



Push the Button: A study protocol of the development and evaluation of personalized trauma-focused psychotherapy for refugees with Complex PTSD

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Published in:
European Journal of Psychotraumatology

Link to article, DOI:
[10.1080/20008198.2021.1940588](https://doi.org/10.1080/20008198.2021.1940588)

Publication date:
2021

Document Version
Publisher's PDF, also known as Version of record

[Link back to DTU Orbit](#)

Citation (APA):
Riisager, L. G., Larsen, J. E., Christiansen, T. B., & Møller, S. B. (2021). Push the Button: A study protocol of the development and evaluation of personalized trauma-focused psychotherapy for refugees with Complex PTSD. *European Journal of Psychotraumatology*, 12(Suppl. 2), 53-53. <https://doi.org/10.1080/20008198.2021.1940588>

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Track: Interventions

6-001

Push the Button: A study protocol of the development and evaluation of personalized trauma-focused psychotherapy for refugees with Complex PTSD

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Background: The coronavirus has exposed millions of people to a new threat, potentially causing more people to seek international protection. Due to having experienced multiple traumatic events, refugees are at risk of developing Complex PTSD (CPTSD). At present, there is no evidence-based treatment available. To address the natural symptom fluctuation of the disorder, a personalized approach to therapy is needed. Ecological momentary assessment (EMA) allows continuous collection of an observed experience. An EMA-based self-tracking instrument was created to collect the subjective experience of CPTSD-related symptoms at the moment they occur. Building on EMA data, clinicians can personalize evidence-based interventions to the triggers as they occur during the patient's daily life. **Objective:** In the current study we develop the treatment format of a novel personalized trauma-focused psychotherapy for refugees with CPTSD integrating the use of a self-tracking instrument, and test its effectiveness. At present, no psychotherapeutic treatment has integrated the use of a self-tracking instrument in therapy making this study the first of its kind. **Method:** Using a multiple baseline case series design, 40 refugees diagnosed with CPTSD using the International Trauma Questionnaire (ITQ) will be included and will receive 20 weekly sessions (duration of 60-90 minutes). The primary outcome is ITQ (monthly assessed). Secondary outcomes are PTSD symptoms, well-being, depression, emotion regulation, and social functioning. Semi-structured interviews exploring patients' and clinicians' experiences with the integration of a self-tracking instrument into psychotherapy will be conducted. **Results:** None. **Conclusions:** By offering refugees with CPTSD a personalized treatment, we seek to improve treatment outcome through better-targeted interventions.

6-002

Supporting parents with PTSD in their parenting role: Development of a preventive blended care intervention

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Background: The pressure placed on families by COVID-19 'stay at home'-orders may be even greater in families in which a parent has PTSD. Even before the pandemic, parents with PTSD experienced challenges such as increased parenting stress. Parents with PTSD are on average more likely to apply negative parenting practices such as hostility and overcontrol. These parenting impairments play an important role in the intergenerational transmission of trauma, placing children of parents with PTSD at risk for trauma exposure within the family, PTSD, and other mental illnesses. The increased pressure on parents and on youth mental health caused by the COVID-19 pandemic makes the preventive intervention of intergenerational transmission of trauma even more pertinent. **Objective:** This presentation outlines the ongoing development of a preventive intervention for parents with PTSD, aimed at preventing mental health problems in offspring by improving parenting competence. The intervention will be based on an existing Dutch e-health intervention for parents with mental illness or substance abuse disorders, 'KopOpOuders'. We will adapt KopOpOuders in three ways: adding PTSD-specific content; expanding from e-health to blended care, and increasing inclusivity by actively seeking and integrating the perspectives of parents with PTSD and their children. **Method:** The intervention will be tested in an RCT, planned to begin in early 2022. **Results:** Results are expected in 2024. **Conclusions:** In this presentation, we share a first look at the intervention and its rationale, and discuss how we approach challenges such as integrating e-health into clinical practice and combining PTSD treatment with preventive intervention.

6-003

Acceptability of the videoconference-based SOLAR program to reduce subclinical distress in trauma survivors – a pilot study conducted during the COVID-19 pandemic

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Background: SOLAR (International Program for Promoting Adjustment and Resilience) is a brief intervention developed by international disaster- and trauma experts to reduce persistent subclinical distress following disaster and trauma. Online-based delivery seems crucial in times of a pandemic where face-to-face contact is not feasible. **Objective:** This pilot study examined the acceptability of SOLAR, delivered in