Overview of workshop

- Background

- Introduction to Spring website and app

- Walk through the therapist manual and web pages

- Discussion of the 8 steps

- Phase III RCT results

- Spring roll out and evaluation
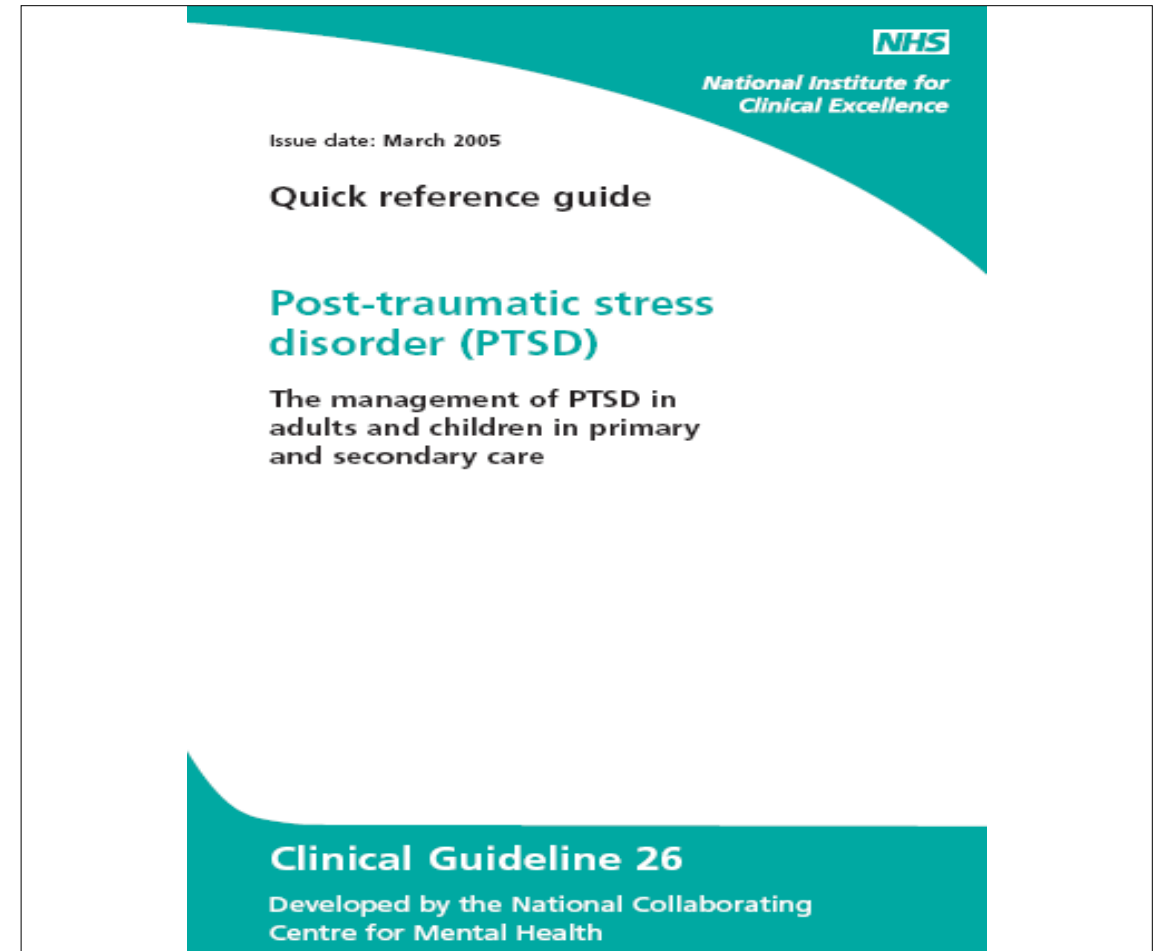
Phase I Development

Research Article

DEVELOPMENT OF A GUIDED SELF-HELP (GSH) PROGRAM FOR THE TREATMENT OF MILD-TO-MODERATE POSTTRAUMATIC STRESS DISORDER (PTSD)

Catrin Lewis, Ph.D.,[1]* Neil Roberts, D.Clin.,[2] Tracey Vick, Ph.D.,[3] and Jonathan I. Bisson, D.M.[4]
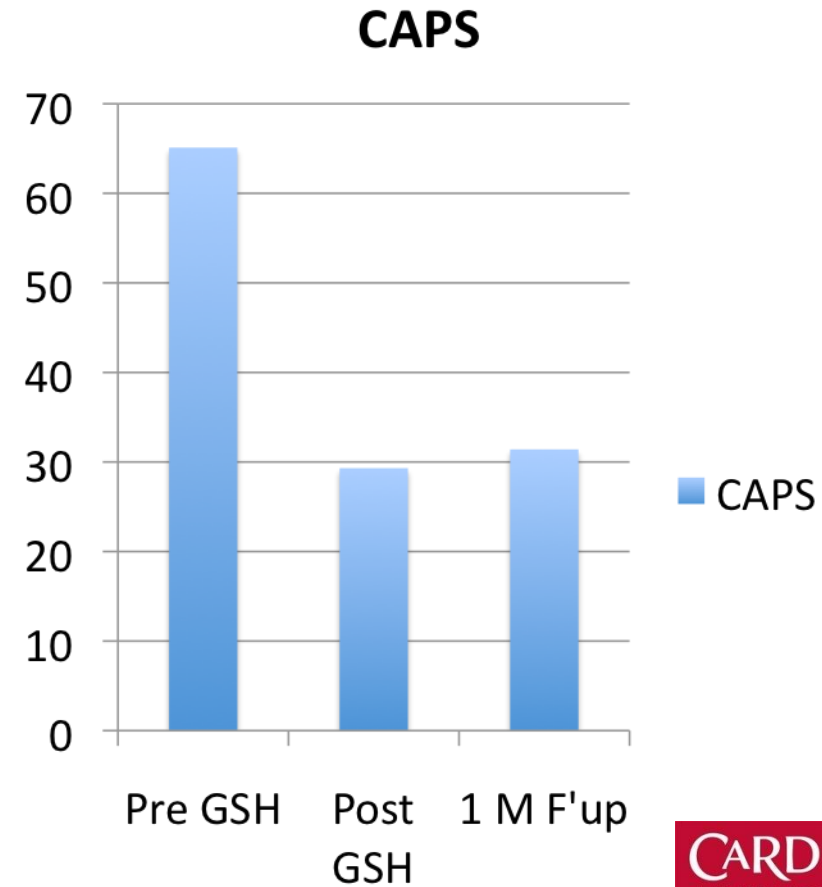
NICE Research Recommendation

- RCT of newly developed GSH materials based on trauma-focused psychological interventions to assess the efficacy and cost-effectiveness of GSH compared with TFPIs for mild and moderate PTSD

Issue date: March 2005

Quick reference guide

Post-traumatic stress disorder (PTSD)

The management of PTSD in adults and children in primary and secondary care

NHS
National Institute for Clinical Excellence

Clinical Guideline 26
Developed by the National Collaborating Centre for Mental Health

Pilot 2

- Acceptable
- Empowerment
- Refine diary

CAPS

Knowledge Transfer Partnership

- Healthcare Learning Company
  - Technology-led provider in healthcare education

- Online programme developed
  - *Spring*

- Therapist input
  - One hour initial meeting
  - Four fortnightly 30 min meetings
  - Weekly and as required contact

- Evaluated through a Phase II RCT

Spring

INTENTION TO TREAT

Guided Self Help — Waiting List

RESEARCH ARTICLE

WILEY ADAA
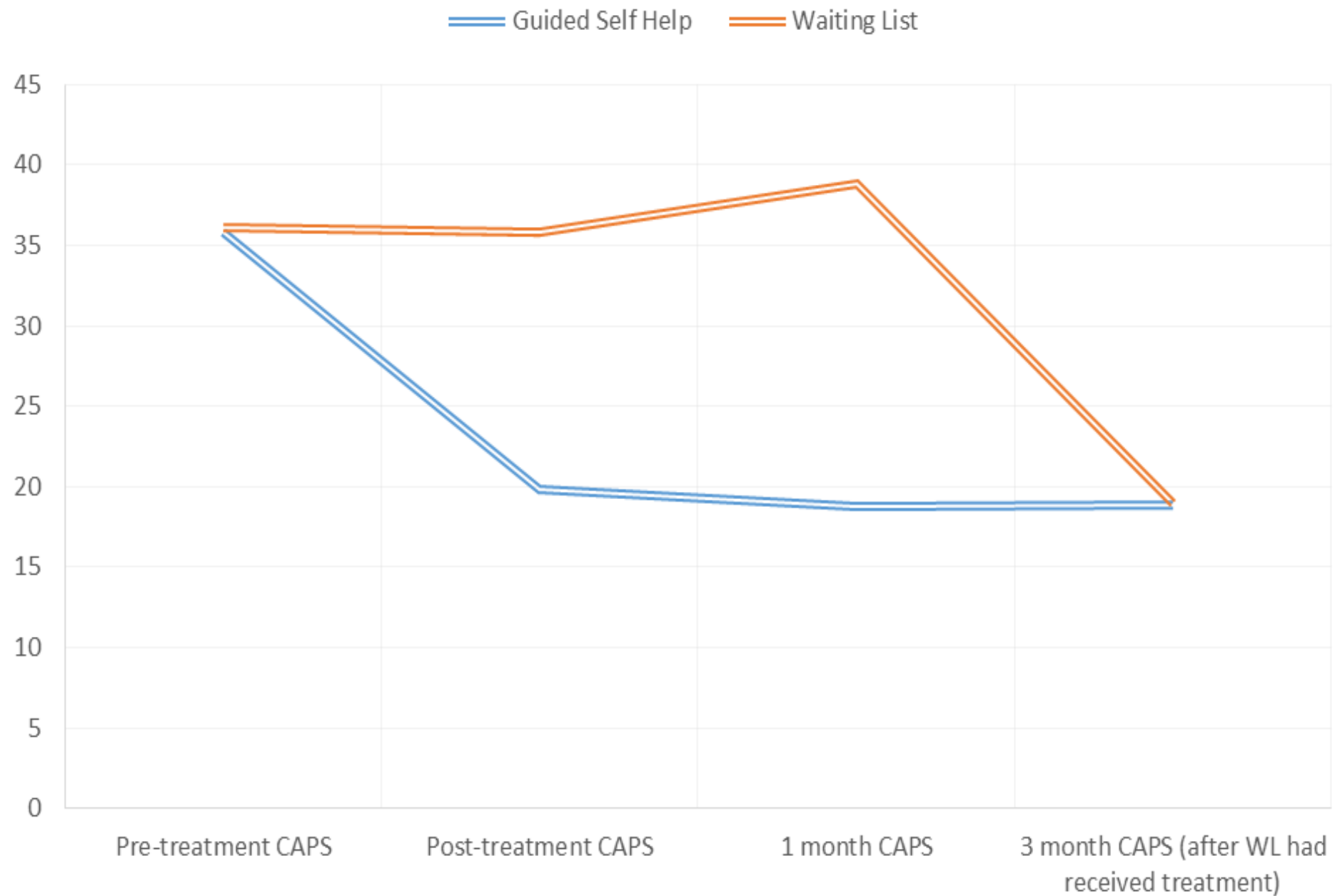
Internet-based guided self-help for posttraumatic stress disorder (PTSD): Randomized controlled trial

Catrin E. Lewis[1] (iD) | Daniel Farewell[1] | Vicky Groves[1] | Neil J. Kitchiner[2] |
Neil P. Roberts[2] | Tracey Vick[2] | Jonathan I. Bisson[1]

