

# **GROUP TREATMENT FOR TRAUMA SURVIVORS: *DO THEY WANT TO SHARE THEIR PERSONAL STORIES OF VICTIMIZATION?***

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# DISCLAIMER

- This project has been approved by the Kentucky Department of Corrections (KY DOC). The content and findings in this presentation are the responsibility of the authors; the KY DOC do not necessarily approve or endorse these findings.

# BACKGROUND: EXPOSURE THERAPY

- Exposure is an effective component of evidence-based trauma-focused treatments (Foa, Hembree, & Rothbaum, 2007; Foa & Rothbaum, 1998; Rauch, et al., 2012)
- Limited research on group-based exposure treatments (cf. Prolonged Exposure; Castillo et al., 2012; TFGT; Schnurr et al., 2003; GBET; Ready et al., 2012)
  - Especially among non-veteran populations
- Some continue to express concerns with exposure therapy (Beck & Coffey, 2005; Becker et al., 2004) despite evidence suggesting these concerns are unfounded (Barrera, et al., 2013; Mott et al., 2013)
  - Some specifically express concerns with incarcerated populations (Wolff et al., 2015) even though these concerns may be unfounded and despite evidence such treatments can be delivered effectively in prison (Karlsson et al., 2014, 2015)

# BACKGROUND: TREATMENT PREFERENCES

- Treatment preferences matter
    - Amount of participation (Swift & Callahan, 2010)
    - Outcome of therapy (Swift & Callahan, 2010)
    - Severity of symptomatology (Ertl & Mcnamara, 2000; Zoellner, et al., 2009)
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# CURRENT STUDY

- **Setting:** Minimum security prison in Kentucky
  - Permission obtained from the Murray State University Institutional Review Board and Kentucky Department of Corrections
  - Participants completed **surveys**
    - Read descriptions of two group treatment for sexual trauma
      - **Sharing required vs. sharing optional**
      - Counterbalanced the order of the two descriptions
  - Preliminary findings from **30 incarcerated women who had experienced at least one unwanted sexual encounter**
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# CURRENT STUDY: MEASURES

- **Trauma exposure (lifetime)**
  - Trauma checklist (from the PDS; Foa et al., 1997)
    - 11 potentially traumatic events
    - Dichotomous answer option (Yes/No)
  - Sexual Experiences Survey (SES-SFV; Koss et al., 2007)
    - 8 sexual traumas; 7 behaviorally-specific items and one global (“rape”)
    - Dichotomous answer option (Yes/No)
    - Childhood sexual abuse (CSA) and adult sexual abuse (ASA)
- **Posttraumatic Stress Disorder (PTSD)**
  - The PTSD Checklist for DSM-5 (PCL-5; Weathers et al., 2013)
    - 20 items; *Not at all* (0) to *Extremely* (4)
    - Total score = 80; suggested clinical cutoff  $\geq 33$

# CURRENT STUDY: MEASURES

- **Describe two group treatments**
  - Sharing required or optional
- **Treatment preferences**
  - How **interested** would you be in participating in GROUP A?
    - *Not at all interested (1) to Extremely interested (5)*
  - How **willing** would you be in participating in GROUP A?
    - *Not at all willing (1) to Extremely willing (5)*
  - How likely do you think a group such as GROUP A is to **help you and other women** who have experienced sexual assault?
    - *Not at all helpful (1) to Extremely helpful (5)*
- Which of the two groups would you rather participate in?

# GROUP DESCRIPTIONS

## **GROUP A:**

In this group, each person will be asked to share their personal memories about their sexual assault. All group member will be asked to share their own personal memories. Each person will share one time for about 20 to 30 minutes. The group leaders will help you choose which memory to talk about. Leaders will also help you share your story with as much detail as possible. Everyone in the group will listen and support each other after someone shares their story. We know it can be scary to talk about what happened, but we will help you understand why it is important to talk about these memories rather than avoid them.

## **Sharing Required Group**

## **GROUP B:**

In this group, each person will be asked to listen to stories about sexual assault. However, no group member will be asked to share their own personal memories. Each story will be told one time for about 20 to 30 minutes. The group leaders will choose which stories to talk about. Leaders will also tell the story with as much detail as possible. Everyone in the group will listen and support each other after they hear the stories. We know it can be scary to listen to stories about sexual assault, but we will help you understand why it is important to talk about these types of experiences rather than avoid them.

