Adapting brief problem-solving therapy for pregnant women experiencing depressive symptoms and intimate partner violence in rural Ethiopia

Study overview

Perinatal common mental disorders and intimate partner violence (IPV) are highly prevalent in Ethiopia. The aim of this study was to adapt an evidence-based psychological intervention to address depressive symptoms and IPV among pregnant women in rural Ethiopia. The adaptation was guided by the UK MRC/NIHR ADAPT framework, in order to develop a model was culturally relevant, feasible, and safe within the Ethiopian health system.

The current 'Evidence Bits' is based on the publication:
Roxanne C. Keynejad, Tesera Bitew, Katherine Sorsdahl, Bronwyn Myers, Simone Honikman, Adiyam Mulushoa, Mekdes Demissie, Negussie Deyessa, Louise M. Howard & Charlotte Hanlon (2024) Adapting brief problem-solving therapy for pregnant women experiencing depressive symptoms and intimate partner violence in rural Ethiopia, Psychotherapy Research, 34:4, 538-554, DOI: 10.1080/10503307.2023.2222899

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Clinical or methodological significance of this article

Despite substantial literature on task-shared interventions in low- and middle-income countries, few studies report the adaptation of treatments for the mental health of pregnant women experiencing intimate partner violence (IPV) in depth. The current study systematically reports the process of implementing the latest guidance on contextual consideration, adaptation and theoretical explication of a complex intervention in rural Ethiopia, with piloting a randomised controlled trial in mind. This study is one of few which carefully describes the participatory process by which an evidence-based psychological intervention was adapted from a different setting for the Ethiopian context.

Methods

The adaptation combined multiple sources of evidence:

- Desk review across epidemiological, cultural, ethical and health system domains.
- Qualitative interviews with 16 pregnant women and 12 antenatal care providers.
- Stakeholder workshops to co-produce a Theory of Change model.
- Development of a “dark logic model” to anticipate unintended harms.

Intervention Selection & Adaptation

Three candidate interventions were assessed: interpersonal therapy, common elements treatment approach and problem-solving therapy. Problem-solving therapy was prioritised because its problem-solving focus accorded with local (Azale et al., 2018; Bitew et al., 2020) and regional (Mayston et al., 2020) findings that emotional difficulties are frequently attributed to “thinking too much” about problems and the general stresses of life (Tekola et al., 2020).

Intervention approaches and psychosocial support

Intervention features

- Individual delivery to ensure confidentiality (rather than group formats).
- Integration with antenatal care visits to maximise feasibility.
- Simplified and translated manuals, illustrated with culturally relevant images.
- Training antenatal providers on how to safely respond to IPV experiences raised during therapy sessions, supported by structured supervision and referral systems.
- Incorporating local women's anonymised IPV testimonies into the training curriculum.

Stakeholder perspectives

Women expressed both value and concern regarding the prospect of antenatal psychological therapy. They welcomed "the opportunity to share problems and feel understood," but feared breaches of confidentiality and stigma. Antenatal care providers highlighted the importance of "training, referral systems, and manageable workloads." Trust, privacy, and empathy were consistently cited as critical conditions for engagement.

Programme Theory – The Theory of Change

A central output of the adaptation process was the **Theory of Change** model, co-produced with stakeholders. It outlines key aspects of engagement, training, and set-up to foster intermediate outcomes and potential impacts beyond the "ceiling of accountability". The map makes assumptions and potential barriers explicit.