RAPID Objectives

- To determine if GSH using *Spring* was at least equivalent in effectiveness (non-inferior) and cost-effective relative to individual face-to-face CBT-TF for people with PTSD

- To describe the experience of receiving GSH using *Spring* from the recipient's perspective, and the delivery of GSH using *Spring* from the therapist's perspective

- To determine if specific factors may impact effectiveness and successful roll-out of GSH for PTSD in the NHS

Design

- Multi-centre pragmatic randomised controlled non-inferiority trial with nested process evaluation:

  - GSH **not** expected to be more effective than CBT-TF
  - Potential additional benefits, e.g., choice, time, cost and convenience

- Individual randomisation
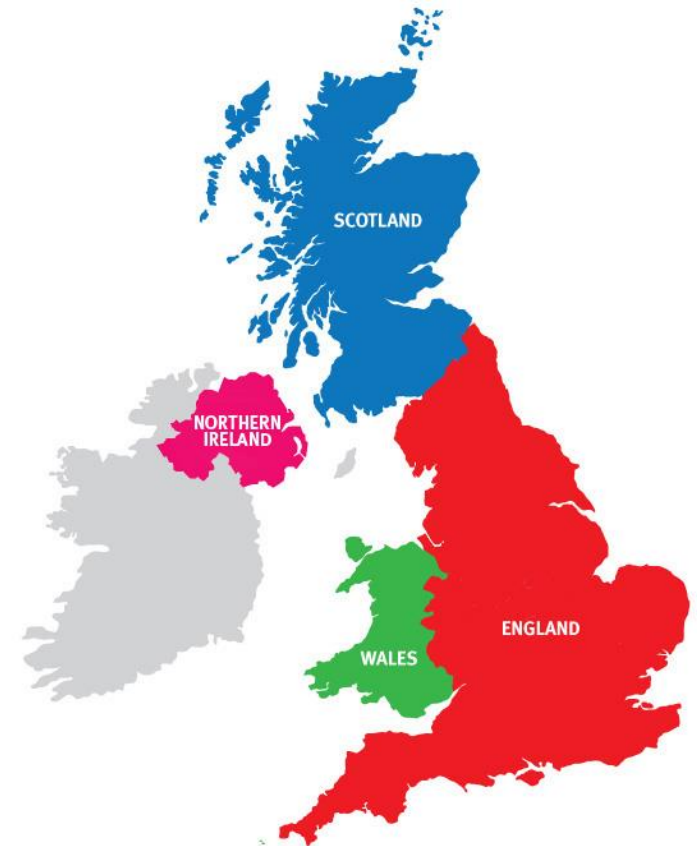
Eligibility Criteria

- **Inclusion**
  - Aged 18 or over
  - Primary diagnosis of mild to moderate PTSD to a single event
  - Regular internet access
  - Ability to read and write fluently in English
- **Exclusion**
  - Previous completion of a course of TFPT for PTSD
  - Current PTSD symptoms to more than one traumatic event
  - Current engagement in psychological therapy
  - Psychosis, substance dependence, active suicide risk
  - Change in psychotropic medication in the past four weeks

Interventions

- **GSH using Spring**
  - Initial meeting of one hour
  - Four subsequent fortnightly meetings of 30 minutes
  - Four brief telephone calls or email contacts between meetings

- **Cognitive Therapy for PTSD**
  - Ehlers & Clarke (2000)
  - Up to 12 face-to-face, manualised, individual, face-to-face weekly meetings of 60–90 minutes
  - Augmented by between meeting assignments

Outcome Measures

- **Primary outcome measure**
    - Clinician Administered PTSD Scale for DSM5
    - Powered to detect a one-sided 95% CI margin of 5 points difference in CAPS-5 scale between the GSH and CBT-TF groups at 16 weeks with 90% power
    - Planned sample size of 192 participants (included an allowance for 20% attrition)

- **Secondary outcome measures**
    - Impact of Event Scale – revised (IES-R)
    - Work and Social Adjustment Scale (WSAS)
    - Patient Health Questionnaire-9 (PHQ9)
    - General Anxiety Disorder-7 (GAD7)
    - AUDIT-O (Alcohol usage)
    - Insomnia Severity Index (ISI)
    - EQ5D-5L (Quality of life)
    - Post-Traumatic Cognitions Inventory (PCTI)
    - General Self-Efficacy Scale (GSES)
    - Multidimensional Scale for Perceived Social Support (MSPSS)
    - The Client Satisfaction Questionnaire (CSQ8)
    - The Agnew Relationship Measure (ARM)

Non-Inferiority Study Design Interpretation

CONSORT Statement for the RAPID Study (ISRCTN 13697710)
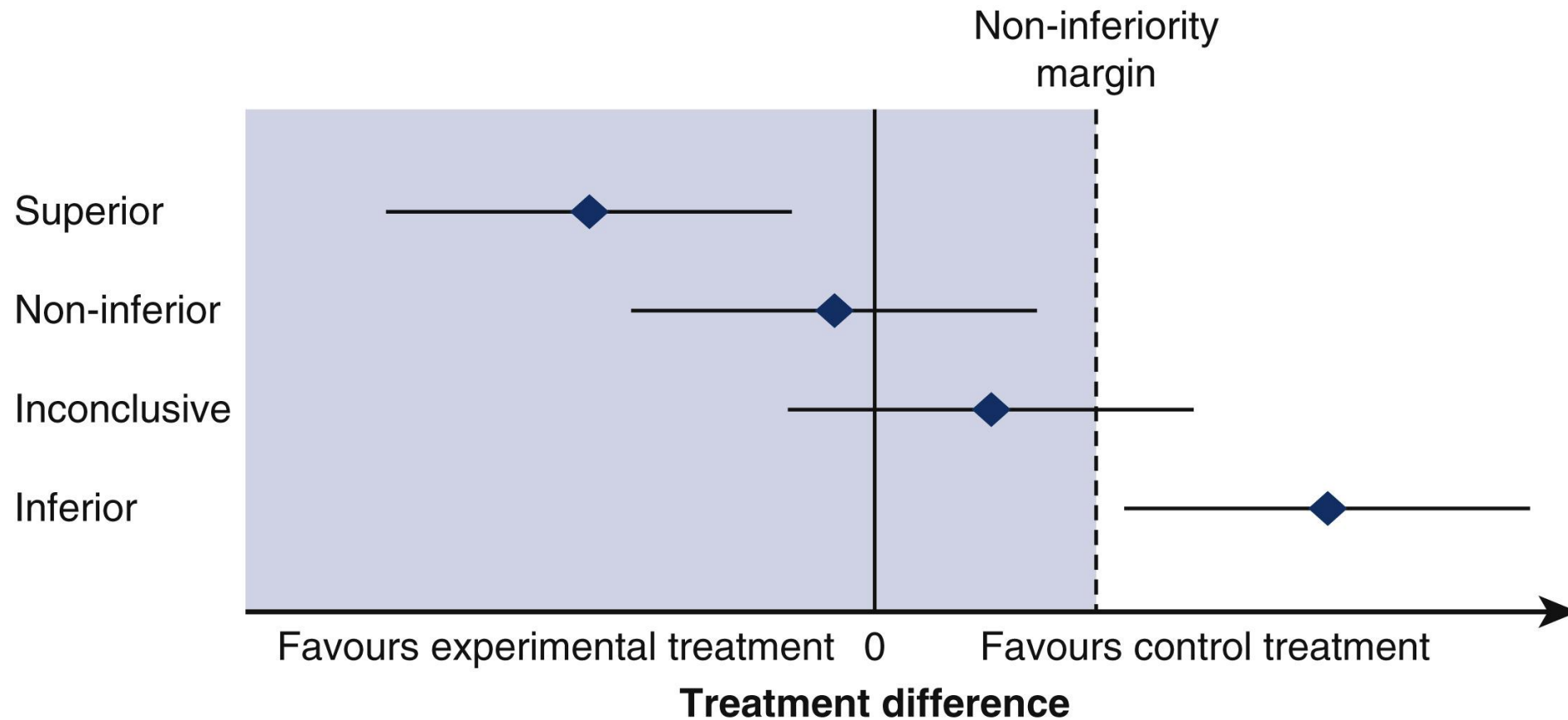
Final Site Recruitment Figures
Cardiff and Vale: 85
Coventry and Warwickshire: 20
Cwm Taff: 20
London: 7
NHS Lothian: 34
Pennine: 27
S.W. Yorkshire 3
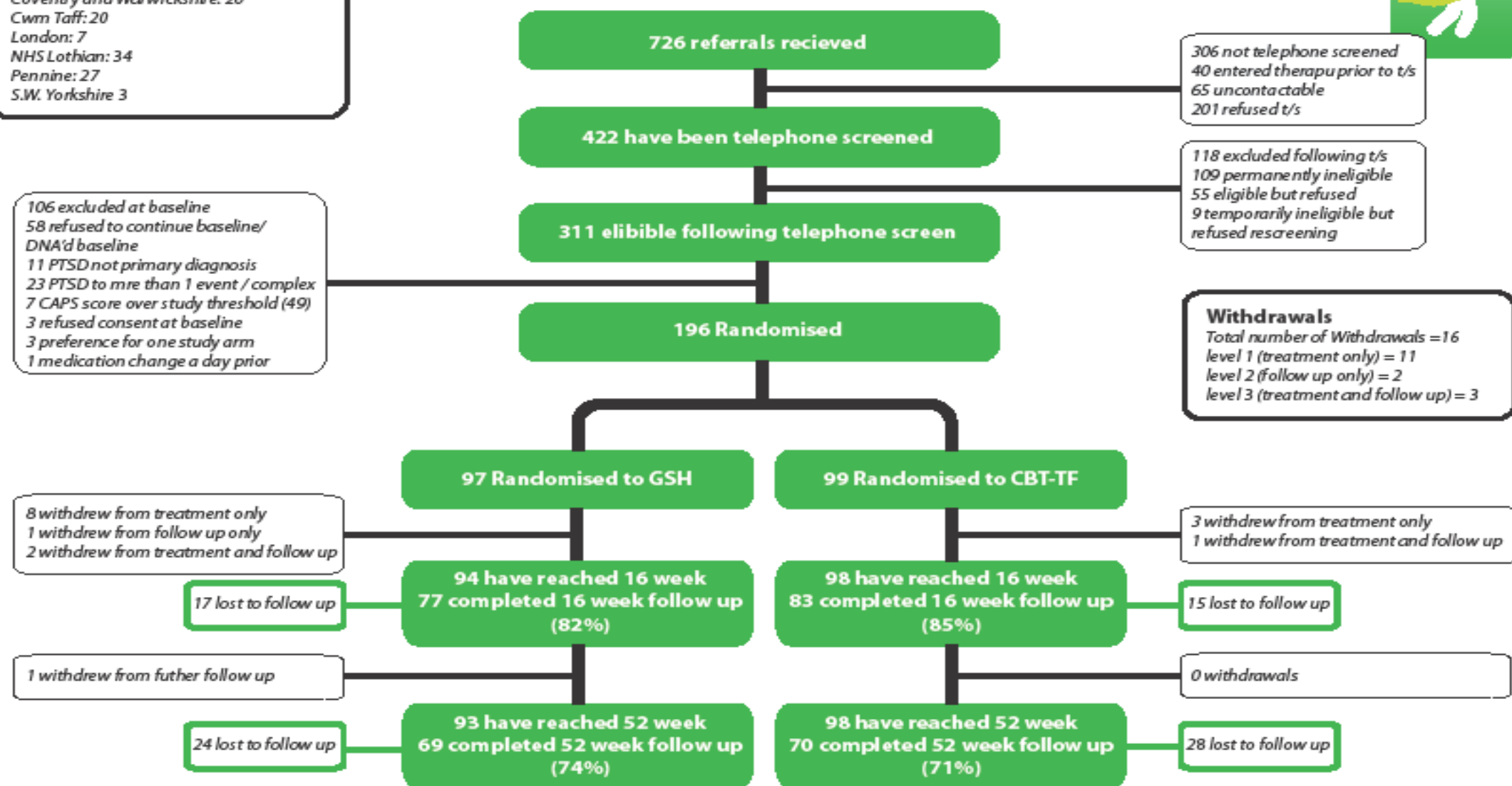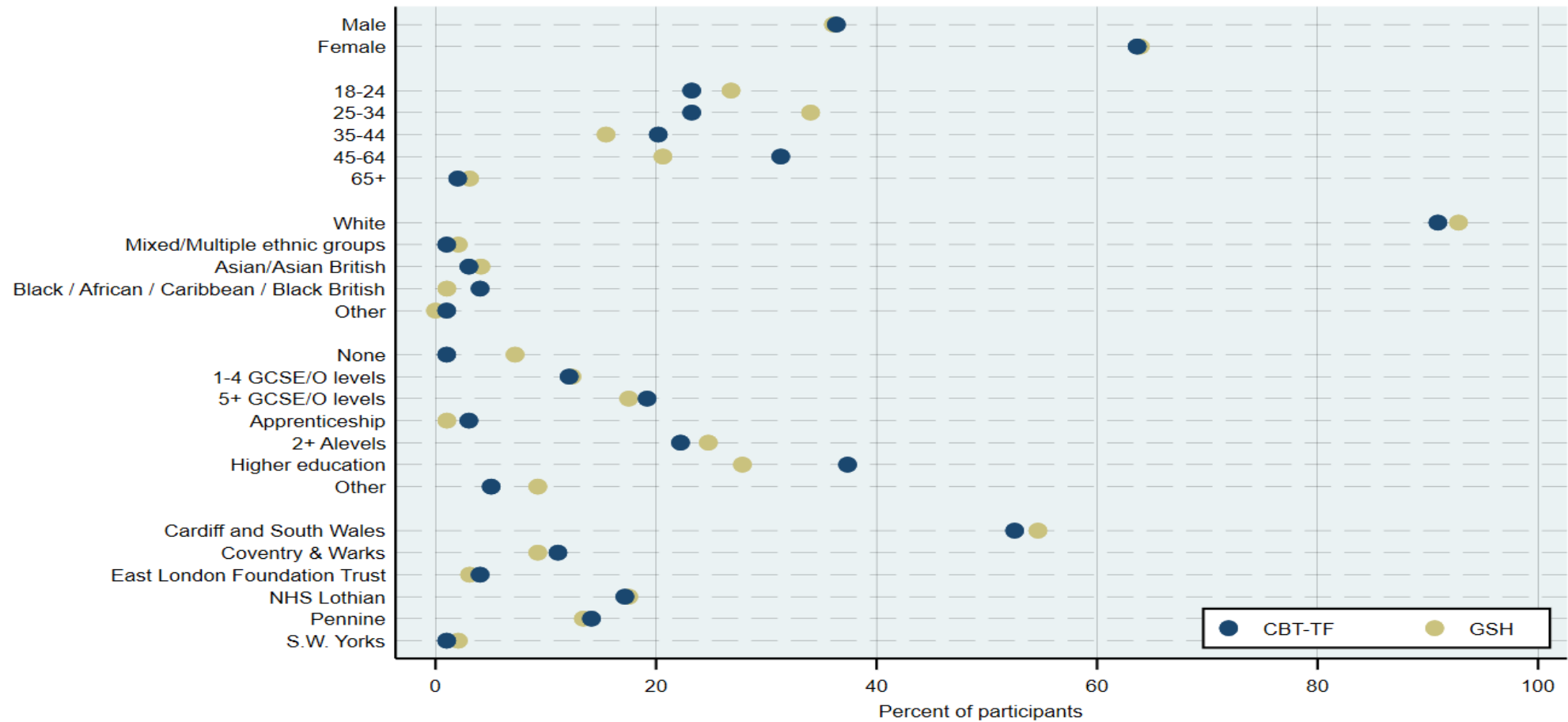
726 referrals recieved

