DOI: http://dx.doi.org/10.22122/ijbmc.v11i5.537 Published by Vesnu Publications

International Journal of Body, Mind and Culture

Comparing the Effectiveness of the Integrative Transdiagnostic and the Solution-Focused Intervention Methods on Distress Tolerance in Sexual Assault Victims

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Quantitative Study

Abstract

Background: Research indicates that sexual assault can lead to severe and long-term consequences for survivors; therefore, therapeutic interventions in this field are very important. The present study was conducted with the aim of c the effectiveness of the integrative transdiagnostic and the solution-focused intervention methods on distress tolerance (DT) in sexual assault victims.

Methods: This study was semi-experimental research conducted with two experimental groups and one control group, using pre-test, post-test, and follow-up design. Based on this, three groups of 12 women who were victims of sexual assault were purposefully selected and randomly assigned to the groups. Experimental group 1 received integrative transdiagnostic intervention, while experimental group 2 received solution-focused intervention in individual sessions. To collect data, the Simons and Gaher Distress Tolerance Scale (DTS) was used. The data were analyzed using repeated measures analysis of variance (ANOVA).

Results: There was a significant difference between the mean scores of pre-test and post-test stages in the integrative transdiagnostic group [$F = 19.63$, mean difference (MD) = 12.33, $P < 0.05$], and between the mean scores of pre-test and follow-up stages ($F = 19.63$, MD = 13.0, $P < 0.05$), in terms of DT. Moreover, there was a significant difference between the mean scores of pre-test and post-test stages in the solution-focused therapy group ($F = 19.63$, MD = 7.58, $P > 0.05$), and between the mean scores of pre-test and follow-up stages ($F = 19.63$, MD = 7.08, $P < 0.05$) in the aspect of DT.

Conclusion: According to the results, it can be concluded that the integrative transdiagnostic and solution-focused therapy can help to improve the DT of sexual assault victims.

Keywords: Psychotherapy; Distress; Tolerance; Sexual assault

Citation: Asadi Hasanvand A, Sadri Damirchi E, Ghamari Kivi H, Sheykholeslami A. **Comparing the Effectiveness of the Integrative Transdiagnostic and the Solution-Focused Intervention Methods on Distress Tolerance in Sexual Assault Victims.** Int J Body Mind Culture 2024; 11(5): 649-59.

Received: 27 June 2023
Accepted: 19 Aug. 2024

Introduction

Sexual assault is the most heinous crime against women which has increased day by day in recent times (Kuar & Kumar, 2022). It is defined as a sexual act in which the victim is forced to engage in sexual acts against their will. Sexual trauma is devastating for the people who experience it as well as their family members (Jones, Lauricella, D'Aniello, Smith, & Romney, 2022). It causes acute and long-term consequences for survivors, and they are almost four times more likely to suffer from psychiatric disorders (Daily, Loftus, Waickman, Start, & Fernandes, 2022). Studies have shown that approximately 70% of rape survivors experience significant levels of trauma and 45% report symptoms of post-traumatic stress disorder (PTSD) (Kassaw & Mengistu, 2023). Based on research by Akbari et al. (2022), there is a negative relationship between post-traumatic stress and distress tolerance (DT), and the number of traumatic events experienced is the most consistent moderator of the relationship between the two. Additionally, preliminary evidence from adult studies shows that a history of exposure to violence is associated with less DT (Heleniak et al., 2021). DT is the ability to effectively resist against negative internal experiences, such as negative affect, traumatic memories, and intrusive thoughts. Low DT is strongly associated with a range of health problems, including binge eating, anxiety, and substance abuse, and is a major target of psychological treatments for serious mood disorders, because the hypothesis of improvement in DT is to protect against potentially dangerous reactions of patients to intense negative emotions (Larrazabal, Naragon-Gainey, & Conway, 2022).

In terms of pathology, sexual violence can threaten the psychological well-being of the survivors in the short and long term depending on the circumstances probably where the victim is left without care and support from friends, family, and appropriate professional intervention. Thus, women who have been exposed to rape need intensive and suitable psychological intervention to heal their traumatized emotions that induce psychological distress and sexual dysfunction (Labe, Amande, Terngu, & Atsehe, 2021). For this purpose, in this research, integrated transdiagnostic and solution-focused treatment methods have been used to improve the psychological status and emotional disorders of sexual assault victims.