The Theory of Change

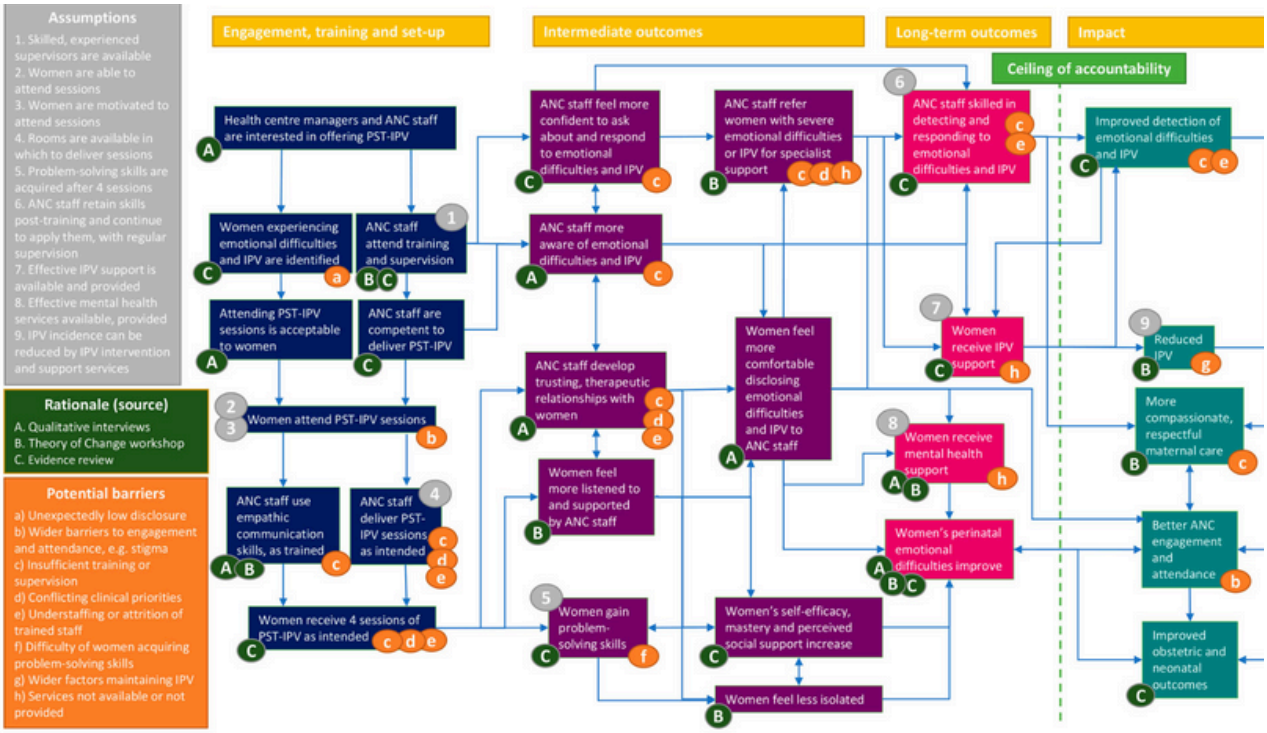

Figure 1. Theory of change map. Reproduced from the original study (Keynejad et al., 2024)

The Theory of Change map (Figure 1) shows the process by which long-term outcomes were hypothesised to occur. Anticipated long-term outcomes were antenatal care providers being skilled in detecting and responding to emotional difficulties and IPV, women receiving support and women's perinatal emotional difficulties improving.

Anticipating Harms – The Dark Logic Model

In parallel, the authors developed a dark logic model (Bonell et al. 2015) to "anticipate potential harms." This included risks of IPV escalation following disclosure, provider overconfidence undermining specialist referral, or women disengaging from antenatal care if confidentiality was compromised. Such modelling allowed the team to incorporate safeguards into both training and supervision structures.

Key takeaways

- Few studies report the adaptation of treatments for pregnant women experiencing intimate partner violence in low- and middle-income countries in depth.
- This study systematically reported how contextual consideration, adaptation, and theoretical explication of a complex intervention can be implemented in a low-income, rural setting, following the latest consensus guidance.
- The study demonstrates that adapting psychological interventions requires systematic consideration of cultural, systemic and ethical domains. By documenting the process in detail, the authors provide a replicable methodology for tailoring complex interventions in low- and middle-income countries.
- This study reports an approach to culturally and contextually adapting a brief psychological intervention for the needs of pregnant women experiencing IPV in rural Ethiopia.

Related Papers and Resources

- Open access study resources: Open Science Framework (2022)
- Formative qualitative study (Keynejad et al. 2023a)
- Randomised, controlled feasibility trial **protocol** (Keynejad et al. 2020)
- Randomised, controlled feasibility trial **results paper** (Keynejad et al. 2023b)
- Developmental evaluation (Keynejad et al. 2025)

If you are interested in discussing whether brief problem-solving therapy tailored for women experiencing intimate partner violence in Ethiopia could be relevant for your work, please email her at roxanne.1.keynejad@kcl.ac.uk

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