306 not telephone screened
40 entered therapu prior to t/s
65 uncontactable
201 refused t/s

422 have been telephone screened

118 excluded following t/s
109 permanently ineligible
55 eligible but refused
9 temporarily ineligible but refused rescreening

106 excluded at baseline
58 refused to continue baseline/ DNA'd baseline
11 PTSD not primary diagnosis
23 PTSD to mre than 1 event / complex
7 CAPS score over study threshold (49)
3 refused consent at baseline
3 preference for one study arm
1 medication change a day prior

311 elibible following telephone screen

196 Randomised

Withdrawals
Total number of Withdrawals =16
level 1 (treatment only) = 11
level 2 (follow up only) = 2
level 3 (treatment and follow up) = 3

97 Randomised to GSH

99 Randomised to CBT-TF

8 withdrew from treatment only
1 withdrew from follow up only
2 withdrew from treatment and follow up

3 withdrew from treatment only
1 withdrew from treatment and follow up

94 have reached 16 week
77 completed 16 week follow up
(82%)

98 have reached 16 week
83 completed 16 week follow up
(85%)

17 lost to follow up

15 lost to follow up

1 withdrew from futher follow up

0 withdrawals

93 have reached 52 week
69 completed 52 week follow up
(74%)

98 have reached 52 week
70 completed 52 week follow up
(71%)

24 lost to follow up

28 lost to follow up
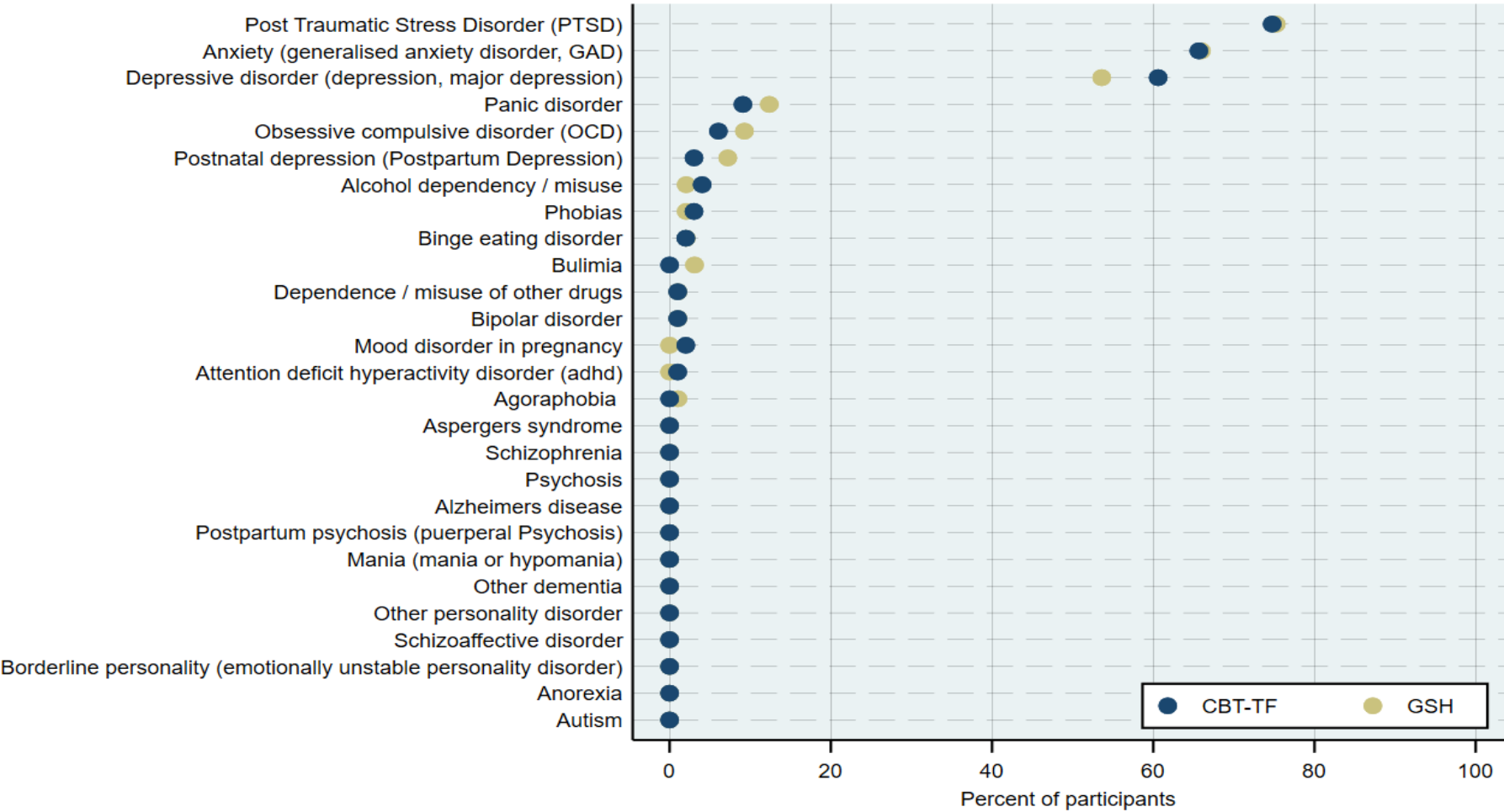
RAPID CONSORT 26/10/2021
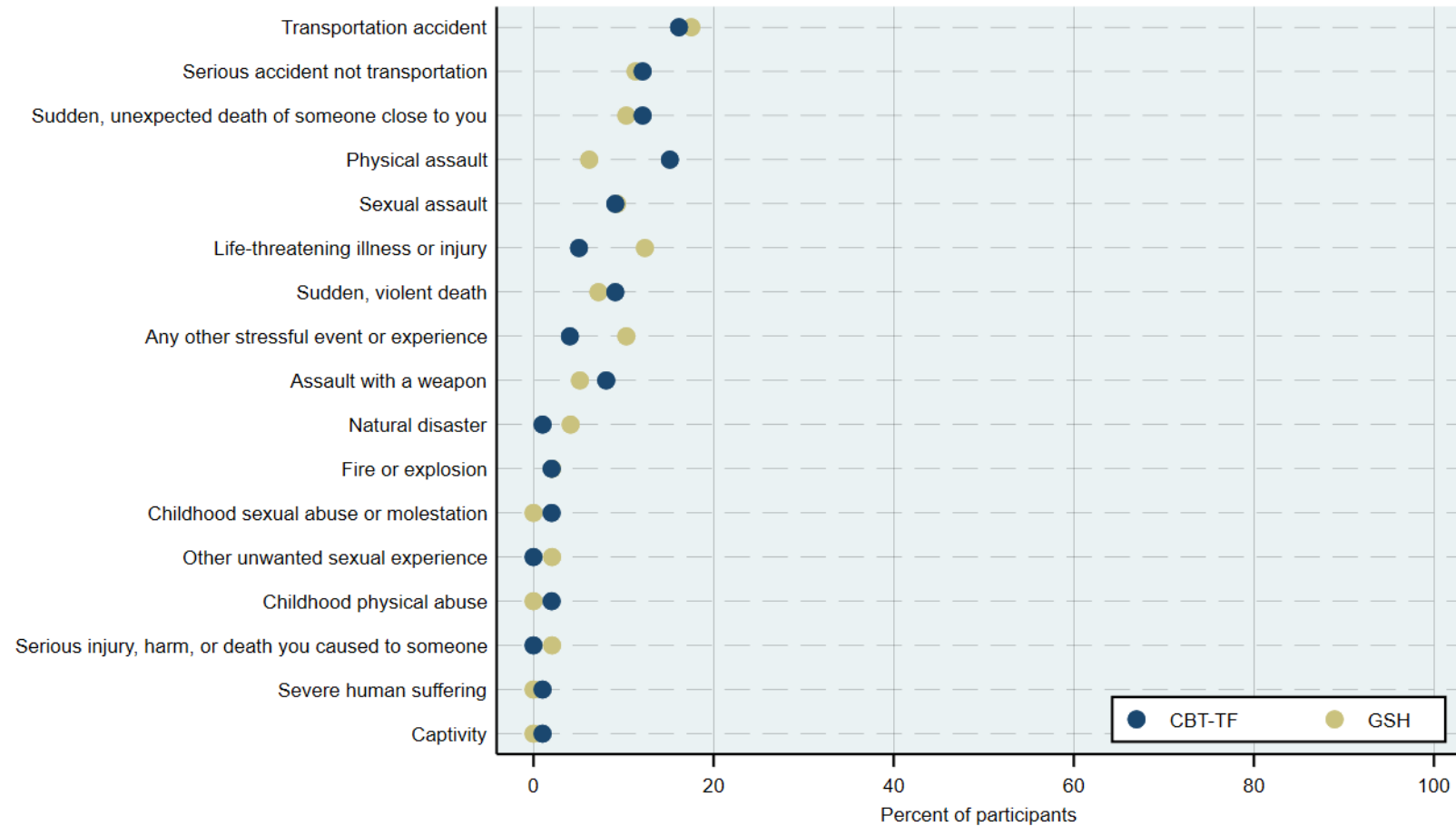
Baseline Demographics

