

Expanding Availability of CPT Psychotherapy Services in Eastern DRC

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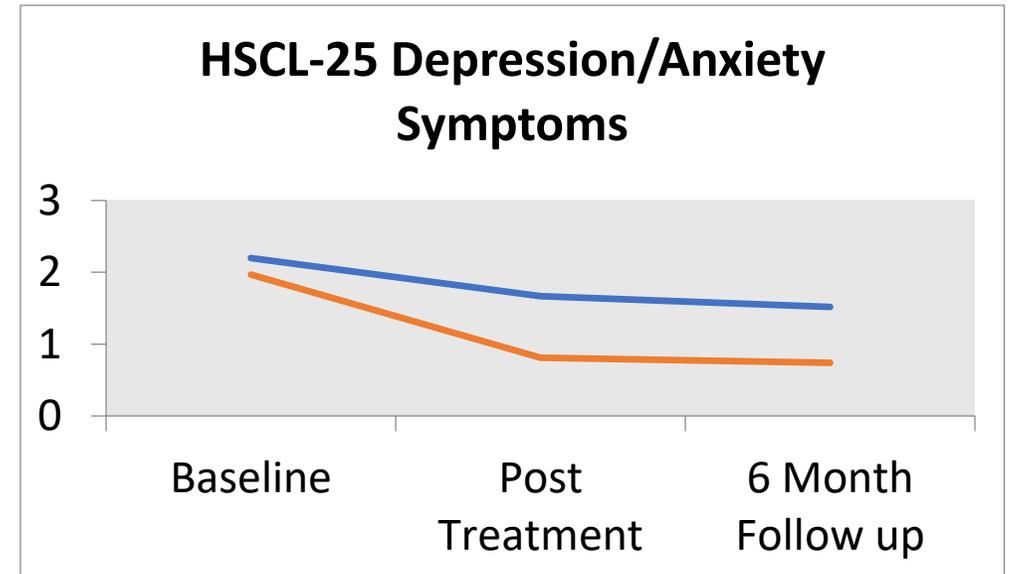
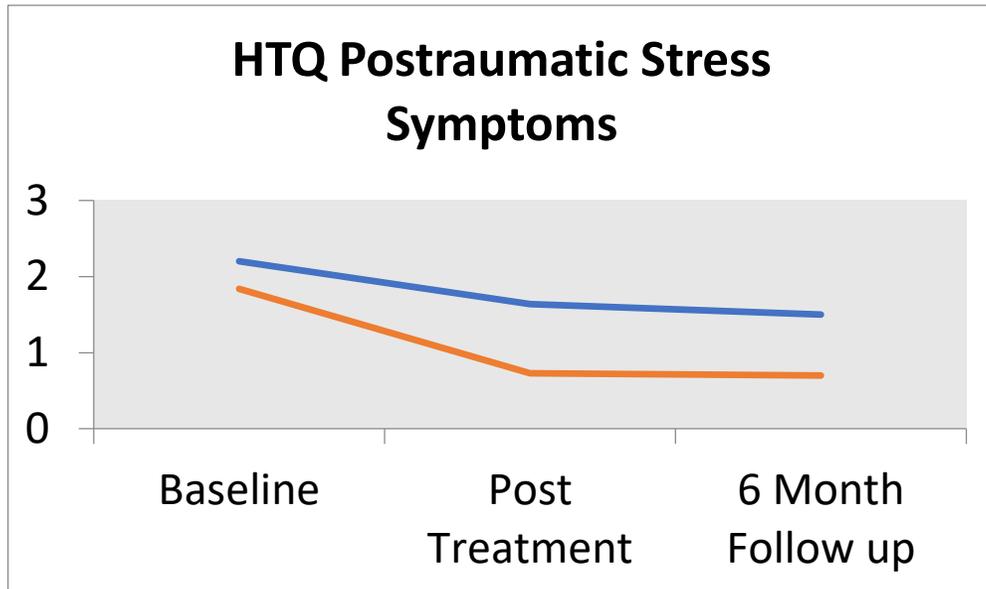
In DRC, there are 4 psychiatrists and 1 psychologist per 10,000,000 people.



Cognitive processing therapy (CPT) is an evidence-based treatment for PTSD.



CPT was more effective than individual support in reducing PTSD, depression, and anxiety symptoms.



- RCT of group CPT in the Democratic Republic of Congo
 - CPT: 7 villages (n= 157)
 - Individual Support: 8 villages (n= 248).
- Worksheets were simplified and participants memorized the forms and concepts.
- Therapy delivered by paraprofessionals in the villages.

