

An Evaluation of Therapy Outcomes and Patient Perspectives of an Intensive Therapy Programme for Complex Post-Traumatic Stress Disorder (C-PTSD).



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Introduction

C-PTSD includes the symptoms of PTSD (re-experiencing, hypervigilance and avoidance) and is also characterised by additional 'disturbances in self-organisation' (DSO). DSO symptoms include difficulties with relationships, emotion regulation and self-concept. C-PTSD is highly prevalent in CMHTs and is associated with functional impairment and poorer quality of life.

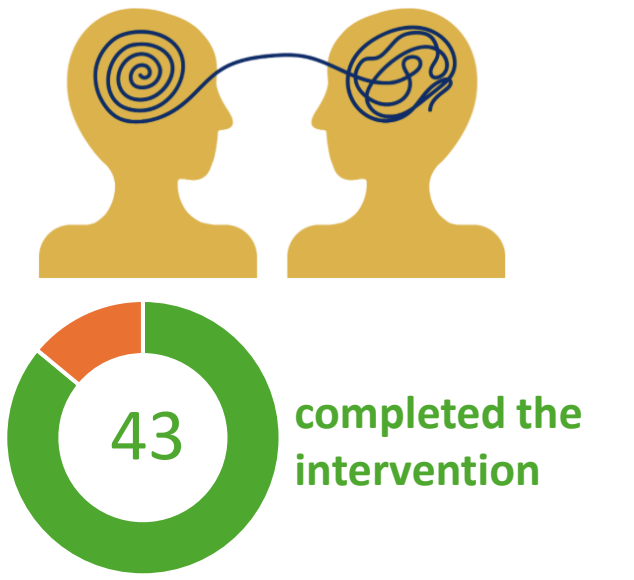
Although traditional interventions for PTSD are effective, due to concerns around dropout rates, intensive trauma treatments have been developed. Bongaerts et al. (2017) trialled 8-days of intensive therapy, each including: imaginal exposure (IE), eye-movement desensitisation and reprocessing (EMDR), psychoeducation and exercise. This was found to be effective.

CMHTs in ABUHB (South Wales) have replicated this novel intervention to address long waiting times and potentially provide more cost-effective therapeutic intervention with reduced drop-out rates.



Methods

Participants: 50 people who met diagnostic criteria for C-PTSD consented to take part in an intensive programme targeting their 6 worst memories.



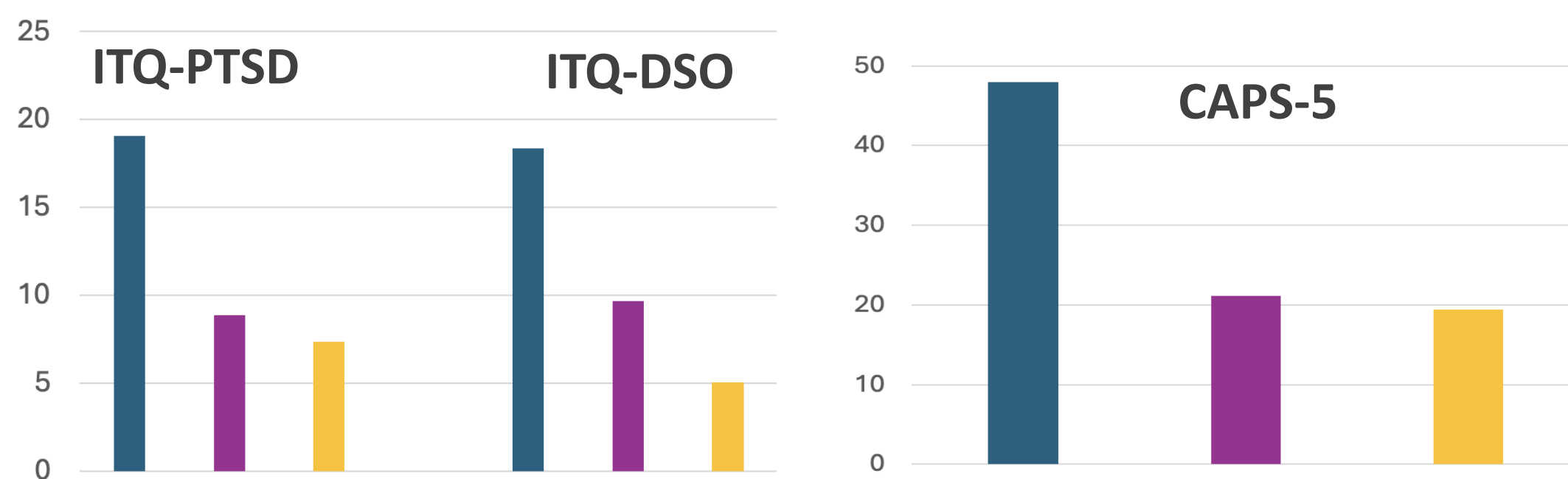
Measures: CAPS-5, PCL-5, BDI-II, BSI, ITQ and trauma visual analogue scale (TVAS) were collected at pre- and post-intervention, 1-week, 1-month and 6-month follow ups. A feedback form was completed immediately post-intervention.