GSH = Guided Self Help; CBT-TF = Cognitive Behavior Therapy - Trauma Focussed.

Baseline Mental Health Issues

GSH = Guided Self Help; CBT-TF = Cognitive Behavior Therapy - Trauma Focussed.
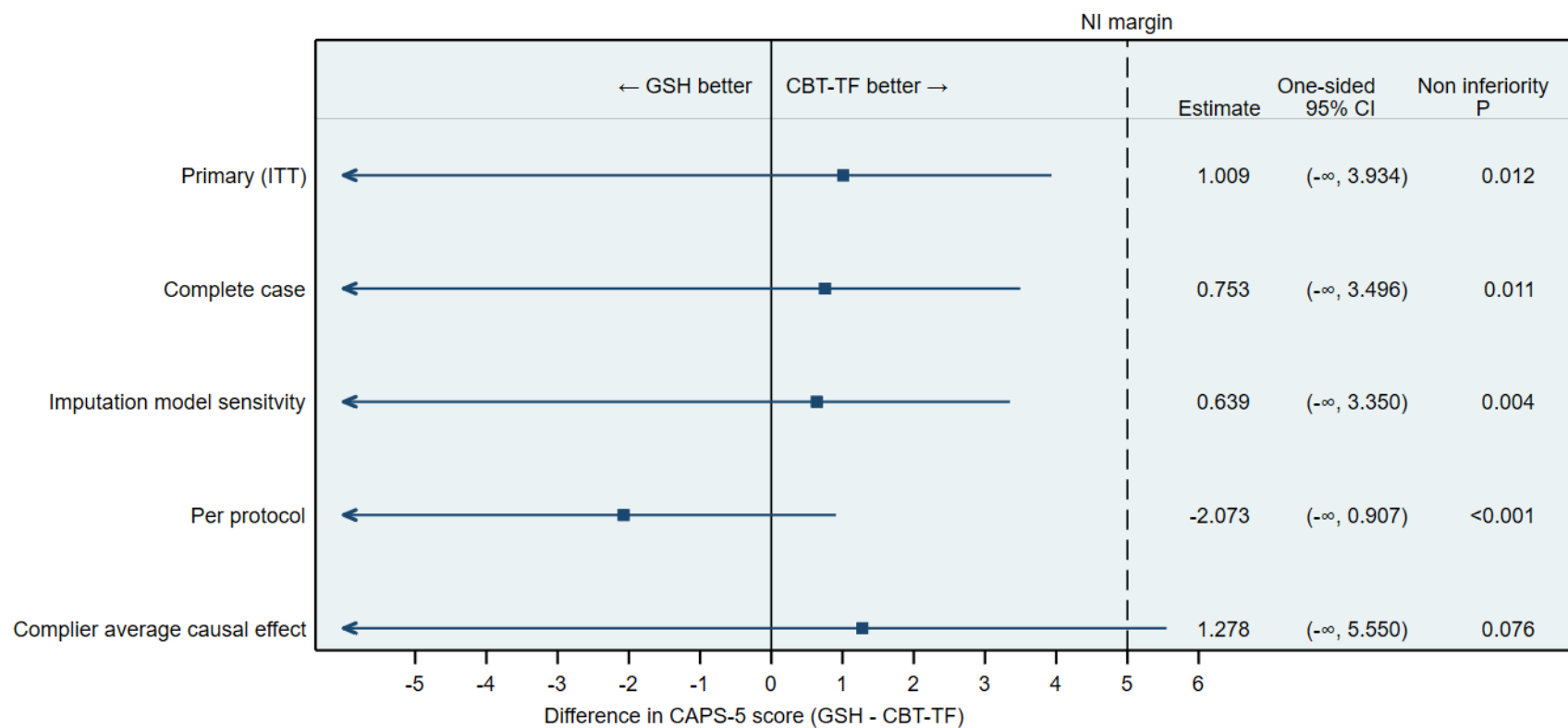
Worst Traumatic Event Experienced

GSH = Guided Self Help; CBT-TF = Cognitive Behavior Therapy - Trauma Focussed.
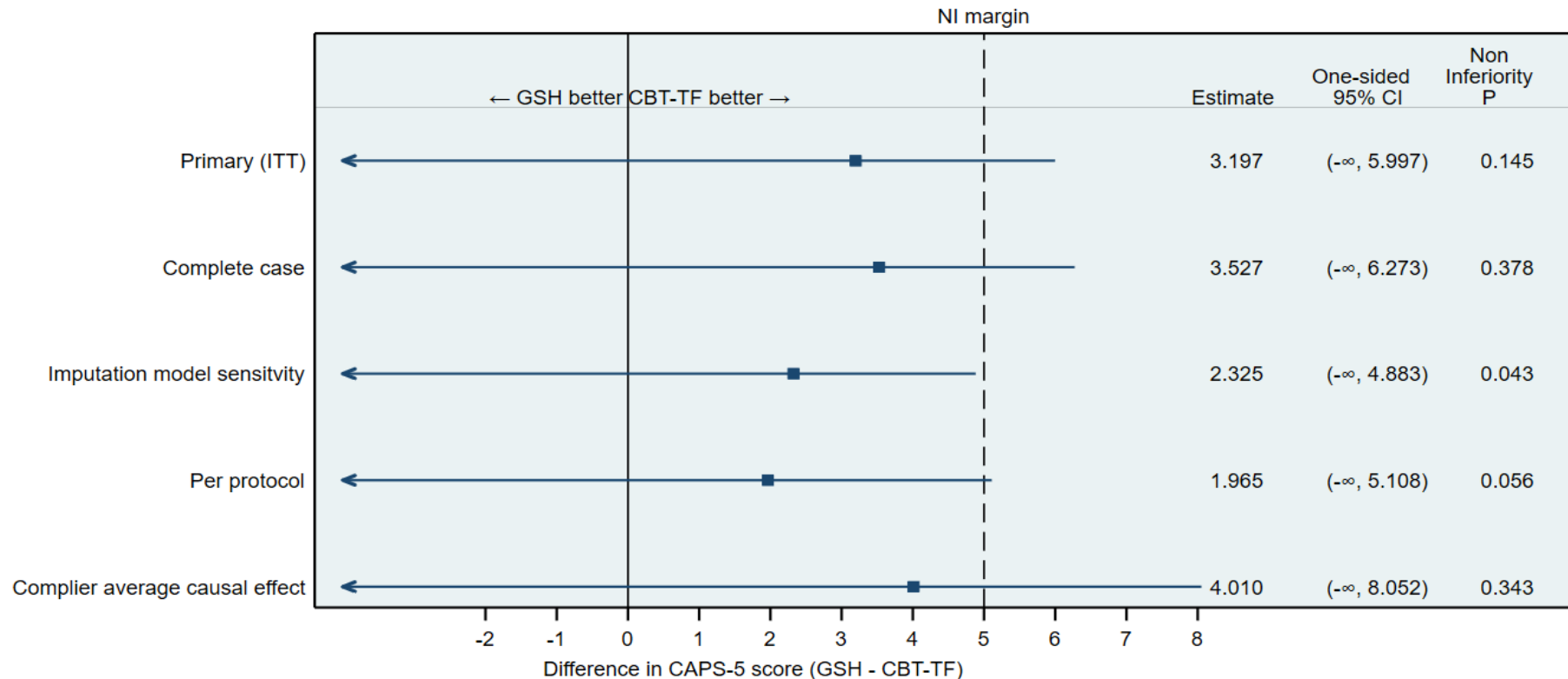
Primary Analysis: CAPS-5 16 Weeks

Note: NI = non inferiority; CI = confidence interval; CAPS-5 = Clinician-Administered PTSD Scale for DSM-5; GSH = Guided Self Help; CBT-TF = Cognitive Behavior Therapy - Trauma Focussed.

Analysis adjusted for the following variables at baseline: CAPS-5 score, gender, research centre, co-morbid depression (baseline PHQ-9) and time since trauma (months).

Secondary Analysis: CAPS-5 52 Weeks

Note: NI = non inferiority; CI = confidence interval; CAPS-5 = Clinician-Administered PTSD Scale for DSM-5; GSH = Guided Self Help; CBT-TF = Cognitive Behavior Therapy - Trauma Focussed.

Analysis adjusted for the following variables at baseline: CAPS-5 score, gender, research centre, co-morbid depression (baseline PHQ-9) and time since trauma (months).

Adjusted Mean CAPS-5 Scores Over Time

Note: CI = confidence interval; CAPS-5 = Clinician-Administered PTSD Scale for DSM-5; GSH = Guided Self Help; CBT-TF = Cognitive Behavior Therapy - Trauma Focussed.

