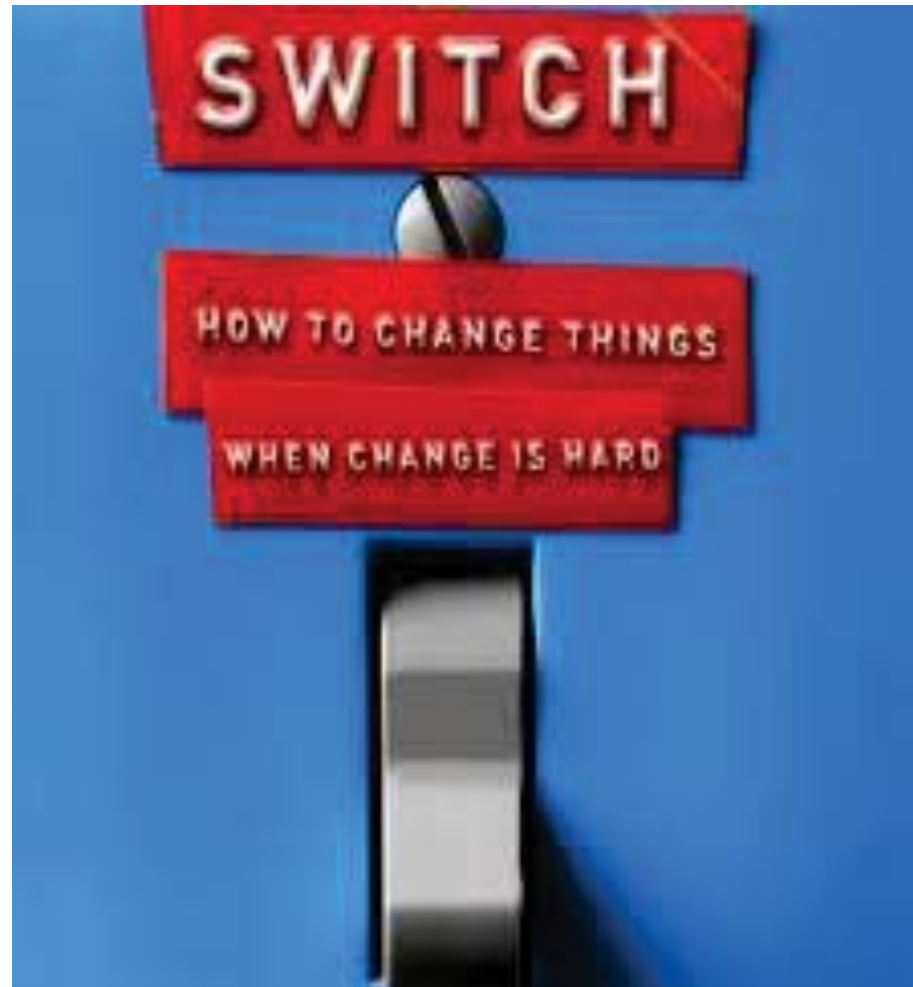
- **Participants will become familiar with PAAR's use of multiple Evidence Based Practice approaches in trauma therapy.**
- **Participants will be able to identify steps for implementation and integration of Cognitive Processing Therapy within their agency to complement existing therapy practices.**
- **Participants will be exposed to an overview of and three key components of Cognitive Processing Therapy treatment.**



Ice Breaker



- **Change 3 things about yourself**
- **Group discussion on changes**



PAAR's History



- **1972- Pittsburgh National Organization of Women establishes PAAR in response to a series of rapes.**
- **1974-Incorporates as a 501-c-3 organization providing sexual assault hotline services, medical/legal advocacy and victim services.**
- **1979-Counseling services offered to child victims and their families.**
- **1991-PAAR moves from it small Oakland office into a large historic structure that was a Baptist Church.**
- **1980 – PAAR challenged the legal system and fought for the privacy rights of all rape victims.**
- **2011-PAAR's Executive Director, Alison Hall receives national recognition for her leadership role in helping to establish the first Sex Offender Court in PA**



**Respond, Educate &
Advocate**

**TO END SEXUAL
VIOLENCE**

PAAR's Services



- **Adult Counseling-** individual counseling services to male and female clients ages 18yrs old and up who have experienced sexual assault or abuse.
- **Child/Family Counseling-** individual and family counseling provided to child and adolescent victims of child sexual abuse or assault. Mobile therapy is provided in residential treatment facilities, group homes and foster homes.
- **Prevention and Outreach services-** prevention programs are provided throughout Allegheny County to elementary, middle and high schools, colleges and community groups.