Treatment Procedure: The programme took place on 6-full days over 2-weeks in cohorts of 6. Each day included: group psychoeducation, 1:1 IE, 1:1 EMDR and group exercise, plus homework of exposure to triggers.

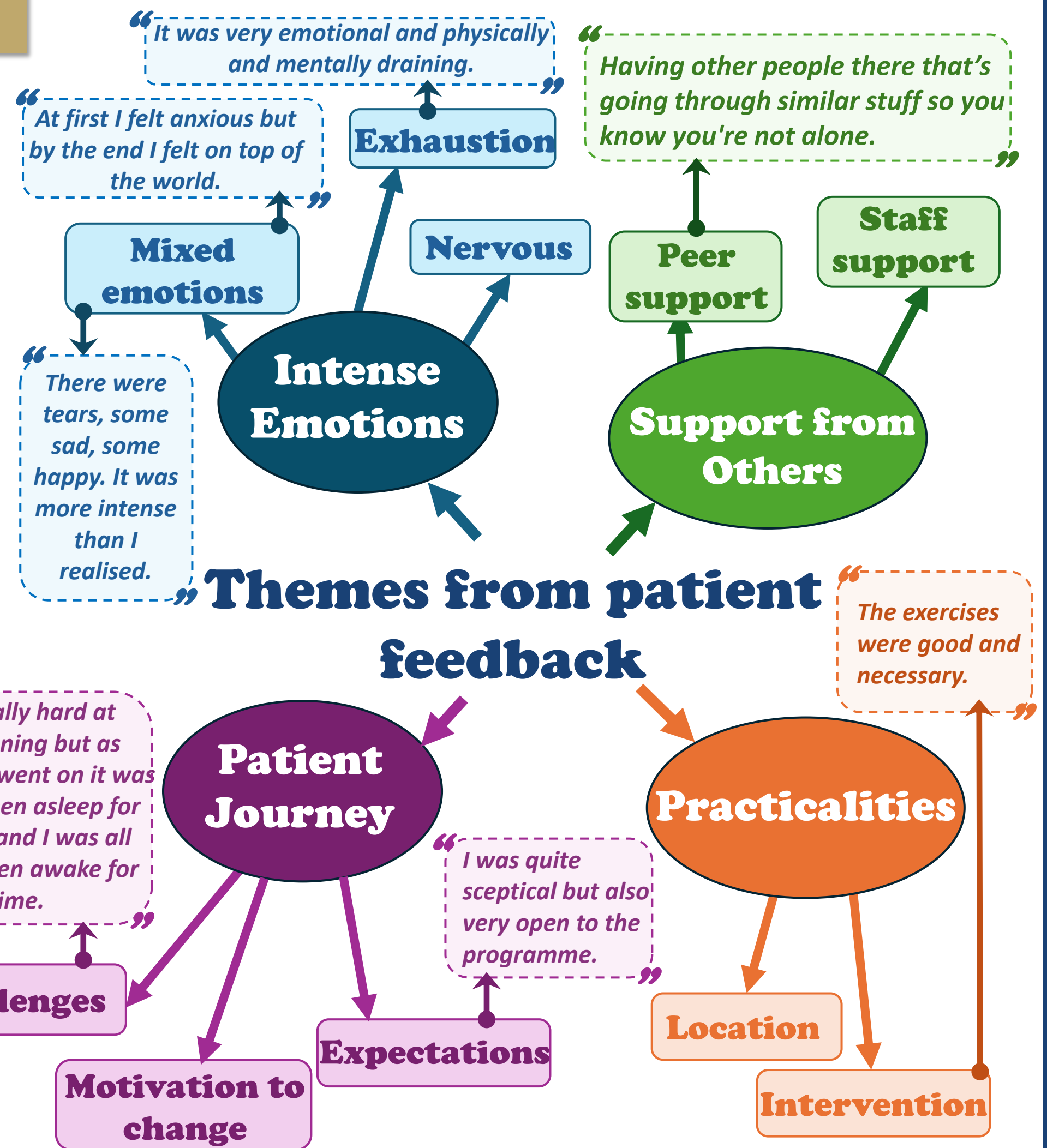
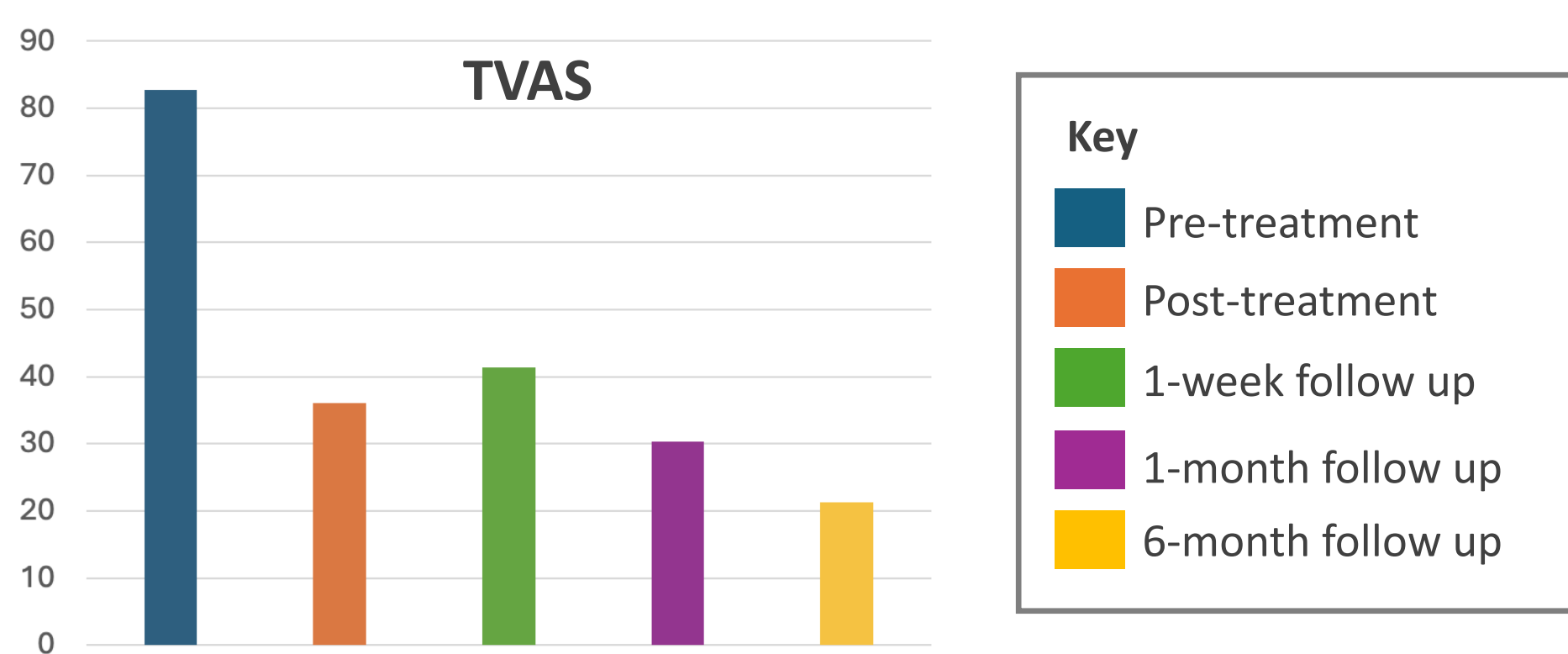
Data analysis: Wilcoxon signed-ranks pre-post analysis using SPSS. Bonferroni correction was applied. Braun and Clark (2006) thematic analysis.