Means at 16 and 52 weeks adjusted for the following variables at baseline: CAPS-5 score, gender, research centre, co-morbid depression (baseline PHQ-9) and time since trauma (months).
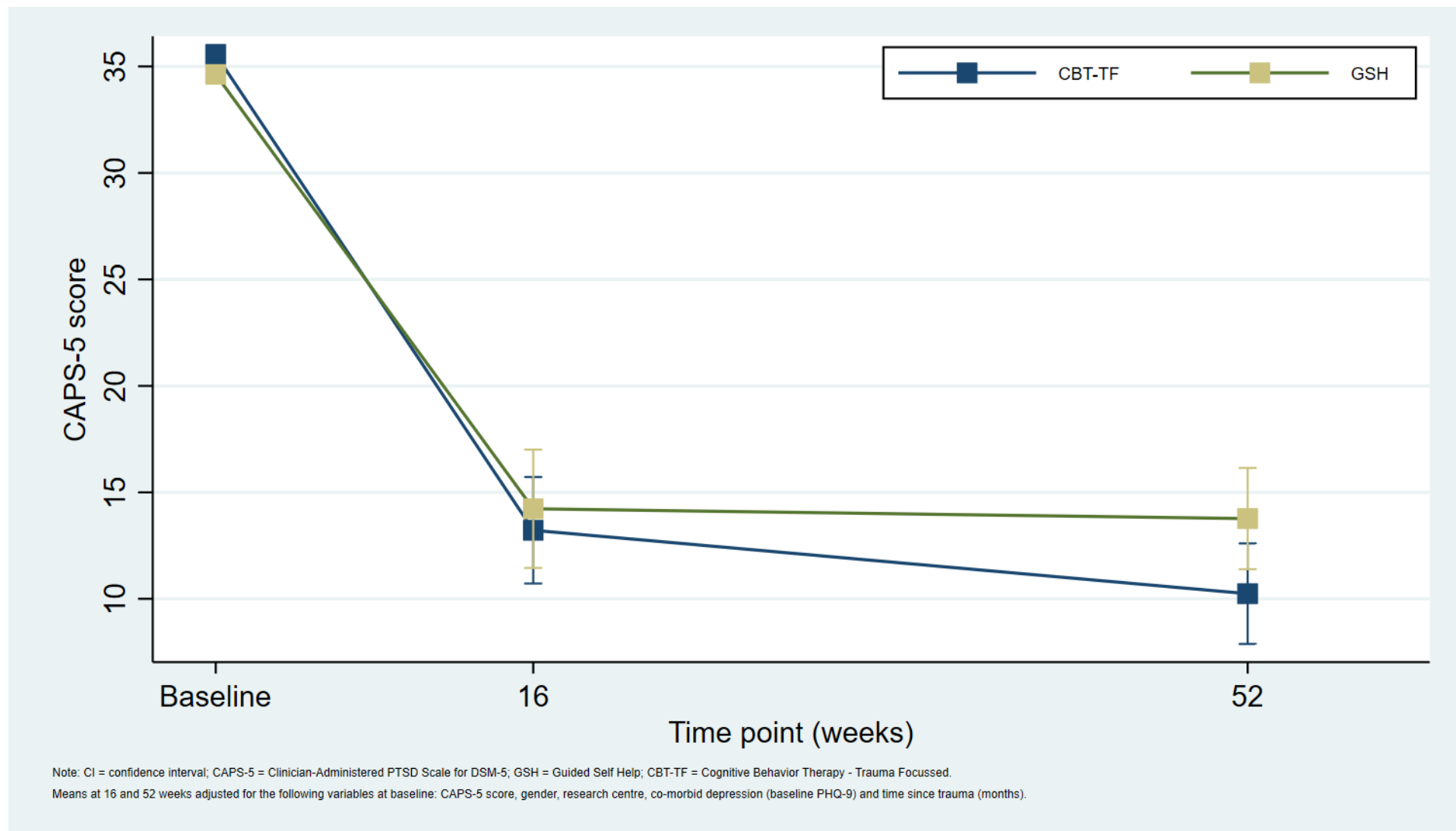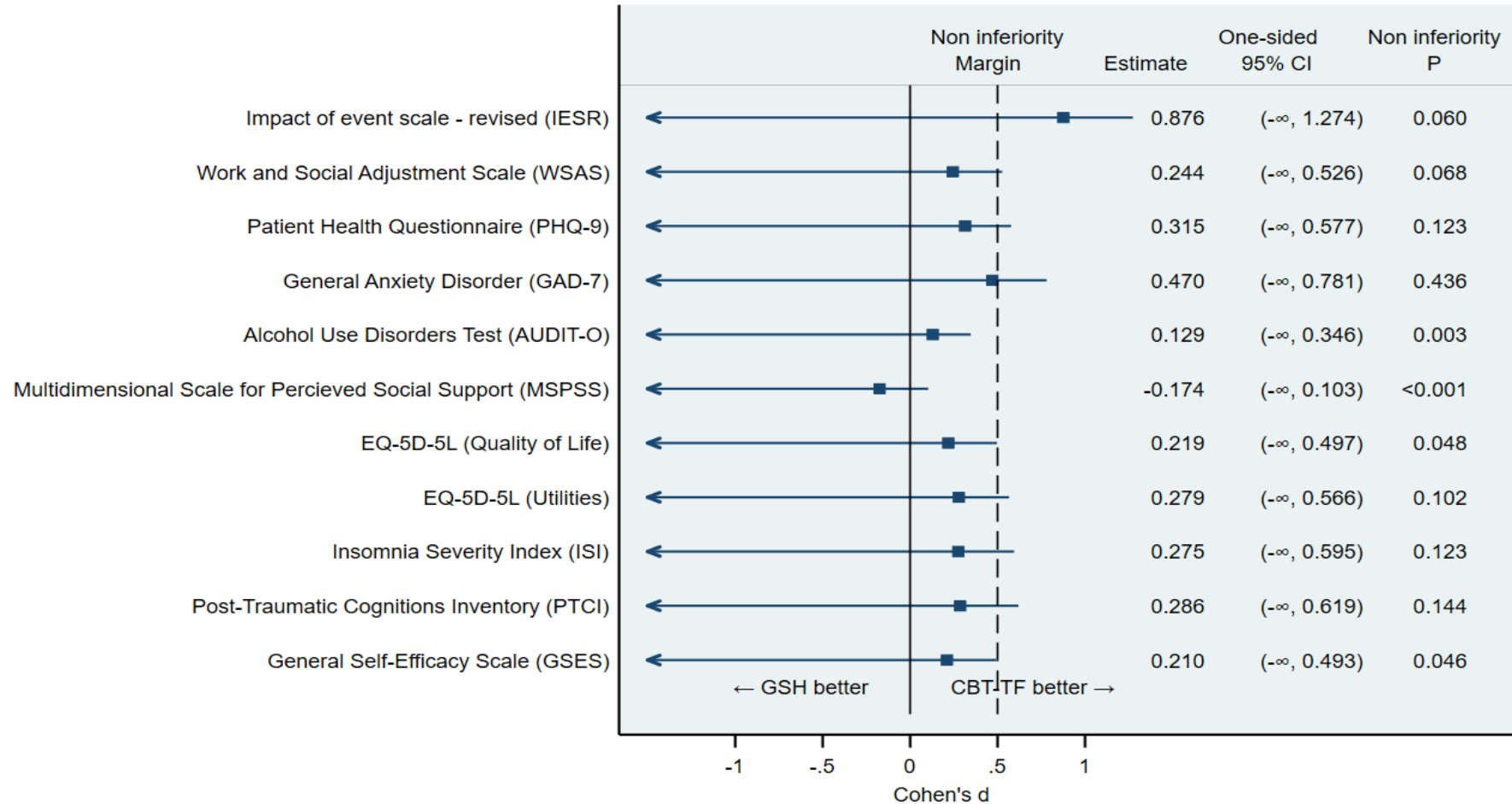
Secondary Outcomes (16 Weeks)
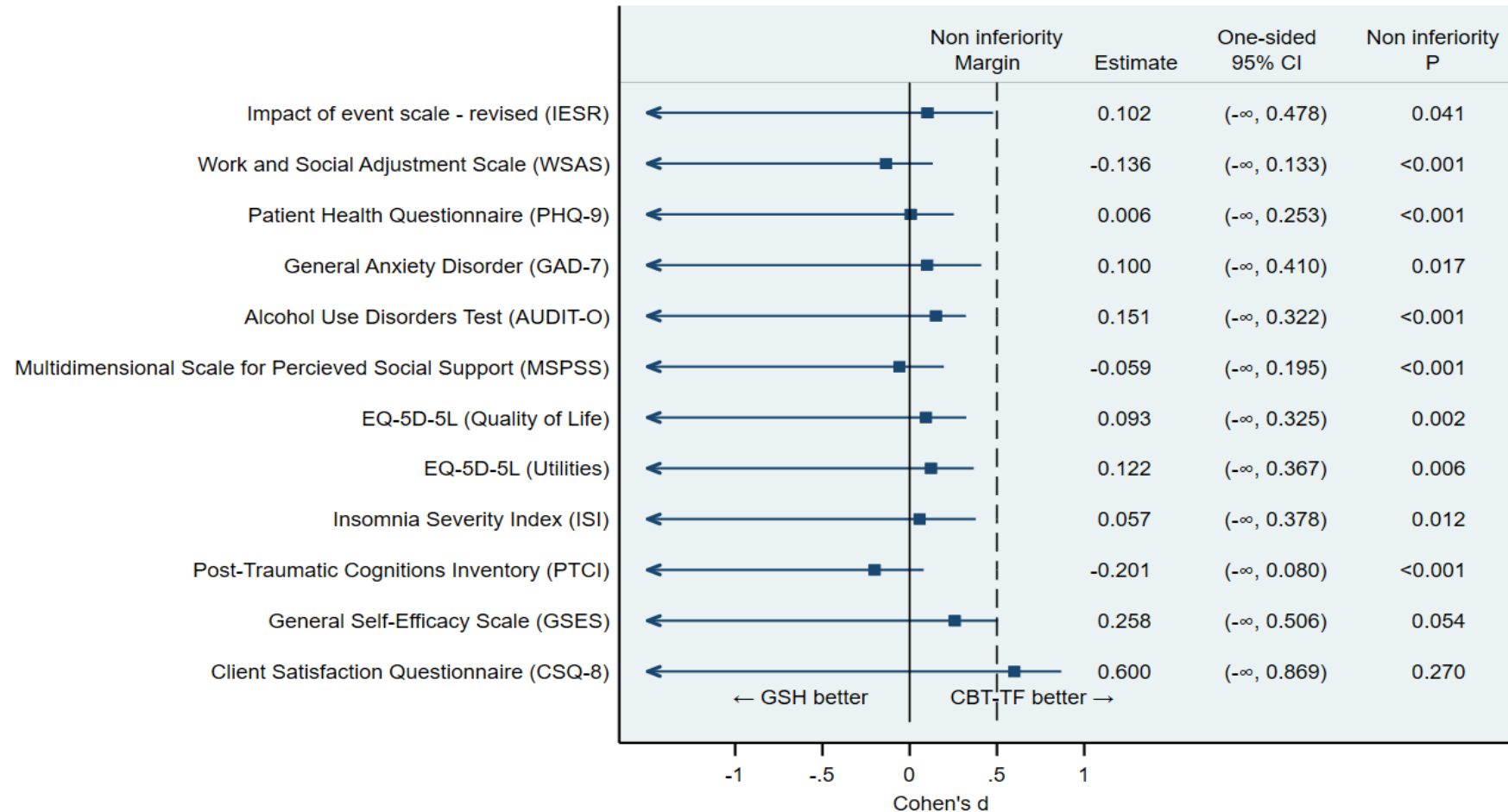
Note: CI = confidence interval; GSH = Guided Self Help; CBT-TF = Cognitive Behavior Therapy - Trauma Focussed.

Analysis adjusted for the following variables at baseline: baseline score, gender, research centre, co-morbid depression (baseline PHQ-9) and time since trauma (months).

Secondary Outcomes (52 Weeks)

Note: CI = confidence interval; GSH = Guided Self Help; CBT-TF = Cognitive Behavior Therapy - Trauma Focussed.

Analysis adjusted for the following variables at baseline: baseline score, gender, research centre, co-morbid depression (baseline PHQ-9) and time since trauma (months).

Health Economic Evaluation

- Face-to-face therapy appointments

	Spring GSH	Face-to-face CBT-TF
Mean N appointments	3.9	8.6
Mean total time	208 minutes (SD 69.3)	767 minutes (SD 278.2)

- The cost of therapy was calculated as time in face-to-face sessions, phone calls, and non-contact time for note taking.