## **Sharing Optional Group**

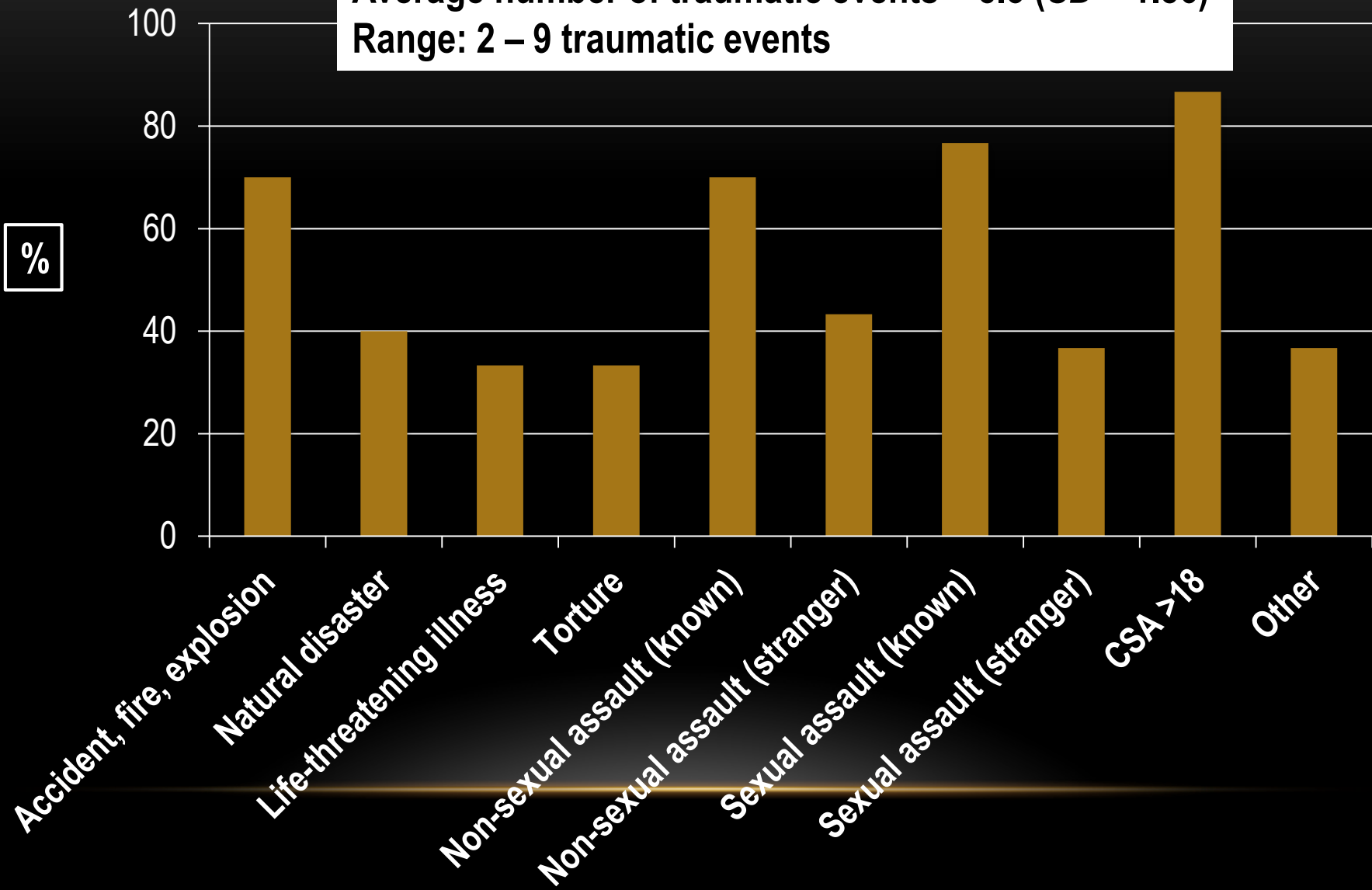


# CURRENT STUDY: PARTICIPANTS

- **Demographics (n = 30):**
  - ***Ethnicity:*** 96.7% White (n = 29); 1 biracial
  - ***Age:***  $M = 37.90$   $SD = 8.08$ ; range 21 - 51
  - ***Children:*** 93% mothers of at least one child
  - ***Previous therapy:*** 80% of participants

