Torture Treatment Literature Selection, Q2 2016

The PATH literature bibliography is a resource for current literature on the topic of the mental health status of and treatments for torture survivors, war trauma survivors, refugees, and asylum seekers. This also includes research in the areas of social work that relate directly to the psychological wellbeing of these populations. The bibliography includes peer reviewed journal article citations in these areas; select original summaries of those articles; and links to the publicly available abstracts and full text versions of these articles. This bibliography is updated and distributed on a quarterly basis. The bibliography does not currently include articles on policy and advocacy.

CVT Volunteer Contributions to this Bibliography
- Carolyn Easton conducted the literature search and compiled the citations for this bibliography.
- Ellie Lewis organized, formatted, and edited the content of this bibliography.
- Eden Almasude and Frank Hennick wrote summaries of selected articles for this bibliography.
- Jared Del Rosso reviewed the selected article summaries for this bibliography.

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Selected Article Summaries:

**Accelerated resolution therapy emerges as a new therapeutic approach to treating PTSD**

Summary by: Eden Almasude, Volunteer with The Center for Victims of Torture

**Study Details**

This article summarizes research on accelerated resolution therapy (ART), providing an overview of a hybridized new approach to treating PTSD. ART is a psychotherapy technique for PTSD which uses aspects of EMDR (eye movement desensitization and reprocessing) in a systematic fashion. It is an emerging approach, particularly in military contexts due to the need for widespread treatment of traumatic disorders.

Guidelines from both the United Kingdom and United States recommend trauma-focused therapies as first-line treatment for PTSD, which are most commonly prolonged exposure (PE) therapy and EMDR. ART typically achieves a positive outcome in 1-5 therapy sessions over the course of two weeks. Its goal is to re-process distressing memories through sets of eye movements and visual imagery to create more positive associations with the traumatic incidents.

During an ART session, imaginal exposure is used to visualize a traumatic event, during which eye movements are conducted and the patient notes their somatic sensations and emotions that arise. This is similar to EMDR, but without free associations. In the second component of ART, imagery rescripting works to re-process the traumatic memory by changing the imagery and sensory components linked to it. This approach is deemed successful when the original memory no longer arouses distress.

ART is intended to systematically work through traumatic memories and focuses on the somatic sensations associated with them. It does not require verbalization, and thus may be less challenging for individuals who have difficulty speaking about their experiences. However, similar to EMDR, the focus on distressing memories may be destabilizing for some and it requires the patient to be relatively stable at the initiation of therapy. Similar to other therapies, some individuals may have resistance to receiving treatment due to feelings of guilt or have avoidance from fears of confronting memories directly.

**Study Findings**

There is an ongoing question of whether ART should be considered a first-line treatment or for PTSD that has not responded to other efficacious treatments. The short-time nature of the approach means that it is cost-effective and can be used on a large scale while an institution’s capacity for doing psychotherapy is limited. It also has a lower drop-out rate, as it does not
require the same commitment or therapeutic relationship as other approaches. Research is ongoing for ART as compared to other therapies, particularly with regards to the nature of the trauma. Whether it could be indicated for survivors of torture and other forms of political violence is unclear. The long-term nature of imprisonment and torture for many could mean that ART would be insufficient to achieve significant benefits. However, it could also be practical as a means of harnessing the benefits of EMDR in refugee camps and other highly resource-limited settings where longer-term psychotherapy is difficult to conduct.
Obsessive-compulsive and posttraumatic stress symptoms among civilian survivors of war
Summary by: Frank Hennick, Volunteer with The Center for Victims of Torture

Study Details
There is an acknowledged link between obsessive-compulsive symptoms and traumatic experiences, and Dr. Morina and his colleagues aim to elucidate less-explored facets of “posttraumatic obsessive compulsive disorder.” He and his team seek to better understand OCD (obsessive compulsive disorder) amongst war survivors and the disorder’s possible interactions with PTSD (post-traumatic stress disorder) and depressive symptoms. Other studies have identified high rates of OCD among wartime survivors, noting frequent coincidence with PTSD symptoms. Little is understood, though, about how OCD symptoms may interact with the symptoms of survivors’ other mental illnesses. Moreover, no studies have analyzed obsessive-compulsive symptoms among war trauma survivors after they had relocated to a new country. The authors identify two main goals for this study:

1. To analyze OCD symptoms to reveal possible connections between the symptoms of posttraumatic stress and depression.
2. To determine whether PTSD or depressive symptoms alone account for OCD or whether they interact in a way that brings OCD about.

