

# Intensive cognitive therapy for post-traumatic stress disorder within an

## Employee Wellbeing Service for NHS staff: client and therapist perspectives



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### Introduction

Post-traumatic stress disorder (PTSD) is common in **healthcare staff** (Scott et al., 2023). Research has found **intensive Cognitive Therapy for PTSD (CT-PTSD)** (Ehlers & Clark, 2000) to be **equally as effective** as weekly formats (Ehlers et al., 2014; Murray et al., 2017). Aneurin Bevan University Health Board's **Employee Wellbeing Service (EWS)** decided to offer intensive CT-PTSD to staff. This service evaluation aims to answer the following:

Is intensive CT-PTSD **acceptable** and **feasible** from an EWS client and therapist perspective?

### Method

**Ten clients** completed **10 sessions** of CT-PTSD over **5 days across 2 weeks**. Clients were White British, 80% women, with a mean age of 44 years old. Outcomes were measured using the **PCL-5** (Weathers et al., 2013) and **CORE-OM** (Evans et al., 2000).

**Five clients** and **six therapists** attended semi-structured **interviews** following the intervention. **Reflexive thematic analysis** (Braun & Clarke, 2021) was used to generate themes related to the acceptability and feasibility of CT-PTSD for clients and therapists. The evaluation was approved by the Health Board's R&D department.

### Results

- **70%** of clients **reliably improved** on the PCL-5
- **67%** of clients **reliably improved** on the CORE-OM
- **No deterioration** in scores for either measure
- **Full attendance** for all clients

- The **emotional impact** of intensive therapy presents challenges to acceptability for both clients and therapists, but the potential for **quick results** and **support from others** helps to address this.
- Intensive CT-PTSD was acceptable to clients in similar ways to weekly therapy in terms of **specific factors** within the CT-PTSD model and **common factors** such as warmth and non-judgementality.
- For therapists, intensive CT-PTSD was acceptable in terms of **professional development**.

*Because I don't think, if we'd had it weekly, I don't think we, I could have done what we did, you know? ... We were going at such a pace, by the second week, I'd stopped having the nightmares, the trauma.* (Michelle\*, client)

*... just the, I suppose, the novelty, the excitement of doing something different as well, yeah, which I enjoy. ... overall it was a very demanding but a really positive experience and something that I would welcome the opportunity to do again if it arises.* (Leah\*, therapist)

*It sounds a lot of counselling in one go and it is stressful, very tearful. But do it because it's well, well worth it in the end, well worth it. I wouldn't tell them to hesitate to go for it if they ever had this chance to do it.* (Denise\*, client)

### Discussion

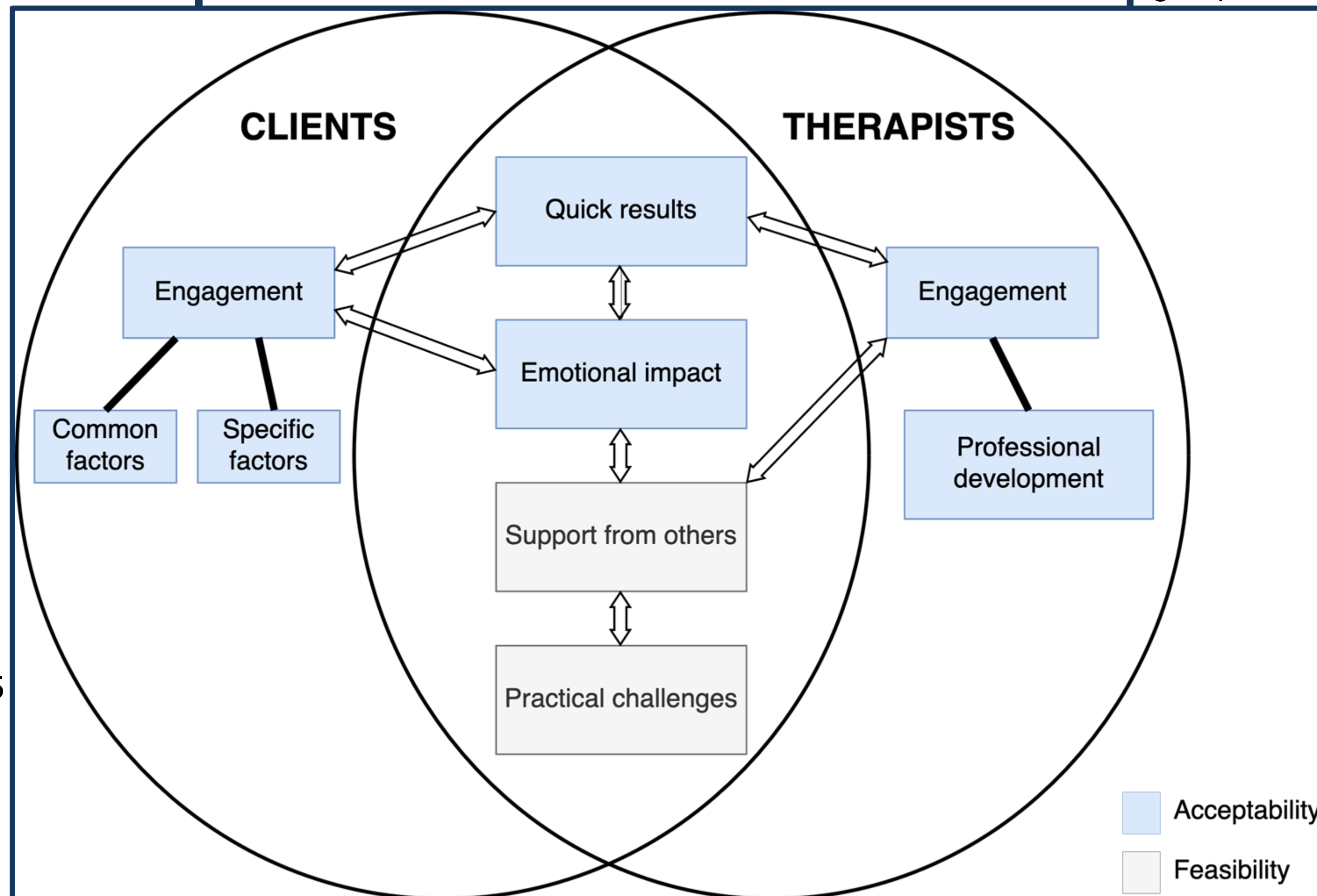
Outcome measures and interview data suggest **high acceptability and feasibility** for intensive CT-PTSD in this group of EWS therapists and clients. This service evaluation

is limited by the specificity and self-selecting nature of the sample. Future evaluations should consider how client characteristics, including nature of PTSD, influence outcomes, and perform inferential statistics on larger outcome datasets.

### Implications:

- CT-PTSD is acceptable and feasible in an EWS context.
- Intensive CT-PTSD may be more acceptable for clients who have difficulty tolerating gaps between weekly sessions.
- There are benefits to coordinating a group of therapists to deliver intensive CT-PTSD at the same time.
- Intensive CT-PTSD should be supported by formal and informal supervision, and briefing and debriefing meetings for therapists at the beginning and end of the intervention period are recommended.

\*pseudonym



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