# PARTICIPANTS' TRAUMA EXPOSURE: TRAUMA CHECKLIST

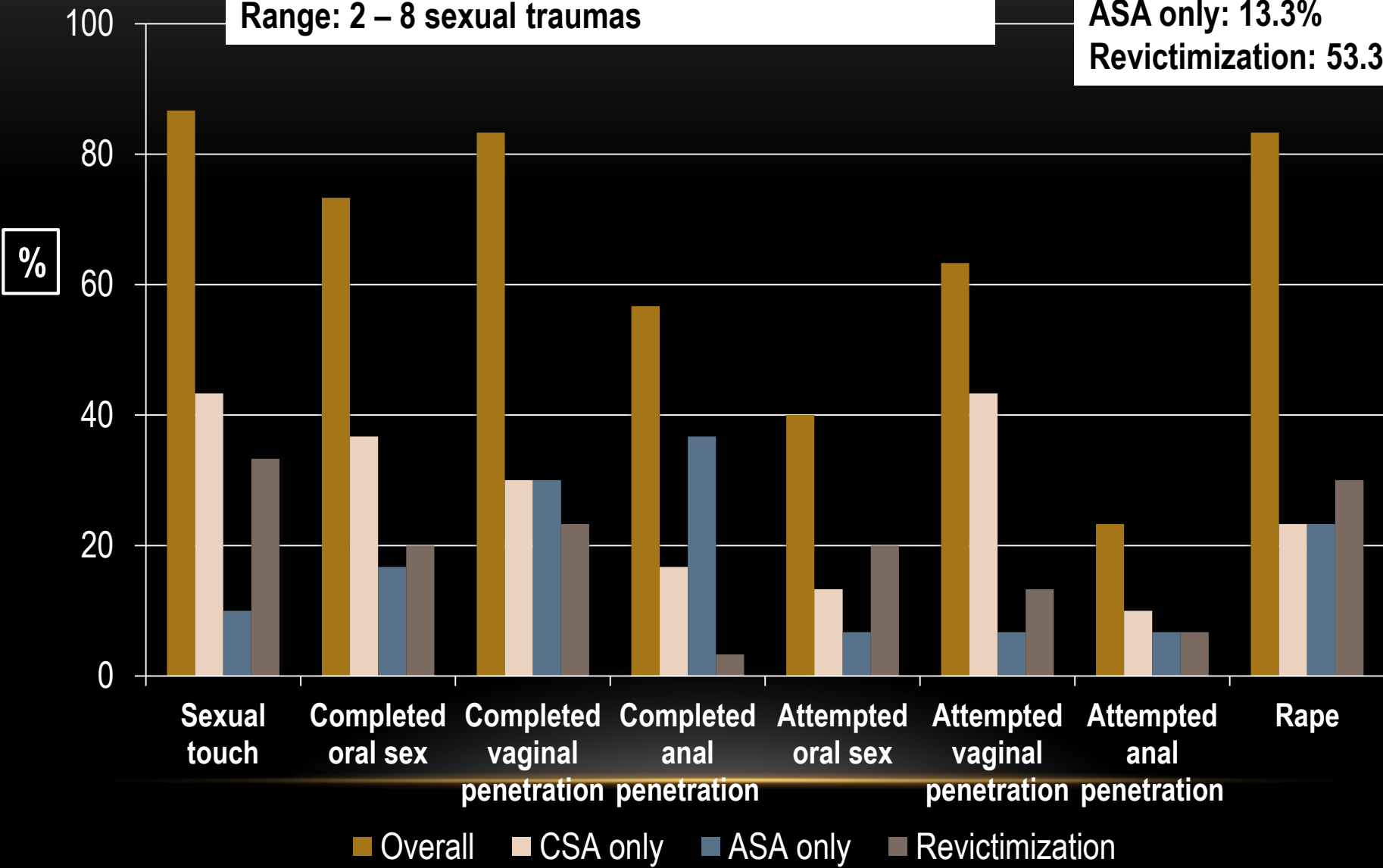
Average number of traumatic events = 5.3 (SD = 1.86)  
Range: 2 – 9 traumatic events