PAAR's Services

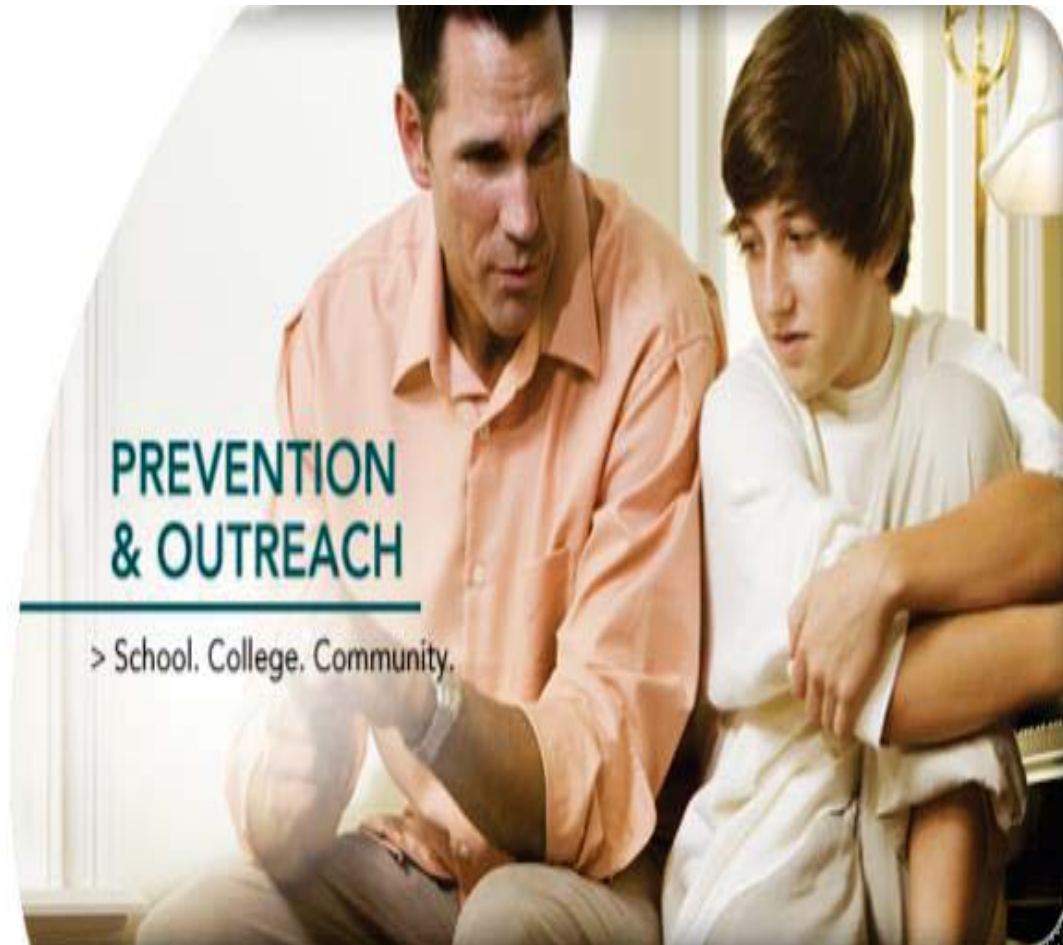


CRISIS INTERVENTION SERVICES

- **Hotline:** Volunteers and advocates trained to support, comfort and inform victims, 24 hours a day.

1-866-END-RAPE

- **Medical Advocacy:** Advocates meet victims and their families at area emergency rooms to support victims throughout forensic medical exam.
- **Legal Advocacy:** Advocates provide support to victims as they navigate the judicial system with court accompaniment in Criminal and Juvenile Court.