Distance to treatment was a barrier.





CPT Dissemination with IMA World Health

- USHINDI Project implemented starting in 2010 in North and South Kivu and Ituri provinces to provide global assistance to SGBV survivors.
- More than 30,000 survivors of SGBV received medical, psychosocial, legal and/or socio-economical assistance.
- In reviewing their programming they identified 25-30% of survivors in need of more specialized treatment.
- IMA World Health began implementing CPT in North and South Kivu Provinces
 - September 2016 started in 3 new health zones
 - April 2018 expanded to 5 new health zones

We adopted a model of a hub and spoke, with mobile therapists anchored in local Centers of Excellence.



CPT psychologists on motorbike

We use an apprenticeship training model with ongoing support.

Expert Trainers

Master Supervisor

- Meetings with supervisors. Periodic field visits.

Supervisors

Based at the Centers for Excellence (Panzi, Heal Africa)

- Co-lead groups with new counselors.
- Supervision with counselors. Conduct field visits.

Counselors

Based at the Centers for Excellence (Panzi, Heal Africa)

- Mobile

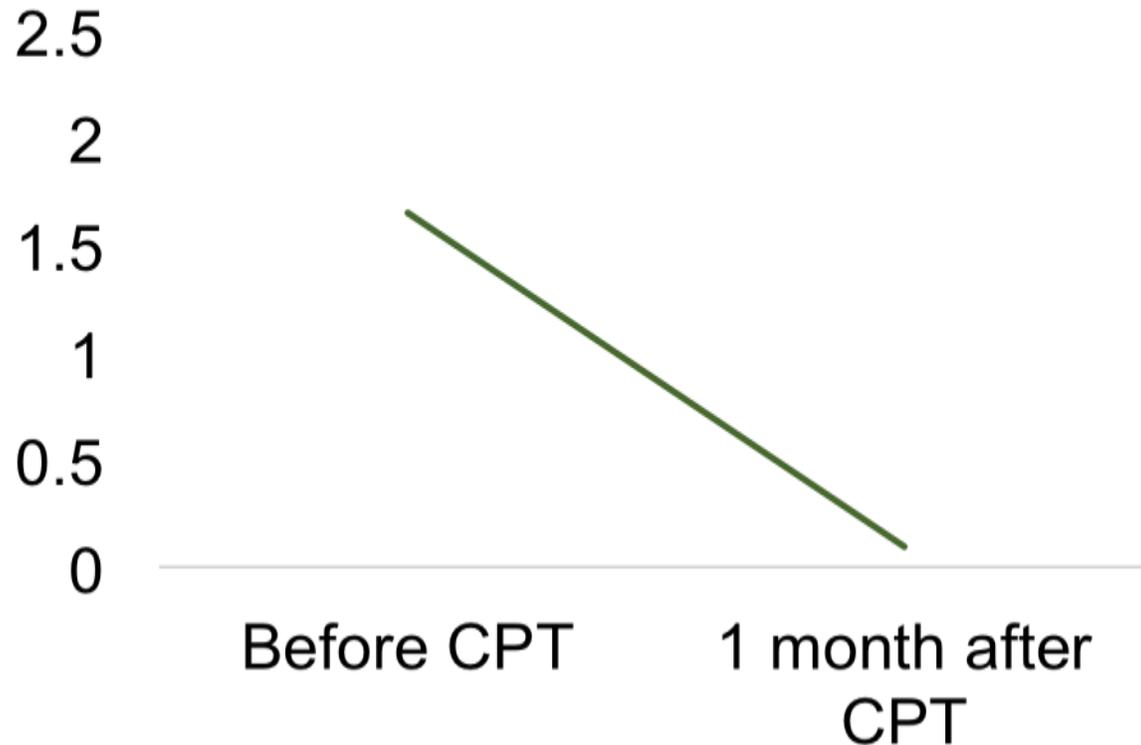
Moving CPT groups closer to the survivors who needed them seems to have increased access and decreased attrition.

	USHINDI - 1 st wave	TUSHINDE - 2 nd wave
Receiving psychosocial care	1545	4019
Screened for CPT	1292	2727
Referred for CPT	713	1113
Started CPT	489	916
Completed CPT	478	310*

Mobile therapists were effective at reducing symptoms of PTSD, depression, and anxiety.

