TITLE: Counselling or Psychotherapy Interventions for Patients with a History of Sexual or Physical Assault: Patient Benefits, Harms, and Guidelines

DATE: 28 June 2013

RESEARCH QUESTIONS

1. What are the benefits and harms associated with counselling or psychotherapy interventions for patients being treated for addiction or mental health, with a history of sexual or physical assault?

2. What are the guidelines regarding how to approach inpatient counselling or psychotherapy interventions for patients being treated for addiction or mental health, with a history of sexual or physical assault?

3. What are the guidelines regarding how to approach outpatient counselling or psychotherapy interventions for patients being treated for addiction or mental health, with a history of sexual or physical assault?

4. What are the guidelines regarding counselling or psychotherapy interventions for patients being treated for addiction or mental health, with a history of sexual or physical assault?

KEY MESSAGE

Two systematic reviews, six randomized controlled trials, and four non-randomized studies were identified regarding the benefits and harms associated with psychotherapy or counselling interventions for patients with addiction or mental health complaints, who have a history of sexual or physical assault. No relevant health technology reports or evidence-based guidelines were identified.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library (2013, Issue 6), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused

Internet search. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2003 and June 13, 2013. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials (RCTs), non-randomized studies, and evidence-based guidelines.

Two systematic reviews, six RCTs, and four non-randomized studies were identified regarding the benefits and harms associated with psychotherapy or counselling interventions for patients with addiction or mental health complaints, who have a history of sexual or physical assault. No relevant health technology reports or evidence-based guidelines were identified. Additional references of potential interest are provided in the appendix. Studies focusing on post traumatic stress disorder are also included in the appendix.

OVERALL SUMMARY OF FINDINGS

Children

One of the identified studies, a systematic review, examined interventions for children who had been maltreated.[1] The majority of the included studies examined trauma-focused cognitive, behavioural, or cognitive-behavioural therapeutic techniques and the authors concluded that trauma-focused cognitive behavioural therapy (TF-CBT) was the best-supported treatment for children. They also concluded that, due to the relationship between maltreatment and violent or aggressive behaviour, a phase-oriented approach may be appropriate.

Adults

One systematic review, six RCTs and four non-randomized studies examined interventions for adults with a history of child maltreatment or abuse,[4,9-11] or childhood sexual abuse (CSA).[2,3,5-8,12] Nine of the studies included a female-only population[2,3,5-8,10-12] and two included both men and women.[4,9] Overall, trauma-informed interventions may be a helpful treatment for co-occurring mental health disorders for women with a history of abuse,[10,11] mindfulness-based therapy may be more helpful than cognitive behavioural therapy (CBT) in treating sexual distress in women with a history of CSA,[3] and CBT may have a negative impact in patients being treated for social anxiety disorder and who have a history of abuse.[9] Group interventions may also be helpful,[2,8] and interpersonal therapy options may also be helpful for certain domains of functioning.[6,7,12] Further detail is provided in Table 1. All of the included studies examined outpatients; no evidence-based guidelines were identified, and no information regarding treating in-patients was identified.

Table 1: Included Studies in the Adult Population

Type of Study; Population Studied	Type of Counselling or Therapy Intervention and Comparator	Length of Study; Study Results	Author Conclusions; Notes
Trauma-Informed Interventions			
NRS;[10] Women with a history of abuse, being treated for co-occurring mental health and substance abuse disorders	Comprehensive, integrated, trauma-informed, and consumer-involved approach to treatment versus usual care	12 months For substance abuse outcomes: no difference between the trauma-informed therapy and the usual care. For trauma and other mental health outcomes: small but statistically significant improvement in trauma-informed group versus usual care	Integrated treatment programs may be of benefit for women with co-occurring mental health disorders and a history of trauma or abuse.
NRS;[11] Women with a history of abuse, being treated for co-occurring mental health and substance abuse disorders	Comprehensive, integrated, trauma-informed, and consumer-involved approach to treatment versus usual care	6 months Person-level variables predicted some outcomes and moderated some of the treatment and program effects. The integrated, trauma-informed treatments had increased effects on mental health and substance use outcomes compared to usual care.	Authors encouraged further research. This publication reports the 6 month results of the other included study examining comprehensive, integrated, trauma-informed, and consumer-involved approach to treatment.
Cognitive Behavioural Interventions			
NRS;[9] men and women with a primary diagnosis of SAD and a history of childhood maltreatment.	CBT; no comparator	Length of study not specified. History of childhood abuse did not affect response rate to CBT. Evidence for negative impact of CBT.	Authors concluded that individuals with SAD, reporting histories of childhood abuse, experience more symptoms – both pre- and post-treatment. They suggest more attention should be paid to the role of previous trauma when using CBT for the treatment of