Transdiagnostic treatment approaches targeting the underlying causes and maintaining those common factors have appeared in many mental health disorders with promising results (Jacquart et al., 2019). These new therapies that treat multiple disorders simultaneously promise to overcome common barriers to the dissemination and implementation of traditional evidence-based psychological therapies (Ametaj et al., 2021), and offer several clinical and practical advantages compared to traditional single-disorder approaches, such as: potentially improving treatment outcomes by targeting the underlying mechanisms of multiple disorders, saving time for training professionals, and presenting in different formats (i.e., web-based or group-based format) for practical and economic benefits (Carlucci, Saggino, & Balsamo, 2021). In fact, these treatment methods can be used for a wide range of emotional disorders without the need to adapt to a treatment plan; therefore, they can reduce costs caused by the accurate assessment of the disorder and the training of several treatment methods (Seager, Rowley, & Ehrenreich-May, 2014). Despite the fact that they are rooted in the cognitive-behavioral tradition, they emphasize on emotions and incompatible strategies of emotion regulation. Emotional experience and response to emotions is the main basis in transdiagnostic approach (Atard, Mikayili, Mohajeri, & Zoudi, 2015). Research findings show that interventions that consider emotion

regulation deficits can help reduce the amount of high-risk sexual behaviors and the subsequent risk of sexual re-victimization (Steil, Schneider, & Schwartzkopff, 2022). Aguilera-Martín et al. (2022) also examined the usefulness of individual versus group metadiagnostic treatment for emotional disorders and concluded that both treatments were effective, but the group method was more cost-effective than the individual one, but less flexible. The study of Khorshidi Nazlou et al. (2022) also showed that transdiagnostic therapy could be effective in reducing emotional symptoms, anxiety, pain, DT, and sleep disorders.

Solution-focused brief therapy (SFBT) is also a strength-based intervention that originates from brief family therapy and has sufficient empirical support to effectively address psychological distress (Li, Solomon, Zhang, Franklin, Ji, & Chen, 2018). This brief treatment is an integrated model that uniquely depicts the sources and reasons of the client's life and when the client is in crisis (Finlayson, Jones, & Pickens, 2023), and is a psychotherapy method that instead of the causes of problems, focuses on solutions. Treatment is largely based on an optimistic approach and is based on the assumption that people are equipped with the skills to solve their problems (Gupta & Fakhr, 2022). Solution-focused therapy was a method that tried to motivate clients by increasing inner feelings and hope (Hendar, Awalya, & Sunawan, 2019). And because it is based on flexibility and clients' previous solutions and exceptions to their problems, it can be applied to most individual problems and to almost all problems seen by clinical professionals. These include trauma treatment (Zatloukal & Furman, 2023), treatment of sexual trauma survivors (Dolan, 1991; Jones et al., 2022), distress treatment (Zhang & Froerer, 2023), and DT (Hashemi Saraj, Toozandehjani, & Zendehdel, 2022).

Therefore, considering that sexual assault can cause serious and irreparable damage to the victims and those around them and prevent the society from dynamic and excellence, we decided to investigate the effectiveness of these two methods on DT in female clients who were victims of sexual assault. The basic question in this research is whether there is a significant difference between the effect of integrative transdiagnostic intervention method and the solution-focused method on DT in sexual assault victims.

Methods

The current research method was a semi-experimental method with two experimental groups and a control group, which was conducted using the pre-test, post-test, and follow-up test design. Based on this, three groups (12 people in each group) were selected from among women who were victims of sexual assault referring to counseling centers in Ahvaz City, Iran. First, a pre-test was performed on all participants in controlled conditions. Then, experimental group 1, in the form of 10 individual sessions of 90 minutes, and experimental group 2, in the form of 7 individual sessions of 90 minutes, received integrative metadiagnostic and solution-focused interventions, respectively. After the end of the training, the post-test was conducted with an interval of one week, and after one month of the post-test, the follow-up test was done**.** The entry criteria included women aged between 18 and 35 years and consent to attend the research, and exit criteria included absenteeism in meetings, not doing homework, and having severe mental illnesses. Moreover, the data of this research were analyzed using SPSS software (version 26, IBM Corporation, Armonk, NY, USA). Descriptive statistics included calculating the mean and standard deviation (SD), and in order to determine the significance of the

differences between the means of the experimental and control groups in the dependent variables, the analysis of variance (ANOVA) with repeated measurements was used in inferential statistics. It should be noted that the summary of integrative transdiagnostic and solution-focused treatments is given in tables 1 and 2.

Distress Tolerance Scale (DTS): The DTS is a self-report questionnaire developed by Simons and Gaher in 2005. It consists of 15 items and four subscales: tolerance, absorption, appraisal, and regulation. In the study by Simons and Gaher (2005), alpha coefficients were reported as follows: 0.72 for emotional DT, 0.82 for absorption of negative emotions, 0.78 for cognitive appraisal of distress, 0.70 for adjustment of efforts to relieve distress, and 0.82 for the overall scale. The intraclass correlation after a six-month interval was reported as 0.61.