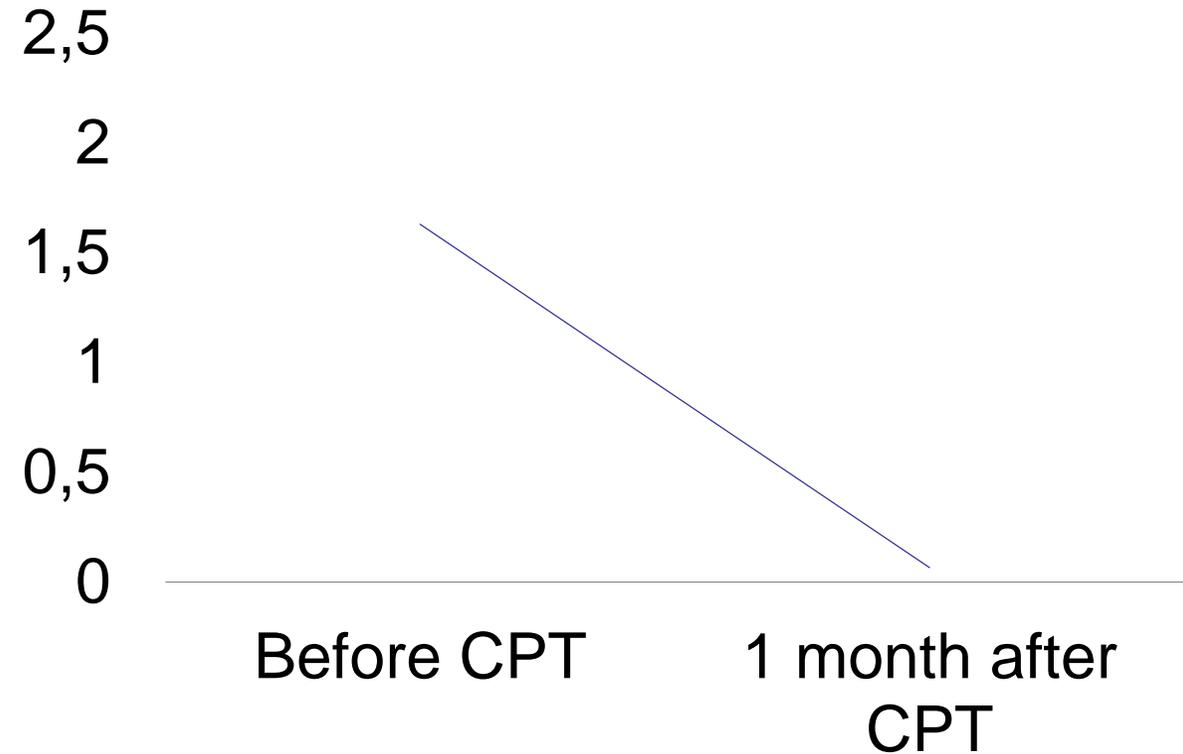
USHINDI

Mobile Therapists



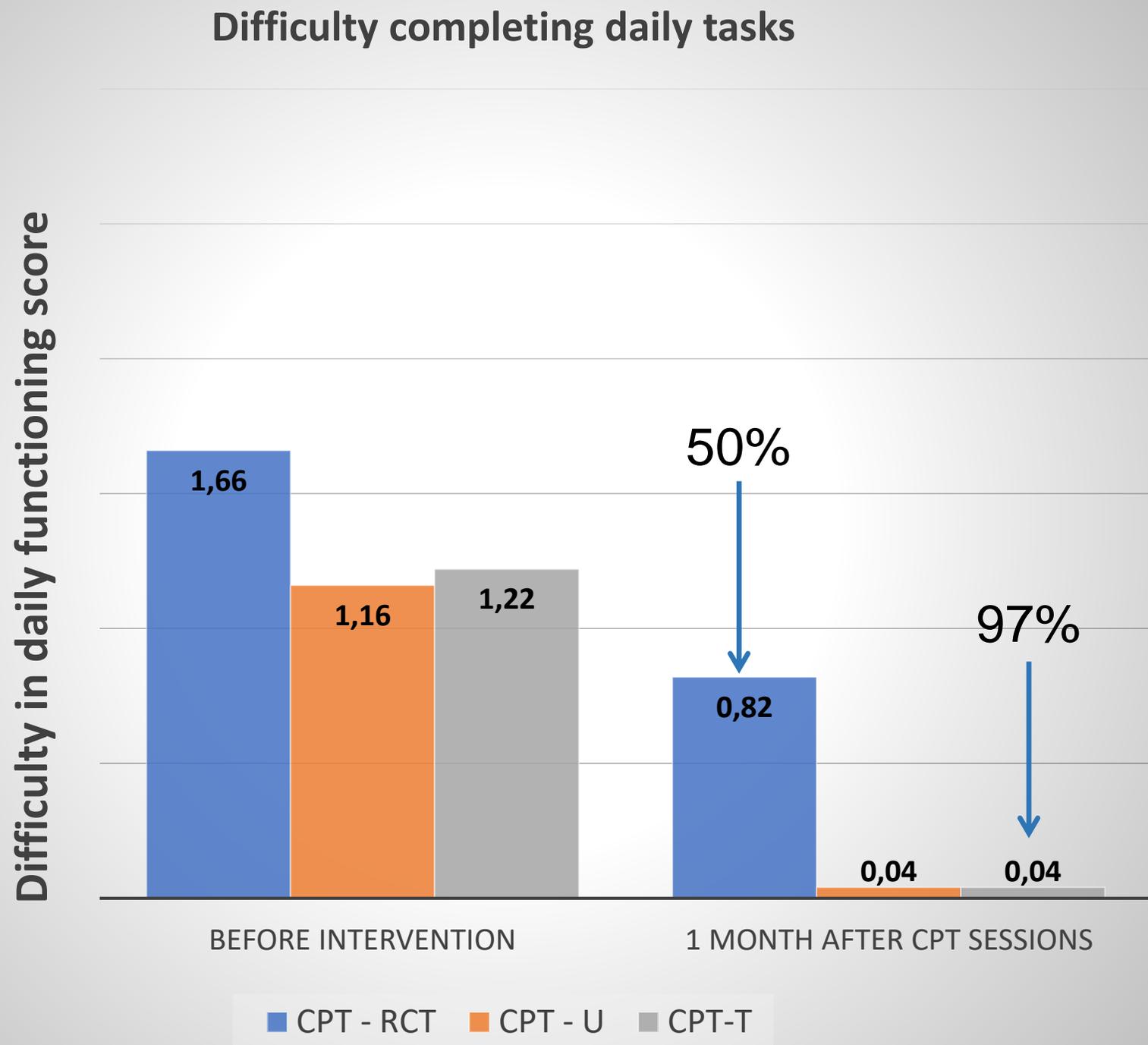
TUSHINDE

Mobile Therapists