Activity



- **Implementing new approaches**



6/27/2014

6/27/2014

Recovery Focused Evidence Based Practices



Integrative approach to counseling survivors of sexual violence

- **Cognitive Processing Therapy (CPT) is our primary modality**
- **Eye Movement Desensitization and Reprocessing (EMDR)**
- **Supportive Psychotherapy**
- **Art Therapy**
- **Psycho-educational groups**



Cognitive Processing Therapy



What is CPT?

- **Based on social cognitive theory of Post-traumatic Stress Disorder (PTSD)**
- **Trauma focused approach**
- **Short-term evidence-based treatment for PTSD**
- **A specific protocol that is a form of cognitive behavioral treatment**
- **Recovery focused**

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Cognitive Processing Therapy



- **CPT treatment:**
- Format – Individual
- 12-16 sessions
- Structured – Practice assignments: Trauma focused impact statement, trauma narrative, and worksheets
- Measurable – PCL (PTSD Check List), BDI (Becks Depression Inventory)

Self-report Assessments



Initial of Patient Last Name: _____ Last 4 digits of SSN: _____
 Therapist Initials: _____ Date: _____ Session: _____

Format of CPT: Individual Group CPT-C CPT

PCL-S: MONTHLY

Instructions:

1. Consider the most stressful experience you have experienced _____ (event)
2. Here is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, and then indicate, using the numbers to the right, how much you have been bothered by that problem in the past month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing memories, thoughts, or images, of the stressful experience?	1	2	3	4	5
2. Repeated, disturbing dreams of the stressful experience?	1	2	3	4	5
3. Suddenly acting or feeling as if the stressful experience was happening again (as if you were reliving it)?	1	2	3	4	5
4. Feeling very upset when something reminded you of the stressful experience?	1	2	3	4	5
5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the stressful experience?	1	2	3	4	5
6. Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it?	1	2	3	4	5
7. Avoiding activities or situations because they reminded you of the stressful experience?	1	2	3	4	5
8. Trouble remembering important parts of the stressful experience?	1	2	3	4	5
9. Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10. Feeling distant or cut off from other people?	1	2	3	4	5
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feeling as if your future will somehow be cut short?	1	2	3	4	5
13. Trouble falling or staying asleep?	1	2	3	4	5
14. Feeling irritable or having angry outbursts?	1	2	3	4	5
15. Having difficulty concentrating?	1	2	3	4	5
16. Being "super-alert" or watchful or on guard?	1	2	3	4	5
17. Feeling jumpy or easily startled?	1	2	3	4	5

PCL-S for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD – Behavioral Science Division