	Spring GSH	Face-to-face CBT-TF
Mean cost of therapy	£277	£729

Summary

- GSH, based on CBT-TF using the *Spring* programme, was non-inferior to face-to-face CBT-TF at reducing PTSD symptoms at the primary endpoint, 16 weeks post-randomisation

- This was also the case for all secondary outcomes at 16 weeks, except for client satisfaction that was inconclusive but in favour of CBT-TF

- Very clinically significant improvements were maintained at 52 weeks post-randomisation, when most results were inconclusive but in favour of CBT-TF

- GSH using *Spring* was not shown to be more cost-effective than face-to-face CBT-TF but was significantly cheaper to deliver and appeared to be well-tolerated

Conclusions

- The RAPID trial showed GSH using *Spring* to be a clinically effective, cheaper, well-tolerated and non-inferior treatment to face-to-face CBT-TF for people with mild to moderate PTSD to a single traumatic event

- The results should provide more choice and facilitate improvements to current care pathways for people with PTSD, that result in improved health and wellbeing
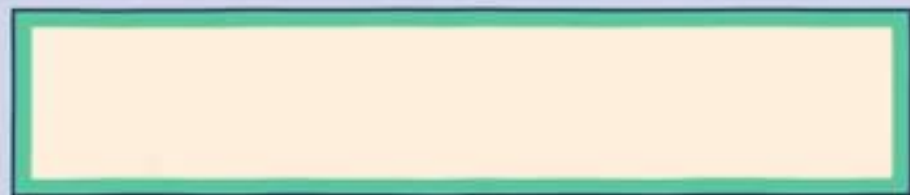
Therapist Manual

Role of the Therapist

- The programme will be initiated with an hour-long face-to-face appointment, followed by **four** fortnightly **thirty minute sessions** and brief telephone or e-mail contact during the intervening four weeks. The aim of guidance is to offer:
  - Continued support
  - Monitoring
  - Motivation
  - Problem solving

The GSH programme

- **The Programme**
- The programme consists of an introduction, followed by 8 online steps
- The 8 steps will usually be completed in turn. Later steps rely on mastery of techniques taught in earlier steps
- Each of the 8 steps provides psycho-education and the rationale for specific components of treatment
- Each step will activate a tool derived from CBT, which will aim to reduce traumatic stress symptoms
- These tools will become live in the Toolkit area of the website accessed from the homepage
- The overall aim will be:
  - To work through the 8 steps in turn
  - To activate each of the 9 tools
  - To concurrently practice the tools over the course of the 8 weeks to bring about symptom improvement

Step 1: Learning About My PTSD?

Step 2: Managing My Anxiety

Step 3: Grounding Myself

Step 4: Reclaiming My Life

Step 5: Coming To Terms With My Trauma

Step 6: Changing My Thoughts

Step 7: Overcoming My Avoidance
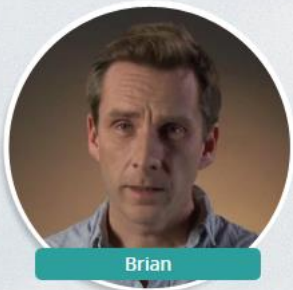
Step 8: Keeping Myself Well
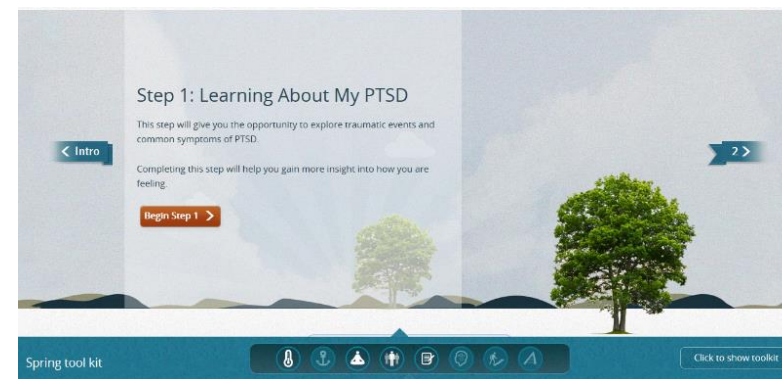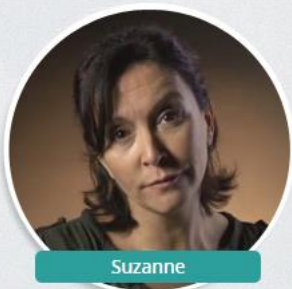
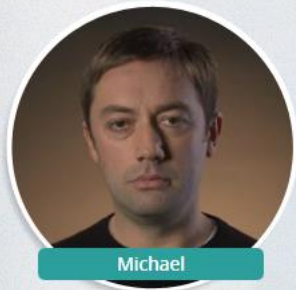# Tool Kit
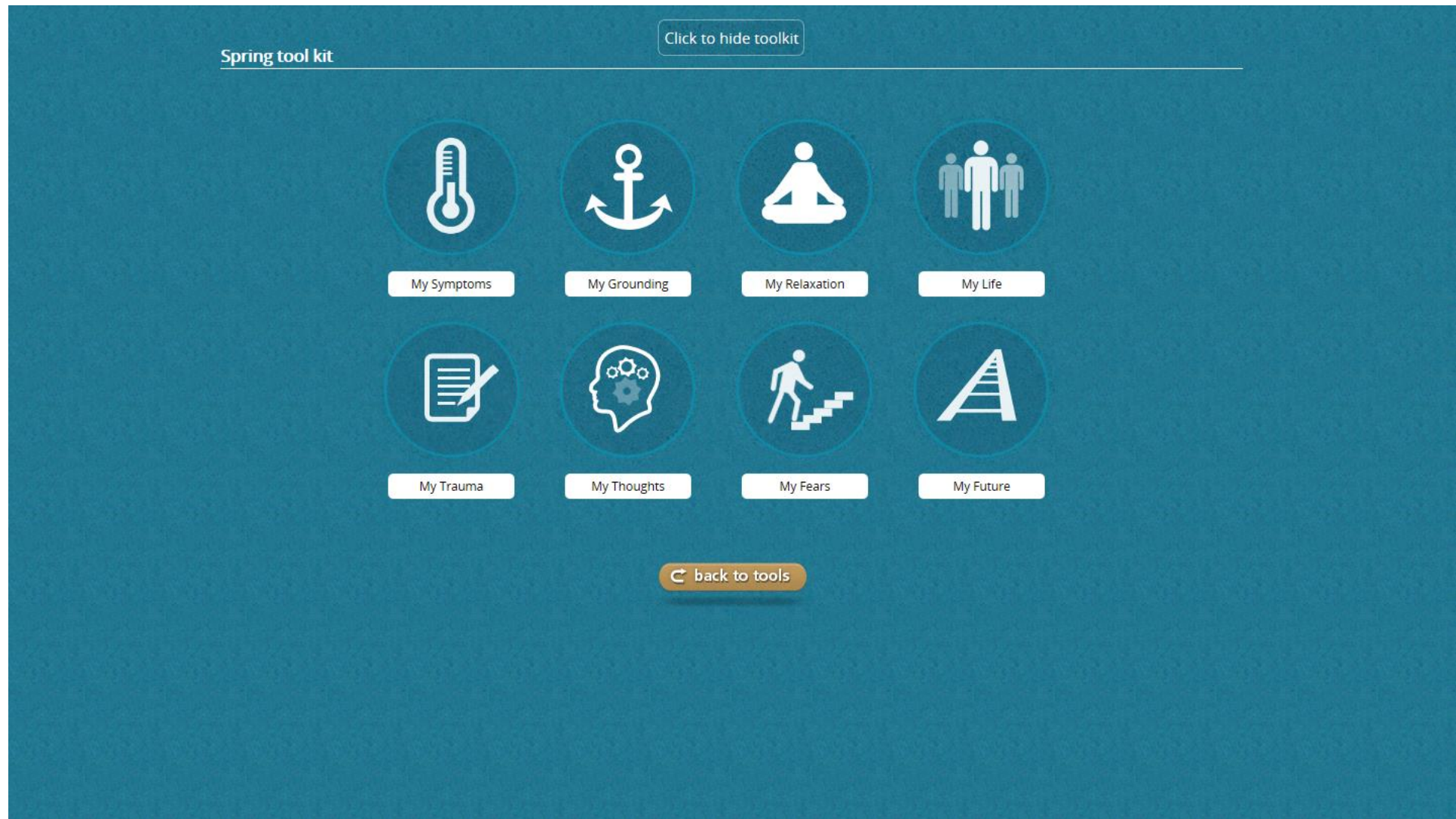
Case examples

Process of therapy

Face-to-face guidance	Steps	Tools / techniques

Guidance session 1: approximately 60 minutes ⇒ Step 1: Learning About My PTSD ⇒ My Symptoms

Step 2: Managing My Anxiety ⇒ My Relaxation

Guidance session 2: approximately 30 Minutes Step 3: Grounding Myself ⇒ My Grounding

⇒ Step 4: Reclaiming My Life ⇒ My Life

Guidance session 3: approximately 30 minutes ⇒ Step 5: Coming To Terms With My Trauma ⇒ My Trauma

Guidance session 4: approximately 30 minutes ⇒ Step 6: Changing My Thoughts ⇒ My Thoughts

Step 7: Overcoming My Avoidance ⇒ My Fears

Guidance session 5: approximately 30 minutes ⇒ Step 8: Keeping Myself Well ⇒ My Future
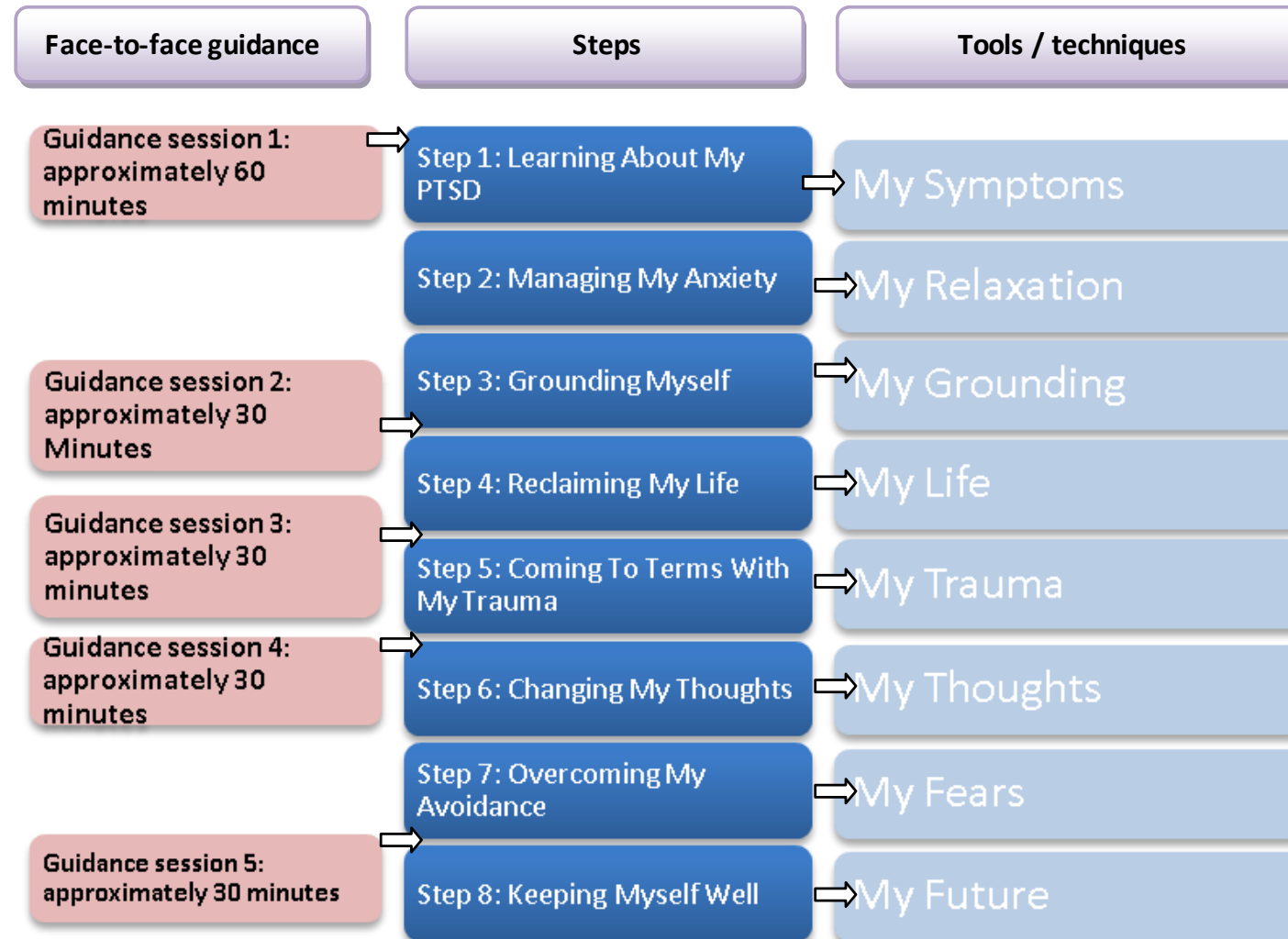
Session 0