CPT also had effects on improving physical functioning

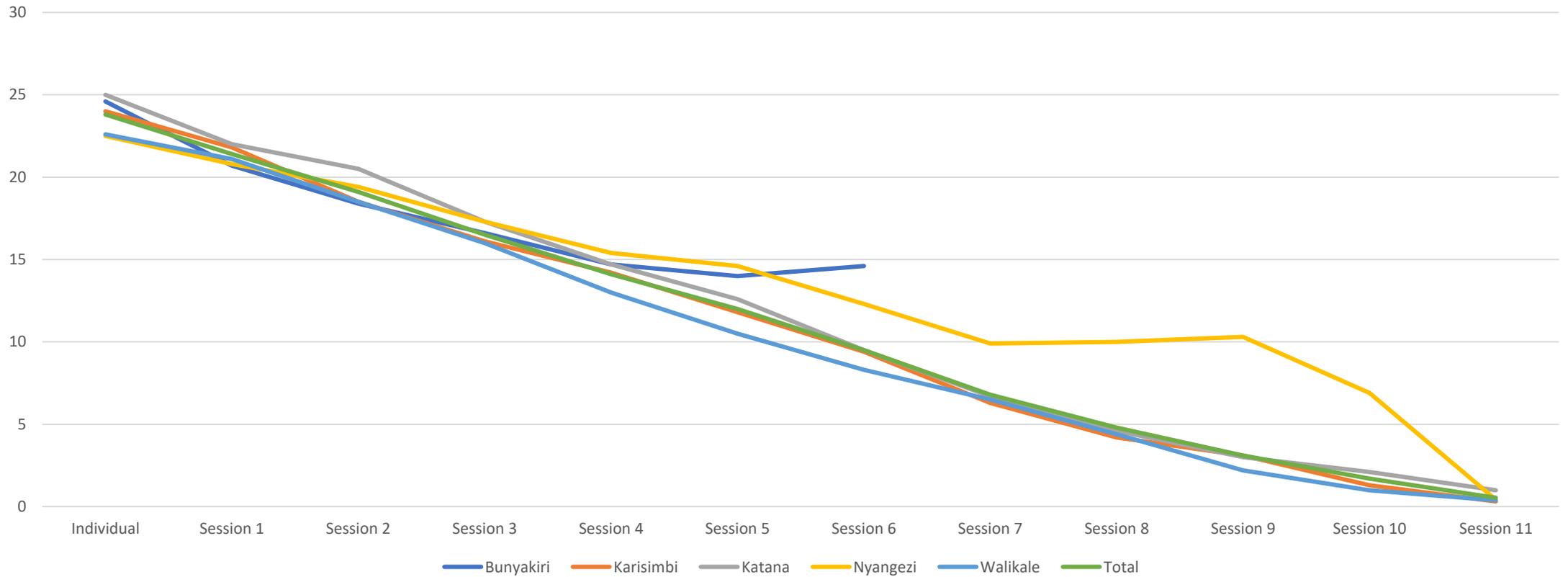
Average scores for **difficulty** in completing 20 daily tasks and activities