Beck's Depression Inventory

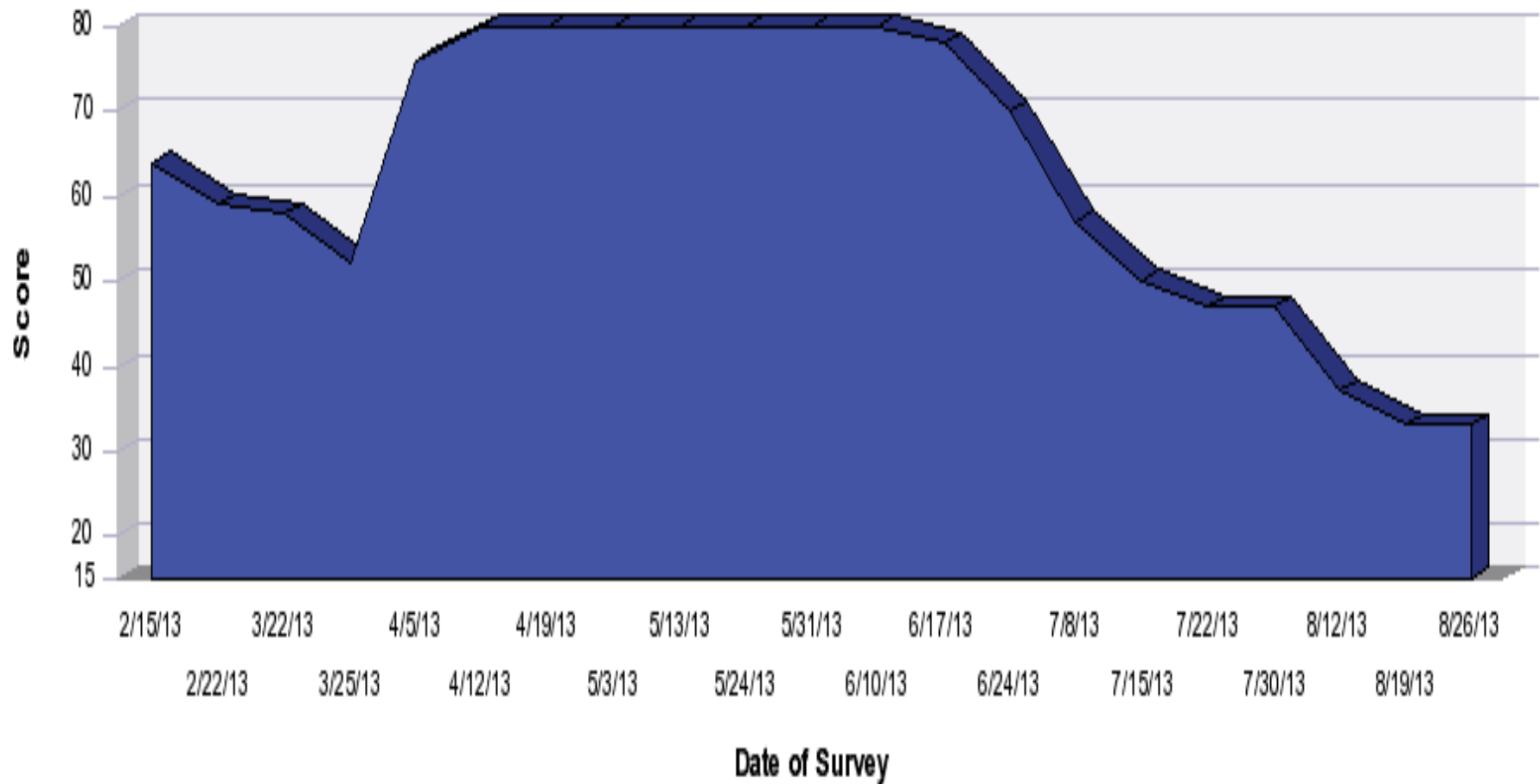
This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.
 - 0 I do not feel sad.
 - 1 I feel sad
 - 2 I am sad all the time and I can't snap out of it.
 - 3 I am so sad and unhappy that I can't stand it.
2.
 - 0 I am not particularly discouraged about the future.
 - 1 I feel discouraged about the future.
 - 2 I feel I have nothing to look forward to.
 - 3 I feel the future is hopeless and that things cannot improve.
3.
 - 0 I do not feel like a failure.
 - 1 I feel I have failed more than the average person.
 - 2 As I look back on my life, all I can see is a lot of failures.
 - 3 I feel I am a complete failure as a person.
4.
 - 0 I get as much satisfaction out of things as I used to.
 - 1 I don't enjoy things the way I used to.
 - 2 I don't get real satisfaction out of anything anymore.
 - 3 I am dissatisfied or bored with everything.
5.
 - 0 I don't feel particularly guilty
 - 1 I feel guilty a good part of the time.
 - 2 I feel quite guilty most of the time.
 - 3 I feel guilty all of the time.
6.
 - 0 I don't feel I am being punished.
 - 1 I feel I may be punished.
 - 2 I expect to be punished.
 - 3 I feel I am being punished.
7.
 - 0 I don't feel disappointed in myself.
 - 1 I am disappointed in myself.
 - 2 I am disgusted with myself.
 - 3 I hate myself.
8.
 - 0 I don't feel I am any worse than anybody else.
 - 1 I am critical of myself for my weaknesses or mistakes.
 - 2 I blame myself all the time for my faults.
 - 3 I blame myself for everything bad that happens.
9.
 - 0 I don't have any thoughts of killing myself.
 - 1 I have thoughts of killing myself, but I would not carry them out.
 - 2 I would like to kill myself.
 - 3 I would kill myself if I had the chance.
10.
 - 0 I don't cry any more than usual.
 - 1 I cry more now than I used to.
 - 2 I cry all the time now.
 - 3 I used to be able to cry, but now I can't cry even though I want to.