- **<u>Guidance</u>**
- **Week 0: Introductory Session (1 Hour)**
- Ask participant to complete the survey online before meeting
- Provide a hand-out with log-in instructions and an overview of how to use the programme
- Provide the information sheet for family and friends
- Talk a little about PTSD, using the programme as an aid
- Provide the rationale for trauma focused psychological treatment

Session 0 cont

- Describe "Spring – a step by step treatment for PTSD". Emphasise that it is drawn from evidence-based protocols, containing the same active ingredients as therapist-administered treatment. Explain that it requires extensive commitment to working at home. Point out the evidence that work between sessions produces the largest gains, but that more traditional therapies also involve homework

- Encourage use of the programme for an hour or more every day (30 minutes at the very minimum)

- Explain that it is an 8 step programme. Each step activates a tool, which becomes active in the Toolkit. Each activated tool should be used every-day after activation to practise the new skill
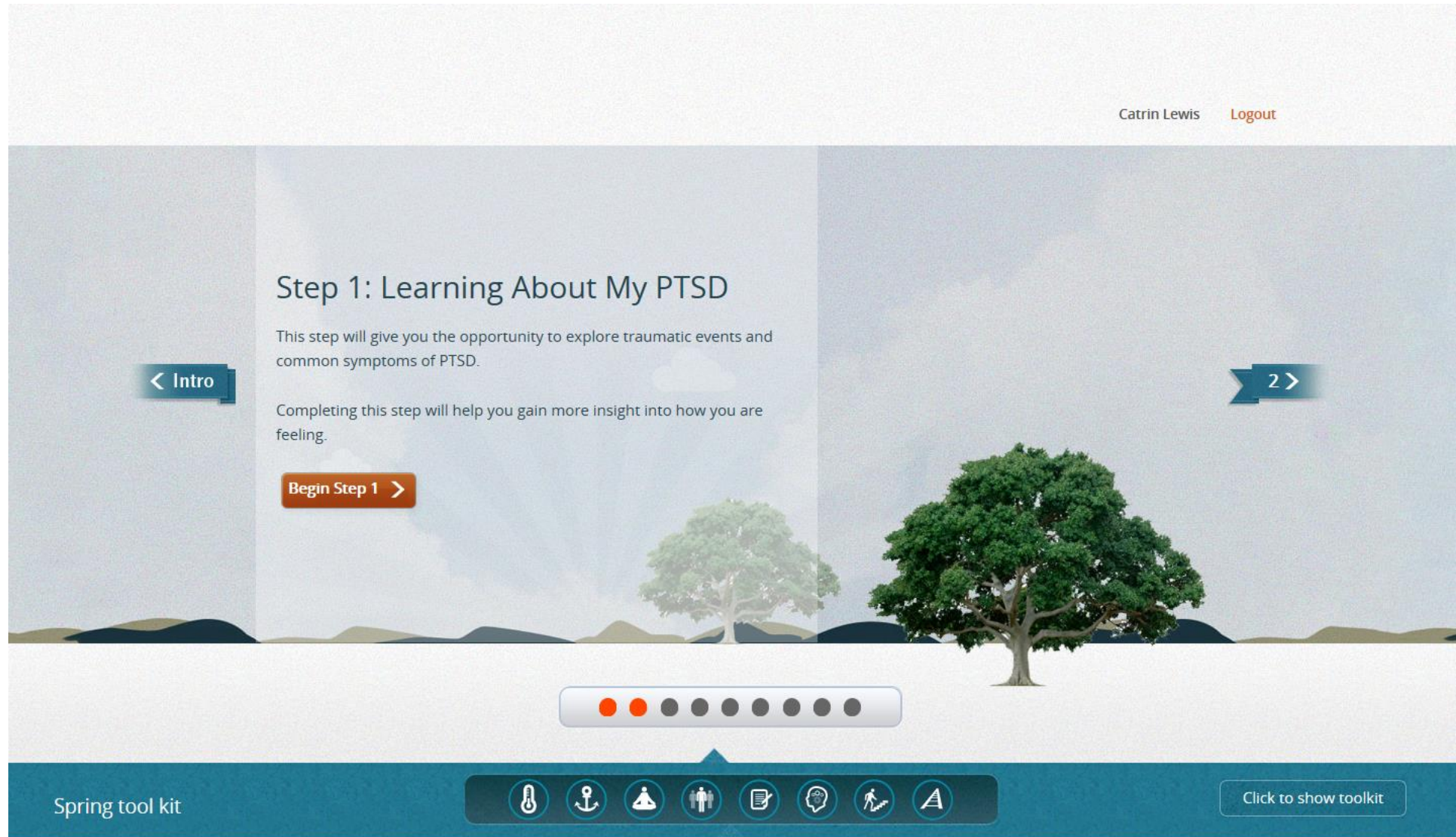
Session 0 cont

- Explain that the clinician can monitor progress remotely. The clinician will be able to see which modules have been started and which have been completed. (S)/he will use this to maximise effectiveness

- Explain that **EVERYTHING ENTERED INTO THE TOOLKIT WILL BE VISIBLE TO THE CLINICIAN**.

- Demo the site by allowing the individual to have a go for themselves. Help them log-in and navigate through the menu. Spend time to give a brief introduction to PTSD. Show examples of information screens, multiple choice question screens, branching screens and videos

- Provide a bit of information about the four characters featured in the programme. Suggest that one or more of the characters can be followed through the programme

Session 0 cont

- Suggest completion of Steps 1, 2 and 3 over the first two weeks. Introduce these as follows:

- **Step 1 (Learning About My PTSD)**: Demo use of the symptom monitoring tool

- **Step 2 (Grounding Myself)**: Give a brief explanation of grounding and its uses. Demo a couple of grounding exercises

- **Step 3 (Managing My Anxiety)**: Emphasise the importance of learning to relax, and how useful it will be through the programme. Demo the controlled breathing technique with the video

- Arrange next appointment (2 weeks' time), and arrange a time to make a brief telephone (or email) check-in the following week. Suggest that if they have done well with Steps 1 – 3, they may want to move on to **Step 4 (Reclaiming My Life)** at that point

- Record the time spent with participant to the nearest minute and complete the contact sheet

Step 1 – Learning about PTSD

Step 2 – Grounding Myself

Grounding tool

Step 3 – Managing My Anxiety
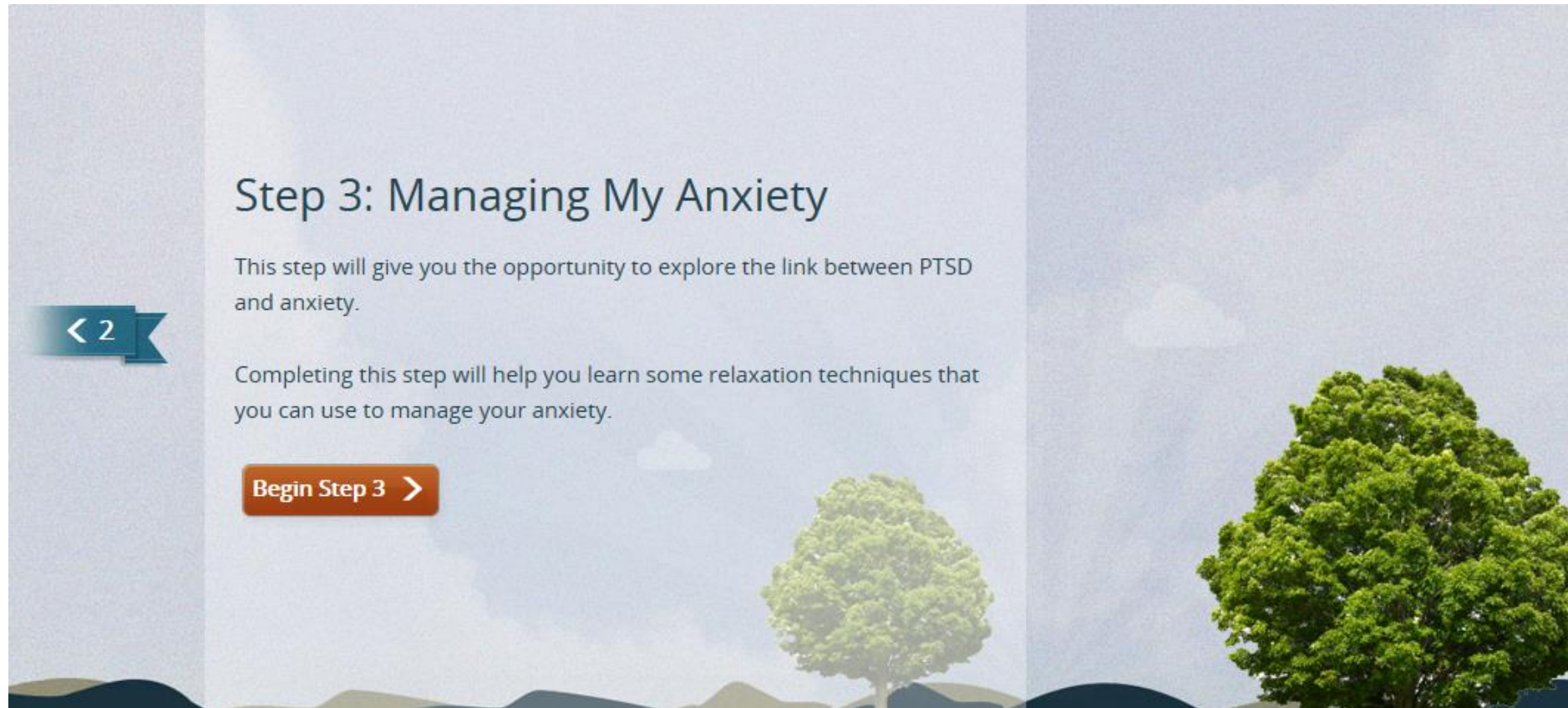
Step 3: Managing My Anxiety

This step will give you the opportunity to explore the link between PTSD and anxiety.