Table 1. Summary of sessions in the integrated transdiagnostic intervention (McKay, Fanning, & Zurita, 2016)

Goal	Content	Behavior change	Task
1. Clarification of values	Explanation of the concept of values, identifying core values	Understanding the meaning and concept of value	Identification and implementation of behavioral plans in accordance with values
2. Awareness of emotions without judgment of experiences	Engaging in mindfulness exercises	Staying in the present moment	Practicing mindfulness exercises throughout the week
3. Reducing negative evaluation and neutralizing	Engaging in discombobulation	Familiarity with the concept of incoherence	Engaging in cognitive defusion exercises
4. Expanding intellectual horizons	Engaging in cognitive flexibility exercises to promote flexibility in how the mind defines reality	Considering different aspects of a subject	Practicing flexibility exercises and finding alternative interpretations for realities
5. Providing assistance to individuals in seeking comfort and tranquility	Reviewing the tasks from the previous session and preparing a relaxation and self-soothing plan	Self-soothing	Engaging in relaxation exercises throughout the week
6. Creating distance from avoiding experiential avoidance	Engaging in an opposite action to the emotion in order to create distance from experiential avoidance	Not avoiding negative experiences and emotions	Engaging in actions contrary to emotions throughout the week
7. Assisting clients in learning and understanding the importance of effective interpersonal relationships	Engaging in exercises for learning and improving interpersonal relationships, such as practicing mindful listening	Effective increase and improvement of interpersonal communication	Engaging in effective communication exercises throughout the week
8. Reducing fear of negative emotions and increasing resilience	Increasing awareness of emotions and utilizing emotion-focused imagery for emotional confrontation	Emotion-focused imagery confrontation	Engaging in imagery-based confrontation exercises
9. Accepting painful emotions and decreasing avoidance	Developing a hierarchy of confrontation and engaging in real-life exposure to physical sensations of emotions	Real confrontation with physical sensations of emotions	Engaging in exercises confronting bodily sensations of emotions
10. Desensitizing troublesome experiences	Engaging in situational confrontation by formulating a hierarchy of exposure	Confronting a situation with negative emotions	Engaging in confrontation at least 3 or 4 times

Table 2. Summary of solution-focused training sessions (Mohsini, 2021)

Goal	Content	Behavior change	Task
1. Establishing the therapeutic relationship, setting frameworks, and stating general principles	Introduction, stating the principles and rules of counseling	General familiarity with the structure of therapy sessions	Taking note of expectations and goals for attending sessions
2. Assisting clients in formulating concrete and measurable self-defined goals	Encouraging clients to express what they want instead of focusing on the problem	Setting tangible goals and discovering the truth that they have the potential to achieve those goals	Writing goals in a proper method as learned in training
3. Identifying strengths and assisting clients in changing their perspective towards events	Encouraging clients to express their strengths and empower them	Self-awareness and discovering strengths	Focusing on strengths and abilities
4. Identifying positive exceptions in life and increasing the level of hopefulness	Assisting clients in identifying instances where they have been able to overcome the problem	Awareness of problem-free moments and repeating them	Thinking about favorable situations
5. Eliminating dysfunctional behavioral patterns using miracle question technique	Asking miracle question	Focusing on problem-free moments	Clients are requested to reflect more on the miracle question raised during the session and provide an answer to it
6. Training to use the word 'instead of' to experience new emotions	Assisting clients in finding appropriate solutions	Replacing negative thoughts and speech with positive ones	Clients are encouraged to implement their own suggested hidden solutions in practice
7. Summarizing past content, conclusion	Providing a summary of therapy sessions	Identifying existing solutions	Completing the questionnaire with a one-week interval

Besides, it has been determined that this scale has good criterion validity and initial convergence. This scale has a positive relationship with mood acceptance and a negative relationship with the coping strategies scales of alcohol and marijuana use and their use for recovery (Simons & Gaher, 2005). In Iran, in the research of Tavakoli and kazemi Zahrani (2018), the reliability coefficient of the test-retest method at the interval of two weeks for the whole scale was 0.81 and for the subscales of tolerance, assimilation, evaluation, and adjustment, it was 0.71, 0.69, 0.77, and 0.73, respectively. Furthermore, significant correlations were found between the DTS and positive emotion, negative emotion, and cigarette dependence, with score of 0.543, -0.224, and 0.653, respectively (Hashemi Saraj et al., 2022).