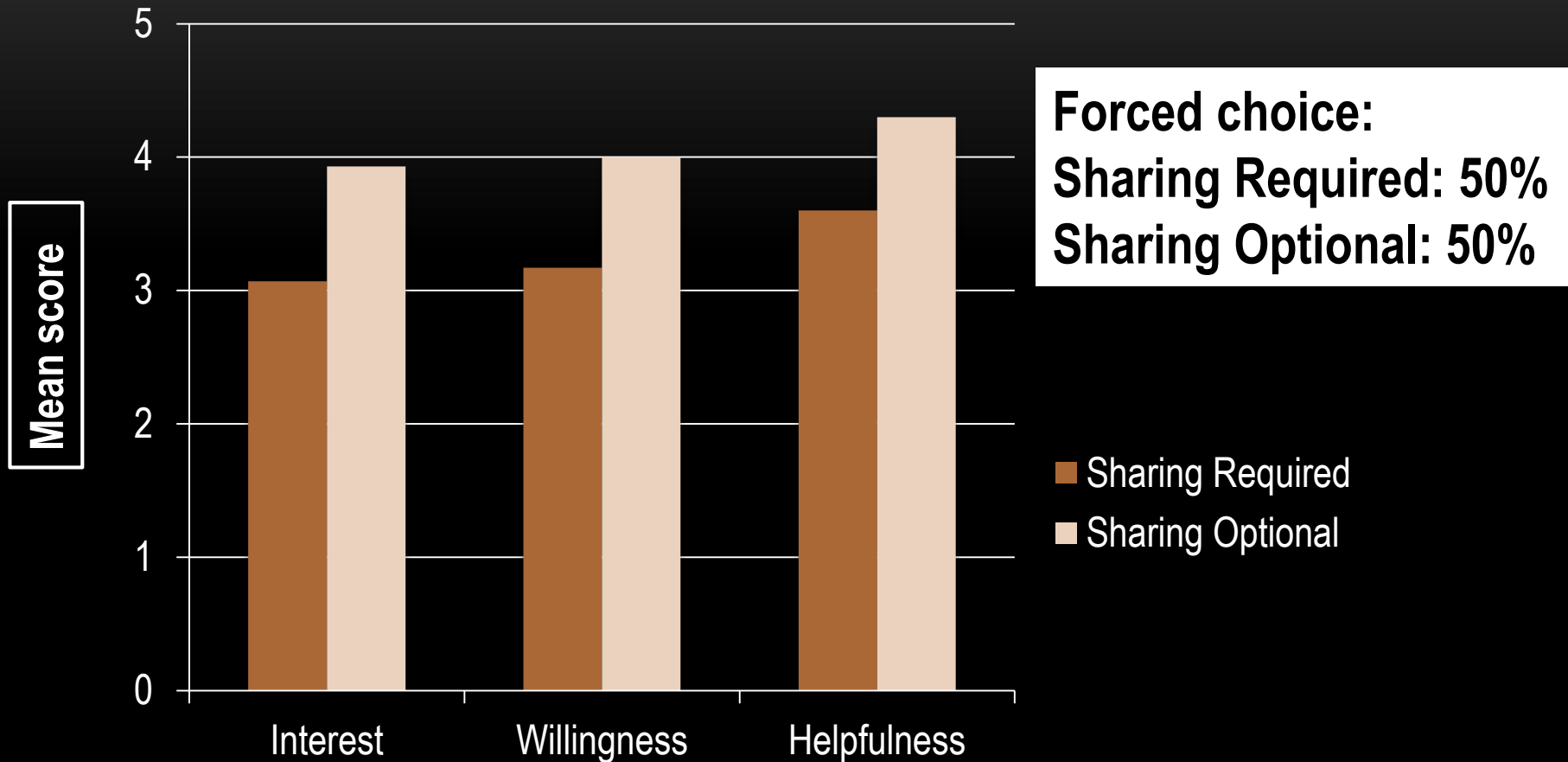
# PARTICIPANTS' TRAUMA EXPOSURE: **SEXUAL VIOLENCE**

Average number of sexual traumas = 5.1 (SD = 1.88)  
 Range: 2 – 8 sexual traumas

