

Therapist and Service User Views on a Trauma Pathway Clinic



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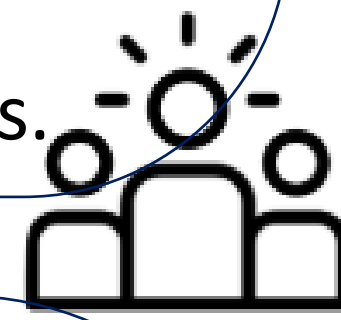
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Background

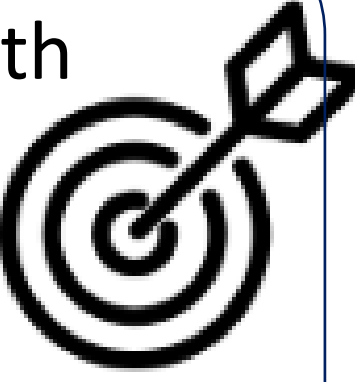
The Trauma Pathway Clinic was initiated in September 2023 with **three main aims**:

- To expedite people from **key national priority groups** who would otherwise wait 2-3 years on a CMHT psychology waiting-list, and provide an evidence-based trauma intervention much sooner. The two identified priority groups were **young people aged 18-21** and/or **parents of infants aged 0-2 years**. The benefits of reducing PTSD symptoms and improving quality of life/connections in these populations are well understood.
- To **build capacity** for the psychology teams within the CMHTs across Gwent.
- To provide an **opportunity for therapists** trained in EMDR/CT-PTSD to access suitable clients and receive regular accredited supervision in order to develop their specialist therapy skills.



Aims

We wanted to **explore the views** of both **service users and therapists** as to whether they felt this clinic had met their needs (clinical/specialist skills development), and whether there were **suggestions for improvement**.



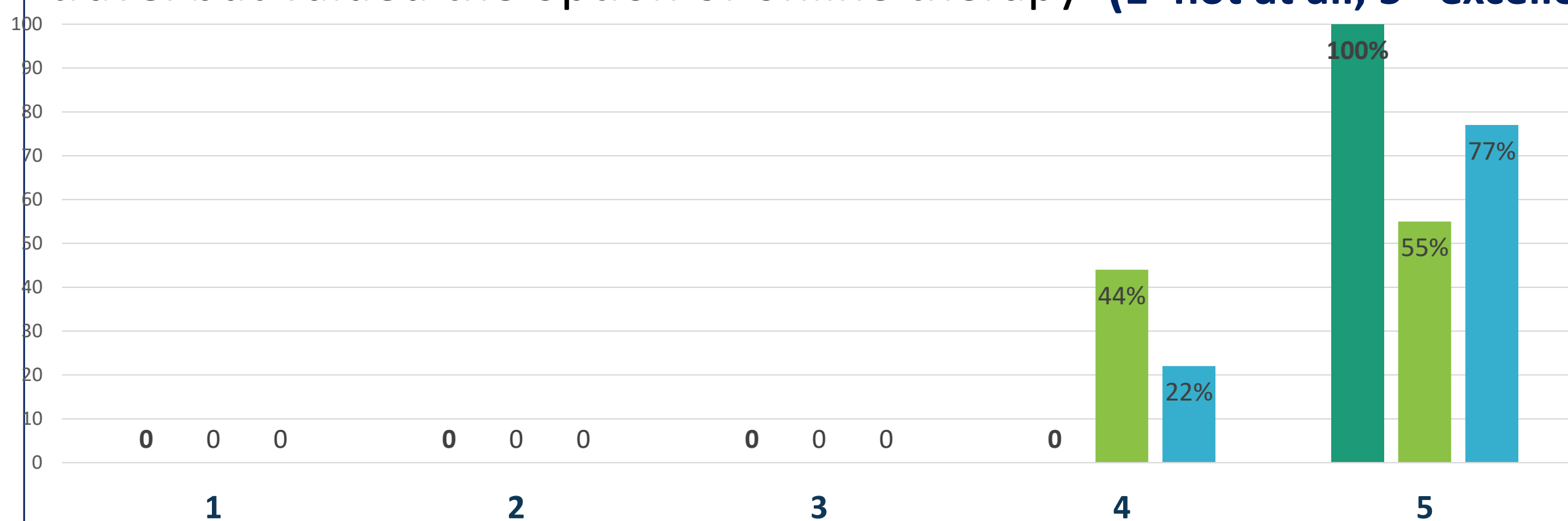
Method

Having received **47 referrals** in the first 16 months, we asked service users to complete an anonymous online feedback form following their discharge from the clinic.

We also asked therapists to complete an online form regarding their experience of inputting into the Trauma Pathway Clinic. We examined the Likert scales and qualitative responses in order to establish themes & better understand the challenges.

Results

Service users indicated that the therapy had been effective in reducing their PTSD symptoms and had indirectly resulted in improvements in their interpersonal/family relationships. As the clinic was central but covered the whole of Gwent, some found it difficult to travel but valued the option of online therapy (**1=not at all; 5= excellent**)

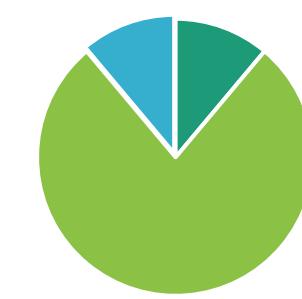


To what extent did therapy give you a new, more useful way of thinking about yourself and your experiences?

To what extent did therapy address your goals and reduce your trauma symptoms? To what extent was your therapist's approach a good fit for you?

Were your sessions online or in person?

Mix of
the two



In person
Online

"This experience has not only helped me with my PTSD and relationships but it's also helped me build confidence. I've started wearing clothes such as shorts instead of jeans all the time, things that show my scar off, my arms off, basically confidence that I have never had before"

"It changed how I acted around my partner in a positive way, I also feel less scared to talk about my experiences to my loved ones"

"While I previously harboured excessive feelings of blame, doubting what happened and self-loathing, those feelings have been mitigated and I now know how to deal with them if they do appear"

"The cases I picked up in the clinic counted towards my accreditation and gaining this accreditation has boosted my confidence and made me feel more legitimate in my practice"

"I was in a role that didn't have the infrastructure to support evidence-based therapy and inputting into this clinic helped to keep my focus on what works for people" "Having protected specialist supervision has been a massive benefit and I have felt good about fast-tracking people from otherwise long waiting lists"

"My therapy was amazing and gave me myself back. I feel I can live again, not just exist"

The therapists reported that inputting into the clinic had helped develop their trauma therapy skills and that they valued being able to draw on both CT-PTSD and EMDR models within the **jointly-facilitated supervision** group.

In substantive roles with less emphasis on 1:1 therapy, the clinical work helped towards **accreditation** and **boosted confidence**. However, with therapists delivering sessions on different days there was limited opportunity for informal support and the work was often complex.

Conclusion

The Trauma Pathway Clinic has been a worthwhile initiative providing **specialist skill development opportunities** for therapists and also **expediting people from two key national priority groups** who would otherwise wait much longer for an evidence-based trauma therapy in CMHTs. We are exploring ways of increasing informal support for therapists and liaising with referrers regarding readiness and stability.