Results

In terms of educational qualifications, there were 10 research participants with a middle school degree, 13 participants with a diploma, 2 participants with a associate degree, and 11 participants with a bachelor's degree. The participants' age range was between 24 and 43 years old. Mean and SD of the participants' age was 25.32 ± 6.45.

Table 3 displays the mean and SD of the research variables across experimental group 1, experimental group 2, and control group during the pretest, posttest, and follow-up assessments. Prior to conducting the repeated measures ANOVA, it is

crucial to satisfy certain conditions to ensure the reliability of the findings.

Table 3. Mean and standard deviation (SD) of the dependent variable in experimental and control groups in pretest, posttest, and follow-up

Dependent variable	Measurement stage	Experimental 2 (mean ± SD)	Experimental 1 (mean ± SD)	Control (mean ± SD)
Distress tolerance	Pre-test	25.50 ± 8.60	25.91 ± 12.04	27.33 ± 10.53
	Post-test	37.83 ± 6.39	33.50 ± 11.47	26.75 ± 11.25
	Follow-up	38.50 ± 6.70	33.00 ± 11.29	27.25 ± 11.24

SD: Standard deviation

One of the assumptions in repeated measures ANOVA is assessing the homogeneity of variance-covariance matrices, accomplished through the utilization of Box's M test (Box's M = 21.38, F = 1.54, P = 0.10).

The significance level of the Box's M test was greater than 0.05; therefore, it can be concluded that the variance-covariance matrices were homogeneous. To examine the homogeneity of variance among the three groups in the pretest, posttest, and follow-up stages, the Levene's test for homogeneity of variance was used. The Levene's test was not statistically significant, indicating that the variances were homogeneous (F = 1.54, P = 0.33). Another assumption of repeated measures ANOVA is the sphericity assumption, which tests the equality of within-subject variances over time. The Mauchly's test of sphericity was used to examine this assumption [W = 0.448, chi square = 25.7, degree of freedom (df) = 2, P = 0.001]. Additionally, the Kolmogorov-Smirnov test was used for testing the normality assumption of the variable distribution (Z = 0.21, P = 0.075).

The assumptions of normal distribution of variables and homogeneity of variances were satisfied (P > 0.05). Therefore, based on the findings of the Box's M test, Kolmogorov-Smirnov test, and Levene's test, the assumptions of repeated measures ANOVA were held. However, the Mauchly's sphericity test was statistically significant, indicating that the assumption of sphericity was violated. Consequently, the Greenhouse-Geisser correction was employed. Accordingly, to compare the effectiveness of the interventional approach in reducing distress among the experimental and control groups in the pretest, posttest, and follow-up, a repeated measures ANOVA was utilized, and the results are presented in table 4.

According to table 4, the results showed the time factor (F = 58.9, P = 0.001) was found to be significant, while the group factor (F = 1.43, P = 0.250) was not significant. Therefore, there was a significant difference between at least two time points (pre-test, post-test, or follow-up). Table 5 displays the results of the Bonferroni follow-up test to determine the impact of the interventions on the research variable at different measurement stages.

In table 5, Bonferroni's post hoc test results showed that the differences between the average scores of the pre-test and post-test stages, as well as the differences between the average scores of the pre-test and follow-up stages, were significant in both experimental 1 and experimental 2 groups.

Table 4. Results of repeated measures analysis of variance (ANOVA) in three stages of measurement

Variable	Sourse	SS	df	MS	F	P-value	Effect size	Statistical power
Distress tolerance	Time	1032.29	1.28	801.15	58.90	0.001	0.64	1.00
	time * Group	688.03	2.57	266.99	19.63	0.001	0.54	1.00
	Between groups	842.35	2.00	421.17	1.43	0.250	0.08	0.28

SS: Sum of squares; df: Degree of freedom; MS: Mean squares

Table 5. Bonferroni's post hoc test results for comparing three groups

Variable	Group	Pre-test and post-test		Pre-test and follow-up		Post-test and follow-up	
		Mean difference	SE	Mean difference	SE	Mean difference	SE
Distress tolerance	Experimental 1	12.33*	0.60	13.00*	1.59	0.66	1.01
	Experimental 2	7.58*	0.60	7.08*	1.59	0.50	1.01
	Control	0.58	0.60	0.08	1.59	0.50	1.01

*P < 0.05, SE: Standard error

However, the differences between the post-test and follow-up stages were not significant, indicating the impact of both methods of intervention on DT in sexual assault survivors in the post-test stage and its continuity in the follow-up stage. On the other hand, in the control group, all comparisons were non-significant.

