

Trauma and Compassion— the blocks to effective CBT

Introduction

Trauma Focused Cognitive Behavioural Therapy (TF-CBT) is an evidence-based treatment which draws on a number of theoretical approaches such as neurobiological, developmental, attachment theory, and cognitive-behavioural. It has been endorsed as an effective treatment for PTSD (see Bisson et al., 2007) across a wide range of traumas (Ehlers et al, 2013).

Prevalence of PTSD is higher among women than men (Brady, 2001; Kessler, 2000; Stein et al, 2000) and has become a common diagnosis in psychiatric inpatient settings (van der Kolk, 2002). Shame based flashbacks, feelings of guilt and emotional dysregulation are common characteristics of PTSD. Using Compassion Focused Therapy (CFT) within CBT to reframe critical thinking to one of compassion for the self has been shown to be effective in PTSD treatment (Lee, 2005; 2009).

Aim

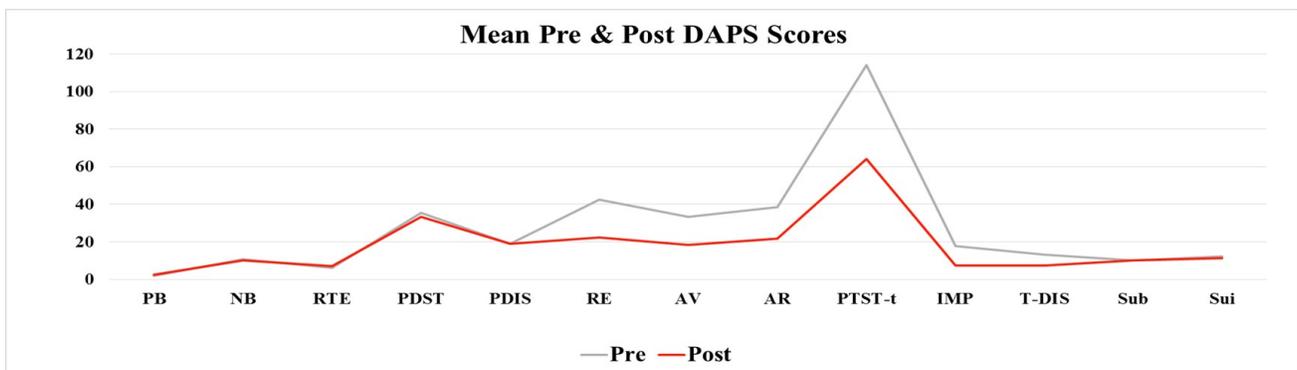
To evaluate the effectiveness of an individual TF-CBT intervention using CFT in a low secure female psychiatric unit.

Materials and methods

Five patients who had endorsed significant levels of PTSD on the Millon Clinical Multiaxial Inventory –III (MCMIII; Millon, Millon, Davis & Grossman, 1997) personality assessment or the Trauma Symptom Inventory (TSI; Briere, 1995), were identified as needing trauma therapy. They were assigned between 4-12 sessions of TFCBT with Compassion Focused therapy to support a phased based approach and assist with self-critical / judgmental statements within the re-scripts. The effectiveness of this was then measured pre and post intervention using the Detailed Assessment of Posttraumatic Stress (DAPS; Briere, 2001) which is a 104 item test of trauma exposure.

Results

The results showed a significant reduction for Re-experiencing, Avoidance, Hyperarousal, Post-traumatic Stress Total, Post-traumatic Impairment ($p > 0.001$) which was a reliable change with the exception of Avoidance for one individual who appeared less able to develop and maintain compassion for herself when scripting. Re-experiencing, Avoidance, Hyperarousal, Post-traumatic Stress Total were clinically significant at 2 SDs below the 'functional' mean (Jacobson & Truax, 1991) for three individuals and Posttraumatic impairment was for all. Trauma-specific Dissociation showed a significant reduction ($p > 0.01$) which was a reliable change at an 'improved' clinical significance just outside the functional range. The one individual who focused on an emotional trauma had reliable change at a clinically significant level within the functional level on every scale of the DAPS, for clarity she is not referred to below.



The scores on the validity scales had increased slightly for some individuals. The trauma specification scales of Relative Trauma Exposure (RTE), Peritraumatic Distress (PDST) and Peritraumatic Dissociation (PDIS) had no reliable or clinically significant change and had increased for some. There was no change for the scores on suicidality and individuals had all measured within the 'functional' range on the pre-TFCBT DAPS indicating that pre-therapy stabilisation had been effective.

Conclusions

The evaluation showed that the intervention was effective in meeting the treatment targets to reduce how the trauma was impacting on the patients in the present. The lack of change for the Trauma Specification Scales is unsurprising as these questions ask about how the individual historically viewed the trauma. Where a slight increase was observed this may be due to patients having more awareness of how they felt at the time.

The results indicated that using CFT effectively whilst scripting was a crucial part of the treatment as those who were less able to do so did not move into the functional range. This suggests that developing compassion would be a beneficial precursor to treatment.

In terms of Trauma Specific Dissociation, the findings suggest that individuals would benefit from further intervention targeting dissociation specifically as many have histories of extended and severe childhood trauma. The findings support a Treatment Pathway for Complex PTSD in women's forensic services.

Patient feedback

"To go a night without a flashback after years was surreal"

"I definitely don't think I could have coped without the CFT skills work first"

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