1. **Title:** Stress Management versus Cognitive Restructuring: a randomised clinical study on traumatised refugees (PTF2)
   (This project is linked to
   - *Attachment, Complex Trauma and Psychotherapy: A Clinical Study of the Significance of Attachment in Adult Arabic-speaking Refugees with PTSD*
   - *Somatic comorbidity among traumatised migrants with depression and PTSD*
   - *Cross-cultural symptom patterns in PTSD, depression and anxiety*)

2. **Status of the project:** Inclusion completed. Data is currently being analysed.

3. **Project period:** 14-06-2011 – 30-03-2012 (inclusion of participants)

4. **Investigator:** Jessica Carlsson Lohmann, MD, PhD

5. **Supervisors**
   - Prof. Erik Lykke Mortensen (University of Copenhagen)
   - Charlotte Sonne, MD, PhD (CTP)

6. **Background**
   There is a lack of evidence as to which kind of psychotherapy is the most effective when treating traumatised refugees. Studies on the effect of psychotherapy among other patient groups with PTSD suggest a good effect using Cognitive Behavioural Therapy (CBT). The Competence Centre for Transcultural Psychiatry (CTP) has specialised in the treatment of traumatised refugees. Both research results and the clinical experience at CTP suggest that Cognitive Restructuring is not always a useful tool and that stress-reducing techniques could be more useful.

7. **Aim:** To study the effect of CBT with a focus on either Stress Management or Cognitive Restructuring in a clinical sample of traumatised refugees with PTSD and to identify predictors for the treatment effect. The long-term effect of the treatment will also be studied.

8. **Methods**

   8.1 **Number of participants:** 143

   8.2 **Population:** Adult trauma-affected refugees referred to treatment at CTP

   8.3 **Description of data and data collection**
   All patients referred to CTP from June 2011 – March 2012 and fulfilling the inclusion criteria were offered to participate in the study. Participants were offered combined treatment with a psychiatrist (psycho-education and psychopharmacological treatment when needed) and a psychologist (CBT). The duration of the treatment was 6-7 months. The participants were randomised to either CBT with a focus on Stress Management or CBT with focus on Cognitive Restructuring. The primary outcome was PTSD measured using the Harvard Trauma Questionnaire. All the participants are invited to a follow-up interview 6 and 18 months after completing the treatment.

   8.4 **Application/acceptance from the Danish Data Protection Agency, the National Committee on Health Research Ethics:** Yes
8.5 **Analysis:** Data is currently being analysed.

9. **Expected results:** The study is expected to add new knowledge to the field that can improve the psychotherapeutic treatment offered to trauma-affected refugees.

10. **Dissemination of results:** The results will be presented at international conferences, in other settings relevant to professionals working with trauma-affected refugees and in peer-reviewed scientific journals. Three papers are planned for:

    - *The effect of CBT with a focus on Stress Management versus Cognitive Restructuring in trauma-affected refugees with PTSD*
    
    - *Predictors of treatment outcome*
    
    - *Long-term outcome 6 and 18 months after completed treatment*

11. **References**

Bisson J, Andrews M.  
Psychological treatment of post-traumatic stress disorder (PTSD).  

Crumlish N, O'Rourke K.  
A Systematic Review of Treatments for Post-Traumatic Stress Disorder Among Refugees and Asylum-Seekers.  

Foa EB, Rothbaum BO, Riggs DS, Murdock TB.  