Discussion

The present study was conducted with the aim of comparing the effectiveness of integrative transdiagnostic and the solution-focused intervention methods on DT in sexual assault victims. The research results indicated that the integrated transdiagnostic intervention and solution-focused approach led to significant statistical changes in the therapeutic gains of DT in the experimental groups during the post-test and follow-up stages. These findings are consistent with the studies conducted by Aguilera-Martín et al. (2022), Gutner and Presseau (2019), Ghezelseflo et al. (2022), Zhang and Froerer (2023), Franklin et al. (2023), Ayar and Sabanciogullari (2021), Zatloukal and Furman (2023), Aminzadeh and Bolghan-Abadi (2022), Asqhaharinekah et al. (2023), and Jones et al. (2022).

Regarding the explanation of the effectiveness of integrative transdiagnostic therapy on DT, it can be said that according to the logic of the emergence of an integrative transdiagnostic treatment approach, improvement in DT can be due to the targeting of common factors such as repetitive thoughts and negative emotions, which are emphasized in all models (Bullis, Fortune, Farchione, & Barlow, 2014). Furthermore, the transdiagnostic treatment model is based on emotion regulation skills, and in recent years, research has consistently shown that emotion regulation is an important transdiagnostic factor related to the treatment of mental health disorders (Bielinski et al., 2020).

Awareness of emotions, emotional exposure, and ccepting emotions and not suppressing them are among the effective strategies in emotion regulation that are frequently used in the transdiagnostic approach. Experimental research on the consequences of emotional acceptance has shown that compared to emotional suppression, acceptance is associated with less experience of fear, catastrophic thoughts, avoidance behavior, and better recovery in the field of negative emotions (Zemestani & Imani, 2016). Individuals who use adaptive emotion regulation techniques and strategies during and after distressing and anxiety-provoking experiences will be able to accept their emotions and manage them more effectively by changing their evaluations and attitudes towards events. This can lead to a reduction in distress and an increase in DT.

As a result, it can be said that a transdiagnostic approach has been developed that focuses on dysfunctional emotion regulation strategies and cognitive processes that are common to different mental disorders.

In recent years, this approach has been effective in reducing emotional symptoms and improving quality of life (Aguilera-Martín et al., 2022).

Regarding the effectiveness of solution-focused treatment on DT, it can be said that in survivors of sexual assault, solution-focused therapy provides a natural approach to empowering clients. By focusing on what the clients are already doing well, reinforcing expectations regarding challenges, emphasizing inherent strengths, and creating behavioral changes, they can achieve changes and increase their sense of mastery over the problems.

Perceived control over current symptoms and solutions is consistently associated with better adaptation and improved outcomes in related treatments. Therapists who are comfortable with a solution-focused framework are well suited to apply this model to the population of rape survivors and their partners. Techniques and traditions of solution-focused work, for example emphasizing the client's wisdom and strength and seeking and strengthening solutions, need only be modified to match the target problem. Such techniques can use traditional solution-focused methods to create positive treatment outcomes for rape survivors and their partners (Tambling, 2012). Moreover, working with traumatized clients clearly demonstrates that SFBT is not just a set of techniques but an approach that emphasizes enhancing hope and creativity in working with clients and hope is an important common factor that contributes to positive therapeutic outcomes and is crucial for effective trauma treatment (Zatloukal & Furman, 2023).

Generally speaking, in this approach, clients are not positioned in a state of weakness, and instead of examining the damaging dimensions and problematic aspects of the clients, they are asked to focus on aspects and times in their lives where these problems do not exist. Any small positive action and aspect of the patients are acknowledged and encouraged, which can create hope for a future without problems and increase DT in clients.

Referring to the limitations of the current research, it should be noted that the results obtained from this study are related to female victims of sexual assault. Therefore, generalizing the findings to other individuals and groups should be done with caution. Additionally, considering the cultural and moral sensitivities in Iran, including the issue of honor, fear of disclosure of secrets, and the possibility of honor killings, collecting and preserving samples was challenging, which slowed down the research process.

Conclusion

The results of the research showed that these two treatments were equally effective on the DT in rape victims. Therefore, it is recommended that counseling and psychological workshops be organized for these individuals, titled "Integrated Transdiagnostic Intervention Methods and Solution-Focused Approach", in order to assist them in improving their lives.

Conflict of Interests

Authors have no conflict of interests.

Acknowledgements

The present study is taken from the doctoral dissertation at University of Mohaghegh Ardabili, Ardabil, Iran. We hereby thank all the people who helped us in the

implementation of this research.

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