Self-report assessment continued



PCL-S Weekly Scores



6/27/2014

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Cognitive Processing Therapy



CPT treatment goals:

- To educate the client about symptoms of PTSD and depression
- To decrease PTSD symptoms or related trauma symptoms such as depression and anxiety disorders.
- To teach survivors of sexual abuse how to be their own therapist when future problem arise

Eye Movement Desensitization and Reprocessing (EMDR)



EMDR is an evidence based psychotherapy used to treat Post Traumatic Stress Disorder and trauma. EMDR can alleviate symptoms stemming from past traumas. EMDR uses the following mechanisms:

- **Bi-lateral eye movements or tapping**
- **Uses an adaptive information processing model which consists of 8 phases. (History Taking, Preparation, Assessment, Desensitization, Installation, Body scan, Closure, Reassessment)**
- **can be integrated with CPT by developing coping skills and other resources such as a Calm Place.**

Supportive Psychotherapy



Supportive psychotherapy is used to treat depression, PTSD, and anxiety by improving self-esteem, psychological functioning, and adaptive skills. Therapy focuses upon:

- **Current issues**
- **Problematic relationships**
- **Maladaptive patterns of behavior and emotional responses**



Art Therapy



- **Art therapy helps clients to increase insight, cope with stressors, work through traumatic experiences and increase cognitive abilities by using the creative process of expressing themselves through art.**
- **Art therapy can be integrated with CPT by having a client use artwork to express themselves, process their trauma and the impact the trauma has on their life.**



Getting Started Groups



Getting Started Groups are used to teach coping skills prior to starting counseling. We present the client with an overview of:

- **PTSD symptoms and a cognitive explanation of the development and maintenance of PTSD**
- **Managing Triggers and Flashbacks**
- **Addressing feelings of Anger and Rage after Abuse**
- **Trauma Tool box**



Case Presentation



M is a 51yr old female client.

Family history: neglect, emotional and physical abuse, drug and alcohol abuse.

Sexual abuse history:

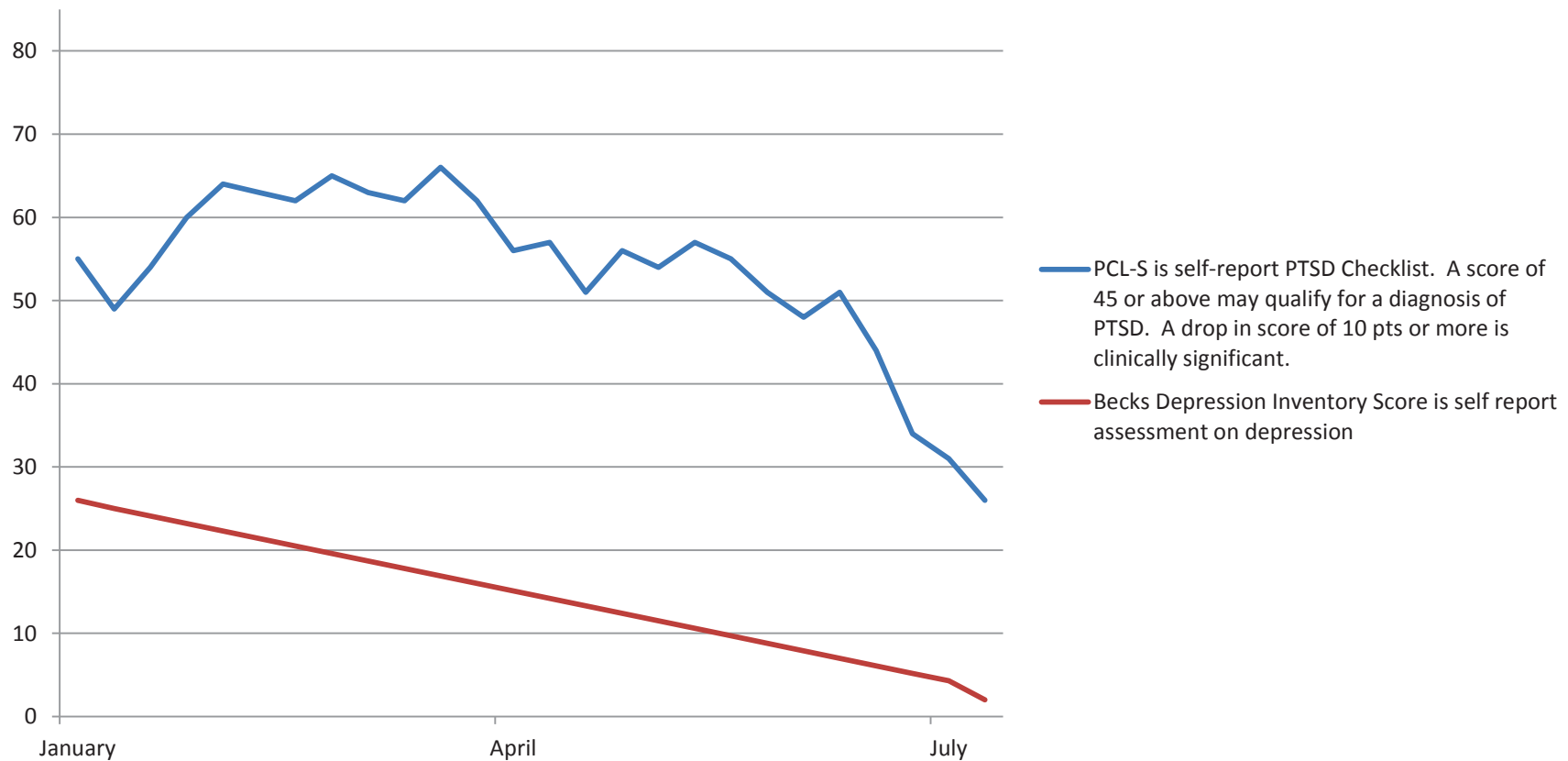
- **age 3 yrs old on up - inappropriate sexual boundaries by mother**
- **ages 7-9yrs old - sexually abused by neighbor's grandfather.**
- **age 21yrs old - acquaintance rape.**