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Type of Study; Population Studied	Type of Counselling or Therapy Intervention and Comparator	Length of Study; Study Results	Author Conclusions; Notes
			SAD.
Group Interventions			
SR;[2] women with a history of CSA, being treated for other mental health conditions	Group treatment (methodological strategies not specified in the abstract).	Length not specified Group treatment helped to reduce symptomology.	Authors concluded that group treatment was found to be helpful for women who had experienced CSA.
RCT;[3] partnered women with sexual difficulties, significant sexual distress, a history of CSA	2 group sessions of cognitive behavioural therapy (CBT) versus 2 group sessions of mindfulness-based therapy (MBT) to treat sexual distress	Length of time not specified. Those receiving MBT experienced significantly greater subjective sexual arousal response to the same level of genital arousal compared to baseline and to the CBT group.	Further study regarding MBT treatments was recommended.
RCT;[8] women with a history of CSA presenting to mental health or primary care services with severe mental health difficulties	Short term (12 sessions), focal, integrative psychotherapy in a group setting versus an individual setting versus wait-list control.	8 months (4 month data also collected) Women in both individual and group therapy had clinically and statistically significant improvements following treatment.	The focal integrative psychotherapy was a good therapeutic model, regardless of individual or group delivery.
Interpersonal Interventions			
RCT;[4] outpatients (men and women) with MDD and a history of severe childhood abuse.	Treatment with interpersonal therapy versus CBT versus pharmacological treatment.[a]	16-week acute treatment, 12-month follow-up Interpersonal therapy was less effective for treating MDD than CBT in patients with a history of severe childhood abuse. Childhood maltreatment predicted shorter time to	Authors concluded that CBT may be of greater benefit than interpersonal therapy for adults with a history of severe childhood abuse.

Table 1: Included Studies in the Adult Population

Type of Study; Population Studied	Type of Counselling or Therapy Intervention and Comparator	Length of Study; Study Results	Author Conclusions; Notes
		recurrence.	
RCT;[5] depressed women with a history of CSA	IPT versus usual treatment	Length not specified Avoidance of attachment and weaker therapeutic working relationship were related with worse depression outcomes. Working alliance had a strong effect on the outcome of interpersonal therapy.	Authors concluded that understanding the effect of attachment and therapeutic alliance can aid in improving treatments for depressed women with a history of CSA.
RCT;[6] depressed women with a history of CSA	Interpersonal focused treatment that targeted close relationships versus usual care	36 weeks Both treatment groups had improvements in work roles, leisure activities, and relationships with extended family members throughout the treatment. Those receiving IPT had more significant improvements in relationships with immediate family than those in usual care.	Authors concluded that social functioning improvements may be domain-specific and that IPT was more effective in improving relationships with immediate family members than usual care.
RCT;[7] depressed women with a history of CSA who presented at community mental health centres	IPT versus usual care	36 weeks Women in the IPT group had greater improvements in depression scores and shame versus usual care. Usual care and IPT groups were similar with respect to improvements in social and mental-related functioning.[b]	Authors concluded that IPT compared favourably to usual care for treating depressed women with a history of CSA. Authors also expressed the need for further research on the social and psychiatric effects of interpersonal trauma and socioeconomic disadvantage. Likely the same study

Table 1: Included Studies in the Adult Population

Type of Study; Population Studied	Type of Counselling or Therapy Intervention and Comparator	Length of Study; Study Results	Author Conclusions; Notes
			population as the previous RCT
NRS;[12] depressed women with a history of CSA	IPT	36 weeks IPT resulted in significant improvements in depression and psychological functioning. No improvements were seen in social functioning.	Authors concluded that 36 weeks of IPT appeared feasible and promising but that modifications may need to be made in order to reduce barriers to care.

CBT = cognitive behavioural therapy; CSA = childhood sexual abuse; IPT = interpersonal therapy; MBT = mindfulness based therapy; MDD = major depressive disorder; NRS = non-randomized study; RCT = randomized controlled trial; SAD = social anxiety disorder; SR = systematic review

[a] Pharmacological treatment out of scope for this report and therefore not discussed

[b] Post Traumatic Stress Disorder symptoms also discussed but are beyond the scope of this report

REFERENCES SUMMARIZED

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

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Randomized Controlled Trials

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Guidelines and Recommendations
No literature identified.

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APPENDIX – FURTHER INFORMATION:

Clinical Practice Guidelines

13. Kezelman C, Stavropoulos P. Practice guidelines for treatment of complex trauma and trauma informed care and service delivery [Internet]. Kirribilli (Australia): Adults Surviving Child Abuse (ASCA); 2012 [cited 2013 June 26]. Available from: http://www.asca.org.au/associations/8549/files/ASCA_Guidelines_WEB_Final.pdf

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Post Traumatic Stress Disorder

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