CSA only: 33.3%  
 ASA only: 13.3%  
 Revictimization: 53.3%



# TREATMENT PREFERENCES



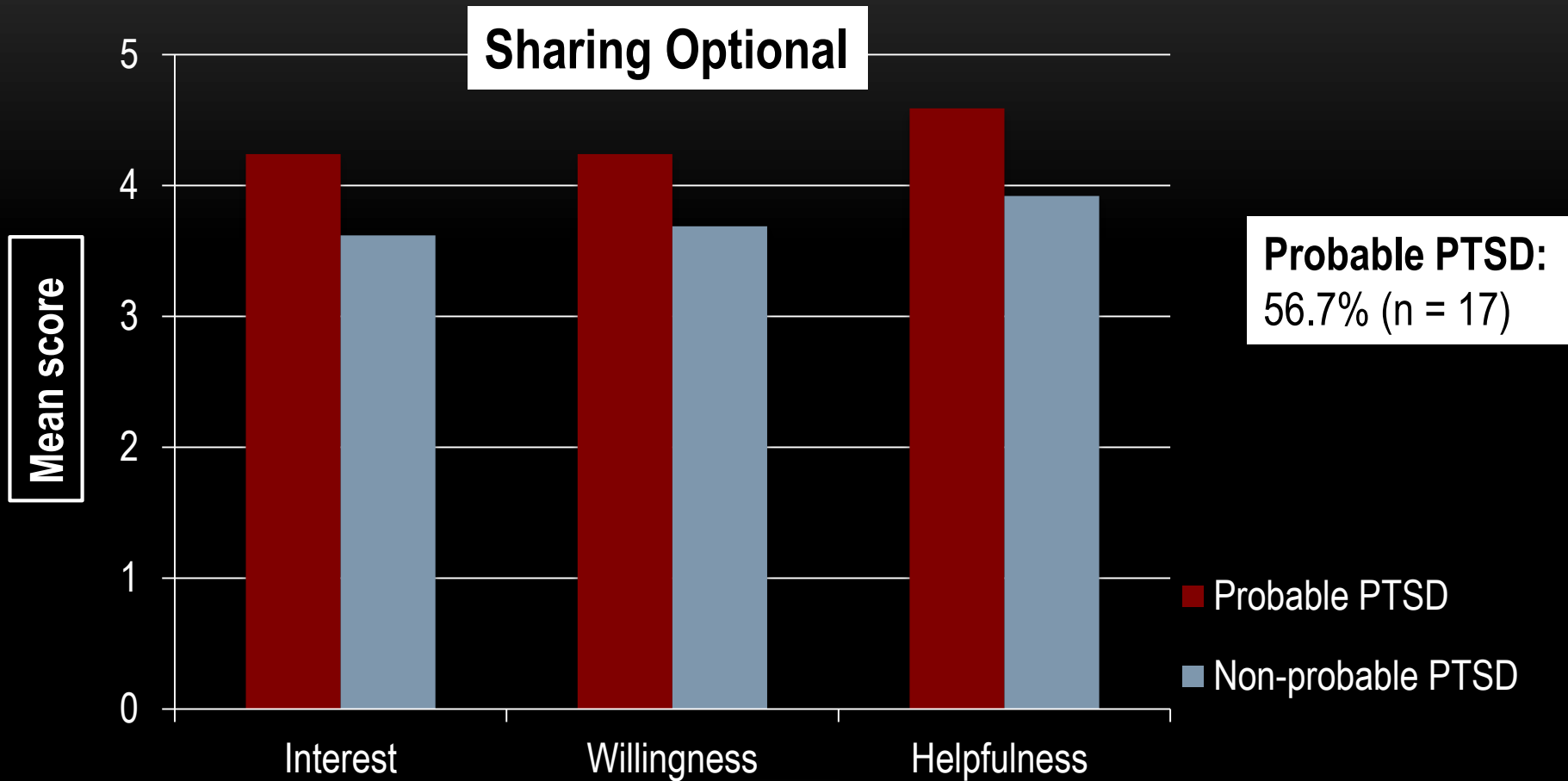
Paired samples t-tests:

Interest:  $t(28) = -2.46, p = .020$

Willingness:  $t(29) = -2.68, p = .012$

Helpfulness:  $t(29) = -2.40, p = .023$

# TREATMENT PREFERENCES AND PTSD SYMPTOMATOLOGY



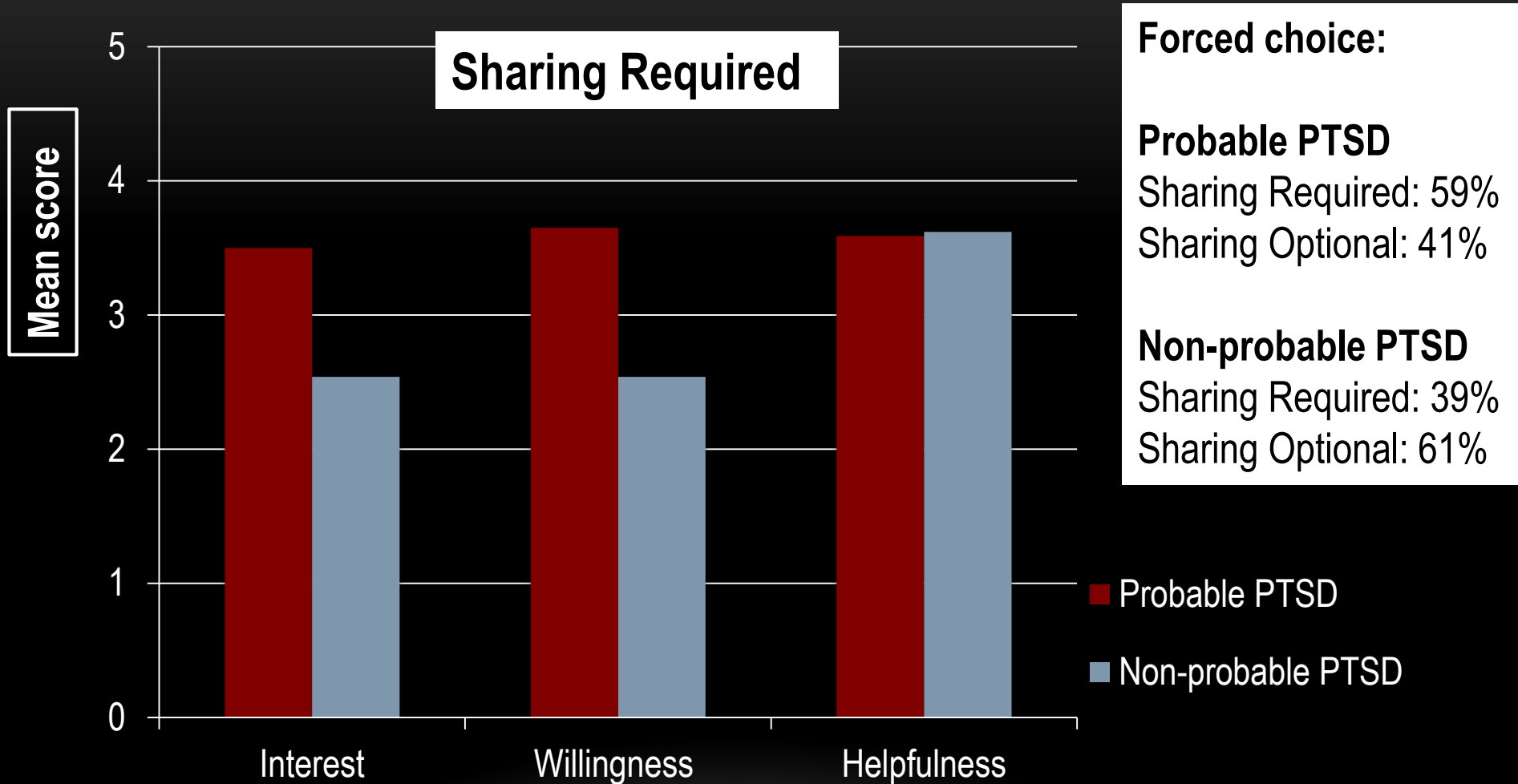
Independent t-tests:

Interest:  $t(28) = -1.44, p = .160$

Willingness:  $t(28) = -1.21, p = .238$

Helpfulness:  $t(28) = -1.79, p = .090$

# TREATMENT PREFERENCES AND PTSD SYMPTOMATOLOGY



Independent t-tests:

Interest:  $t(27) = -1.91, p = .067$

**Willingness:  $t(28) = -2.32, p = .028$**

Helpfulness:  $t(28) = 0.06, p = .949$

# CONCLUSIONS

- Incarcerated women with complex trauma histories, including sexual traumas, are in general more favorable to a group treatment in which sharing their own personal stories is optional
- However, their preferences are partially dependent on PTSD symptomatology as women with probable PTSD (above clinical cutoff):
  - Rated both treatments more favorably
  - Reported greater willingness to participate in a group where sharing is required
  - Were more likely to choose the Sharing Required group
- Next step:
  - RCT funded by the American Psychological Foundation
    - Comparing outcomes from two groups – Sharing Required vs. Sharing Optional

# THANK YOU FOR LISTENING!

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