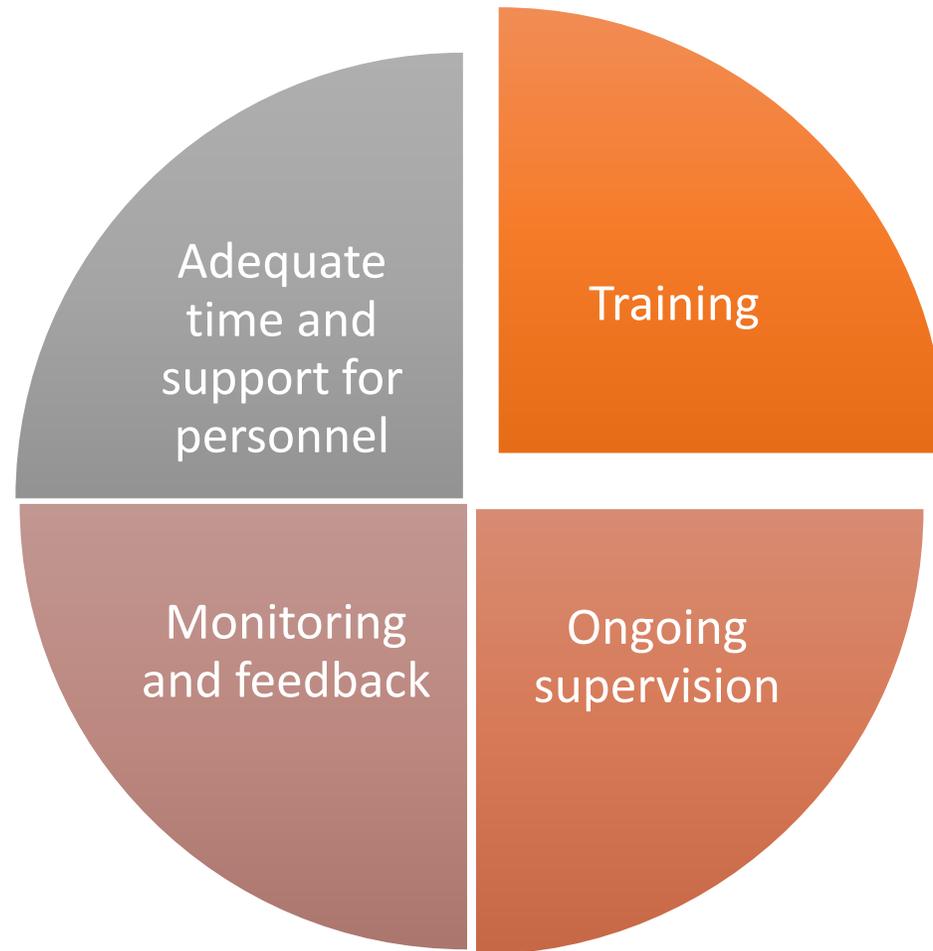
Mobile therapists were effective at reducing symptoms

TUSHINDE data

Symptom Scores Over Time by Zone



What does it take to implement CPT in DRC?



The mobile “hub and spoke” model allowed providers to reach individuals in more rural areas.

- Reduced travel time may increase service utilization and engagement.
- Reduces the number of providers needed to cover a wider geographic range.
- Allows for flexibility in moving services to sites as needed, which should decrease training costs.





Use of mobile therapists does add travel and personnel costs.

- Costs associated with the mobile services, including equipment and maintenance .
- Pressure on providers to travel to outlying sites
- Difficulty with providing in-person supervision
- Need for local psychosocial assistants, to increase buy-in about treatment.
- Need committed financial support for programs from existing health infrastructure to make this sustainable.