PCL-S and BDI Scores



PCL-S & BDI Assessment for client M



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Client's Artwork: Before therapy



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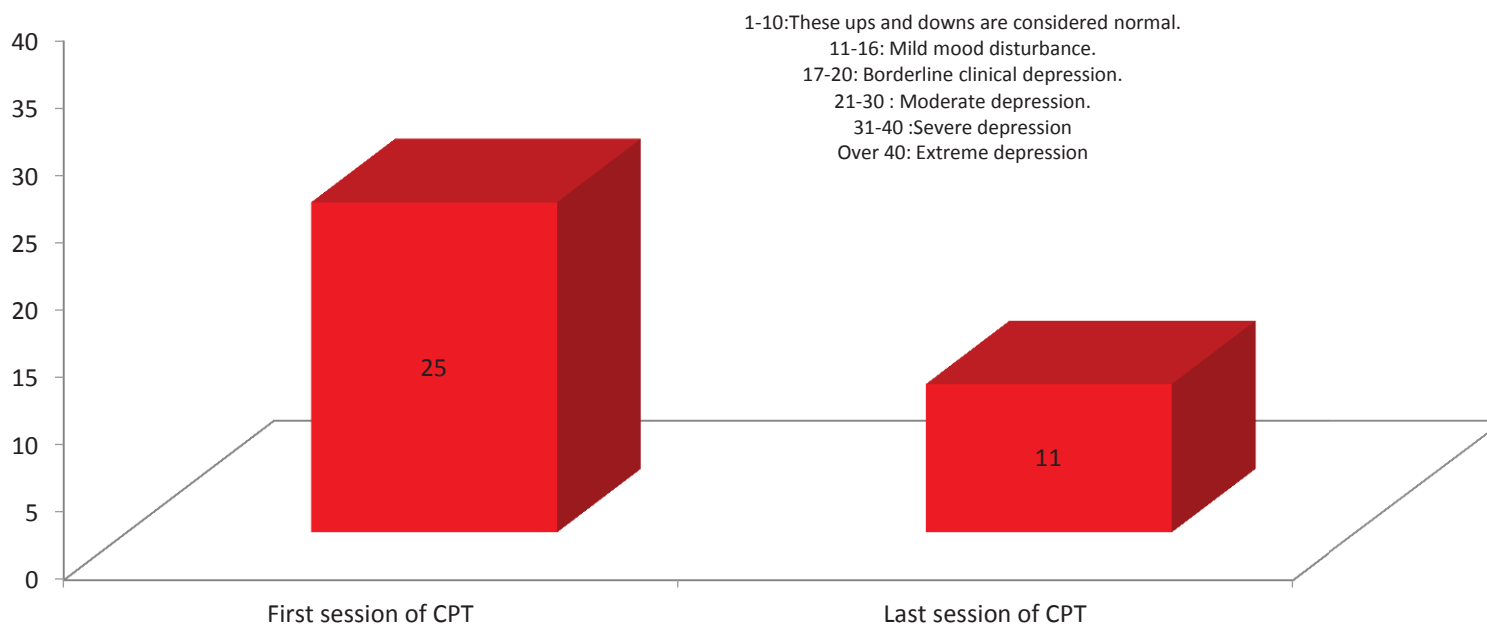
Client's Artwork: After therapy