Results

Intervention outcomes



All measures of PTSD, C-PTSD, mood, overall distress, and self-reported impact of trauma were significantly reduced pre/post intervention and at pre/1-week and pre/1-month timepoints. The PCL-5, BDI-II, TVAS and BSI were all significantly reduced at pre/6-month follow up.



Conclusions

The findings support the hypothesis that the intensive trauma programme would statistically reduce symptoms of PTSD/C-PTSD, which fits with emerging literature of intensive trauma therapy programmes being effective and acceptable.

With **14% dropout**, it could be speculated that some of the identified **sub-themes play a role** in this, particularly, **challenges, exhaustion, mixed emotions and nervousness.**

However simultaneously, it could be speculated that **sub-themes** around being **motivated for change, peer and staff support** would likely be **protective against dropout.**



Further qualitative research exploring the reasons for dropout would provide insight into barriers or adaptations required.

Recommendations

- ✓ Continue to deliver within the CMHT.
- ✓ Staff currently involved could support replication of the programme across other CMHTs both within and beyond the health board.
- ✓ Clinicians to consider practical elements such as the environment, the accessibility of the venue.
- ✓ Clinicians to fully explain the emotional intensity and challenges to patients at the outset as part of informed consent.
- ✓ Clinicians to consider motivational interviewing with the patients at the outset, to encourage engagement when the intervention feels challenging.
- ✓ Continue gathering follow up data at 6-months.
- ✓ Conduct an evaluation comparing cost of delivering the intensive programme to TAU.
- ✓ To compare dropout rates of the intensive programme to TAU.

References

- Bongaerts, H., Van Minnen, A., & de Jongh, A. (2017). Intensive EMDR to Treat Patients With Complex Posttraumatic Stress Disorder: A Case Series. *Journal of EMDR Practice and Research*, 11(2).
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.