Study Sample
This project centered on Kosovars who had relocated to Switzerland after the 1998-99 Kosovo War. Many of these émigrés had experienced and/or witnessed traumatic events, and the authors suggest that data gathered from such a specific population can provide more generally applicable insights.

The research team recruited 51 adult participants for the study, 28 males and 23 females who had endured the war and subsequently emigrated to Switzerland. The team gathered its data by way of 60-90 minute interviews, modifying the following questionnaires of OCD, PTSD, and depression to suit refugee experiences:

- Obsessive-Compulsive Inventory (OCI-R)
- Posttraumatic Diagnostic Scale (PDS)
- Hopkins Symptom Checklist (HSCL-25)

Study Findings
High percentages of participants reported symptoms of OCD and PTSD, 35% and 39%, respectively. The rate of depression was high as well (45%). Among the most frequently reported potentially traumatic experiences (PTES) were lack of shelter, lack of food or water,
combat situations, lack of medical care, and forced separation from family. The study identified six “core” OCD symptomatic behaviors: washing, obsessions, hoarding, ordering, checking, and mental neutralizing; with frequent washing and obsessions as the most common.

The authors found a strong relationship between OCD and likely PTSD symptoms. Indeed, 80% of participants with PTSD symptoms met criteria for OCD, and 89% of those with OCD symptoms met the criteria for PTSD. However, the study notes, neither depression nor the number of different PTEs had a measurable impact on the likelihood of OCD. Rather, gender and PTE severity mediated OCD results: women were more likely to express OCD symptoms, and greater PTE severity produced higher symptom rates for both genders.

**Conclusions**
The authors consider the strong correlation between OCD and PTSD symptoms to be the study’s most significant finding. They speculate that this 80% rate of coincidence could be the result of several factors. For one, they point to how other studies in the field have understood the two disorders to be fundamentally similar, each essentially a function of anxiety and intrusive thoughts. Further, they suggest that the anxious habits of mind from wartime can all-too easily continue after the violence has ceased.

Women displayed markedly higher rates of OCD, despite equal rates of incidence in epidemiological studies. This, the authors suggest, could be caused by the disparity in whether/how the sexes experienced wartime traumas, as well as by the possibility that men are reluctant to acknowledge the symptoms. Contrary to epidemiological literature, Dr. Molina and his team found no gender difference in rates of likely PTSD. The traumatic experiences of men and women in this war were often comparable, however, and Dr. Molina proposes that this may account for the similar statistics.

The paper lists five limiting factors to be considered: the study’s small sample size (n=51); possible demographic and/or psychological differences between Kosovan émigrés and those still in the country; lack of knowledge of OCD and PTSD rates before the war; the non-clinical format of the interviews and the use of self-reporting in them; and the possibility that underlying, general stress could generate both OCD and PTSD symptoms. The paper concludes that more attention needs to go toward understanding OCD as a posttraumatic affliction and that given such strong evidence for interactions between OCD and PTSD symptoms, studies need to consider OCD and other mental disorders in their appraisals of PTSD.
Selected Article Citations By Topic:

Children/Youth
Fleck, R. (2016). In two Maine towns, schools address the mental health of refugee children. Health Affairs (Project Hope), 35(6), 1136–1140. [Full Text] [abstract]


**Mental Health**


Leach, J. (2016). Psychological factors in exceptional, extreme and torturous environments. Extreme Physiology & Medicine, 5, 7. [Full Text] [abstract]


Stevanović, A., Frančišković, T., & Vermetten, E. (2016). Relationship of early-life trauma, war-related trauma, personality traits, and PTSD symptom severity: A retrospective study on female civilian victims of war. European Journal of Psychotraumatology, 7, 30964. [Full Text] [abstract]


**Refugees**


Hunter, P. (2016). The refugee crisis challenges national health care systems: Countries accepting large numbers of refugees are struggling to meet their health care needs, which range from infectious to chronic diseases to mental illnesses. EMBO Reports, 17(4), 492–495. [abstract]


Women


Additional Relevant Resources

- Dignity (The Danish Institute Against Torture) provides a database that allows you to search for a wider range of articles, books, and other publications on the topic of torture (http://www.reindex.org/RCT/rss/Portal.php)
- IRCT (International Rehabilitation Council for Torture Victims) provides free access to their journal, TORTURE Journal (http://www.irct.org/media-and-resources/library/torture-journal.aspx)