Outcome



Average BDI Score for All Adult Clients October 2012 - February 2014



■ Becks Depression Inventory Score is self report assessment on depression

Average drop in BDI score was 14 points

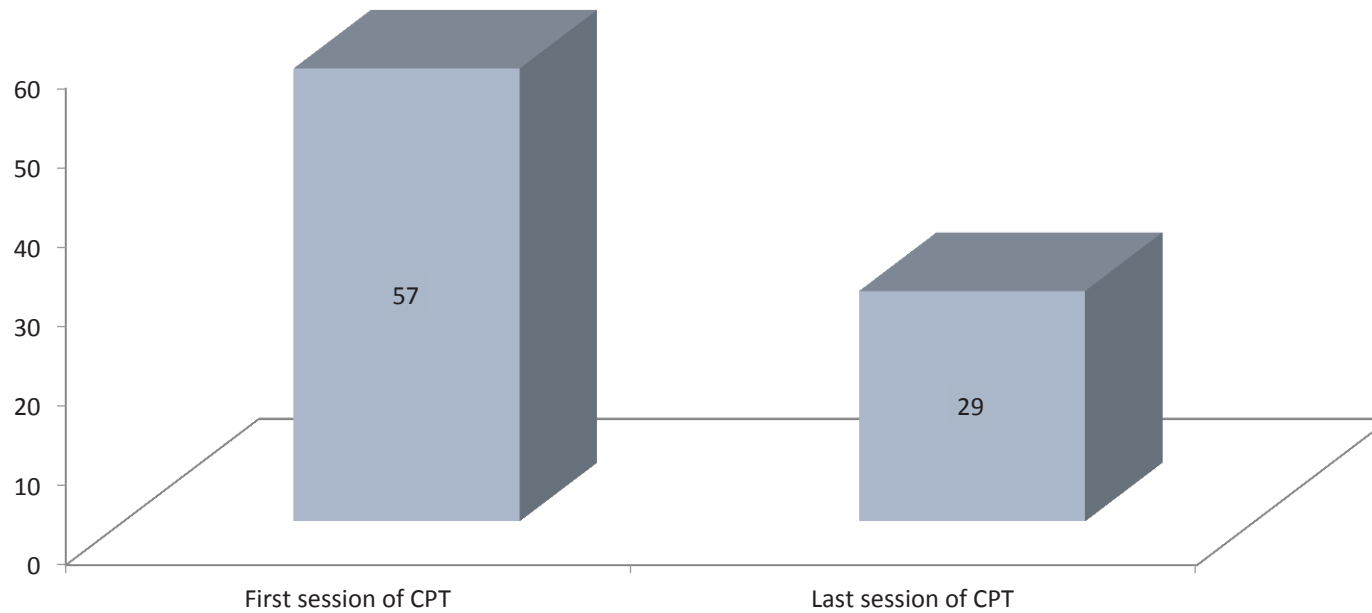
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Outcome



**Average PCL-S Score for All Adult Clients
October 2012 - February 2014**



Average drop in PCL-S score was 28 points

■ PCL-S Score is a PTSD Checklist

Supervision & Consultation



- **Cognitive Processing Therapy-** attended a two day training to learn CPT.
- **EMDR-** Trained in EMDR part 1 & 2.
- **Supervision-** Group and Individual supervision are held weekly at PAAR.



Questions & Answers



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Thank You

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