Completing this step will help you learn some relaxation techniques that you can use to manage your anxiety.

Begin Step 3 >

Step 3 - Relaxation

Participant and Clinician Log-in

- Participant site: https://springptsd.cardiff.ac.uk
- Clinician site: https://springptsdadmin.cardiff.ac.uk
- App site: https://springptsdapp.cardiff.ac.uk

Clinician site

Clinician Dashboard

- The clinician dashboard allows you to log into Spring and check which step your patients is on and their progress

- This may trigger you contacting the patient to encourage them to make a start or go back to the step set at your last meeting

- Some patients prefer a particular method of contact i.e. email vs phone

Session 1

- **Week 1: Brief Phone Check In**
- Review progress on the clinician site prior to the call
- Discuss how the participant is getting on with the tools **(My Symptoms, My Grounding, My Relaxation)** using data you have accessed and tackle any problems
- If good progress has been made, suggest moving on to **Step 4 (Reclaiming My Life)**
- Confirm the time of next appointment
- Record the time spent with participant to nearest minute

Step 4 – Reclaiming my life
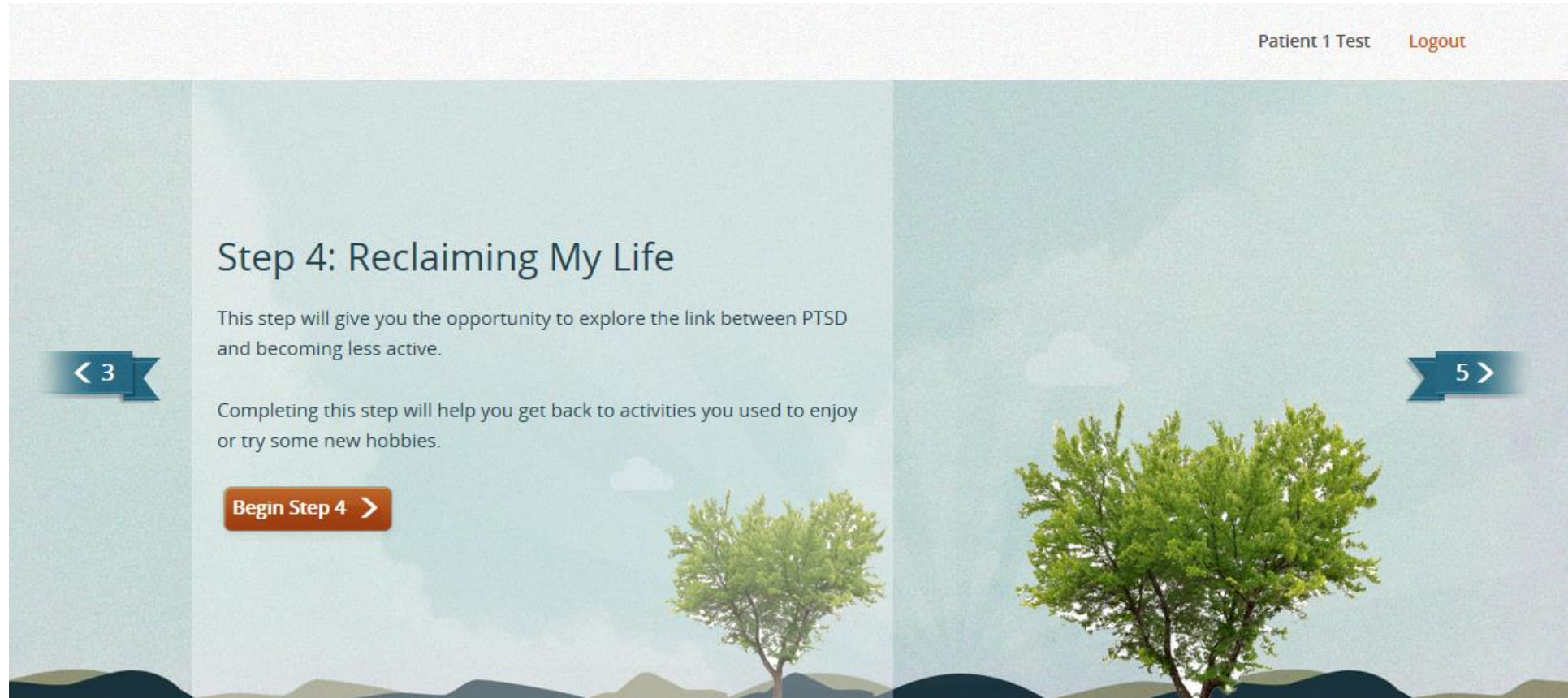
Setting goals

Step 4: Reclaiming My Life

Patient 1 Test   Logout

SMART Goals

S = Specific – A goal should be clearly defined. How, when and where will the goal be attained?

M = Measurable – A goal needs to be measurable. How will you know when a goal has been achieved?

A = Attainable – A goal should be something you know you can do. Do you have the ability and resources required to attain the goal?

R = Realistic – A goal needs to be realistic. Are you willing and able to work towards the goal? Be honest with yourself.

T = Timely – A goal must have a timeframe. We recommend one week.

Weekly goals

Week 2

- **Week 2: 30 Minute Guidance Session**
- Ask participant to complete survey before you meet
- Review progress on the clinician site
- Discuss how the participant is getting on with the tools, and tackle any problems. Give praise for progress made
- If **Step 4 (Reclaiming My Life)** has been completed, review the list of weekly goals. If it has not been started, give a brief introduction to the Step.
- Encourage the setting on new goals.
- Encourage the setting of SMART goals

Week 2 (cont'd)

- If participant has made sufficient progress, Introduce **Step 5 (Coming to Terms with My Trauma)**, and give the rationale for imaginal exposure.

- Demonstrate the narrative of one of the video characters. Be careful when considering which character's narrative to show. It may be best to show the narrative of a character whose trauma is different to that of the participant in order to reduce the risk of re-traumatisation.

- Begin writing a narrative with the participant. Explain that it will be accessible in the toolkit, and the necessity of reading it every day several times (usually for at least 30 minutes) until their anxiety starts to reduce. Discuss the unhelpful role of avoidance bringing short term relief only

- Arrange next appointment (2 weeks' time), and arrange a time to make a brief telephone check-in the following week

- Record the time spent with participant
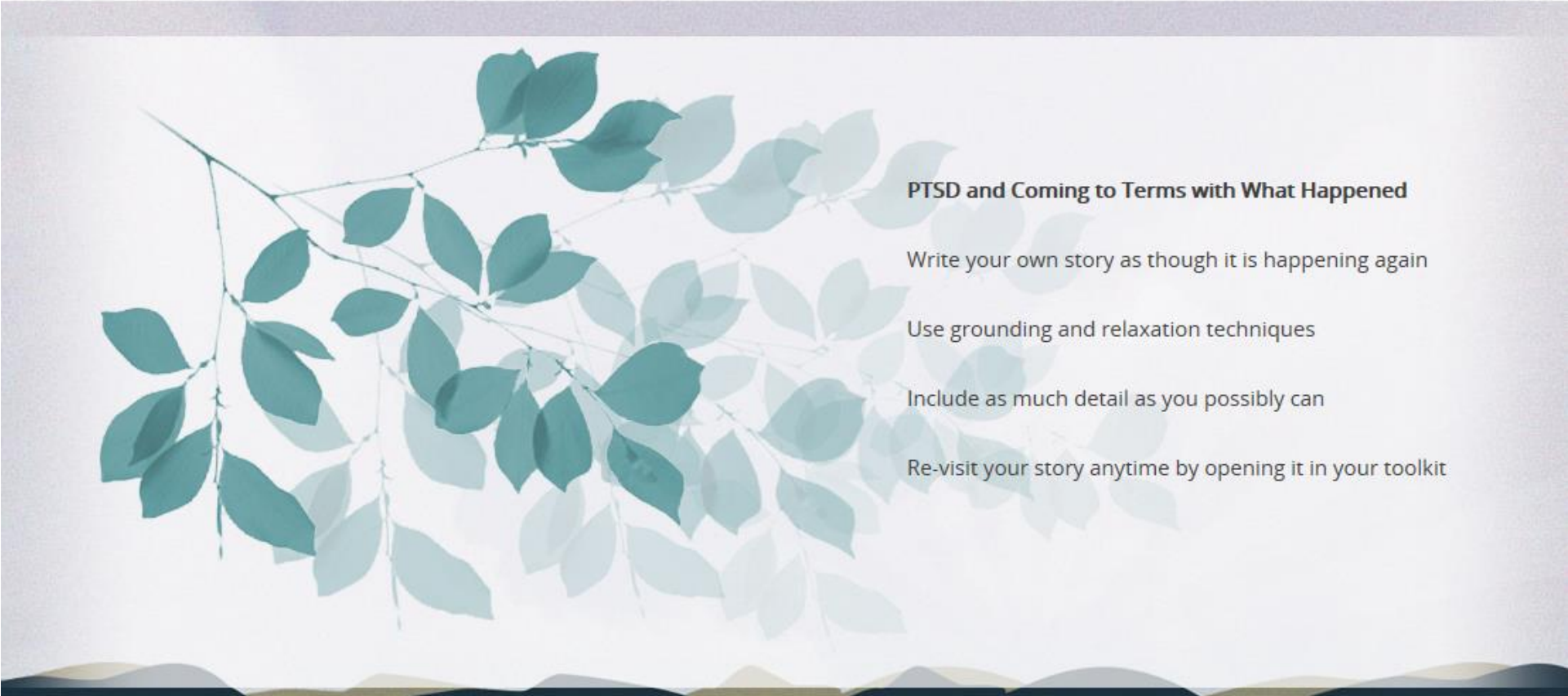
PTSD and Coming to Terms with What Happened

Write your own story as though it is happening again

Use grounding and relaxation techniques

Include as much detail as you possibly can

Re-visit your story anytime by opening it in your toolkit

Week 3

- **Week 3: Brief Phone Check In**
- Review progress on the clinician site prior to the call
- Discuss how the participant is getting on with **Step 4 (Reclaiming My Life)** and **Step 5 (Coming to Terms with My Trauma)** as applicable. Briefly review **Tool 5 (My Trauma)** to ensure participant is on the right tracks with their narrative
- Give positive and encouraging feedback
- Confirm the time of next appointment
- Record the time spent with participant

Giving narrative feedback 1

- Alliance bolstering
  - I was deeply touched reading your narrative. Although your experience was several years ago, it's clear that it is still very present in your thoughts and feelings.

- Task reinforcement
  - You were able to focus on the feelings of fear that you were experiencing, the difficulty breathing both from running for your life and from the dust, the fear of being crushed.

Giving narrative feedback 2

- Showing empathy
  - I really felt the pain from running as fast as possible in hard shoes and full uniform, fearing that it wouldn't be fast enough. I also felt the uncertainty of not knowing what was happening, exactly what the danger was, made it so much more frightening plus later, the hopeless feelings.

- Shaping self-efficacy
  - The courage and strength you showed in this situation was amazing. I suspect that you did this before and have continued to do this since then.

Acknowledgement to Christine Knaevelsrud, ISTSS 2016

Identifying essential features of the trauma narrative

- Has the trauma been described to a full extent?

- Avoiding emotions, avoiding a first person perspective, rationalization?

- Is the account too matter-of-fact?

- Concentration on particularly painful moment, on specific details of the event (which aspects were particularly stressful?)

- What are the dominant emotions (anger, shame, fear, grief, guilt)?

- What primary negative cognitions can be identified (including feelings of guilt, incompetence, insecurity, lack of self-awareness)
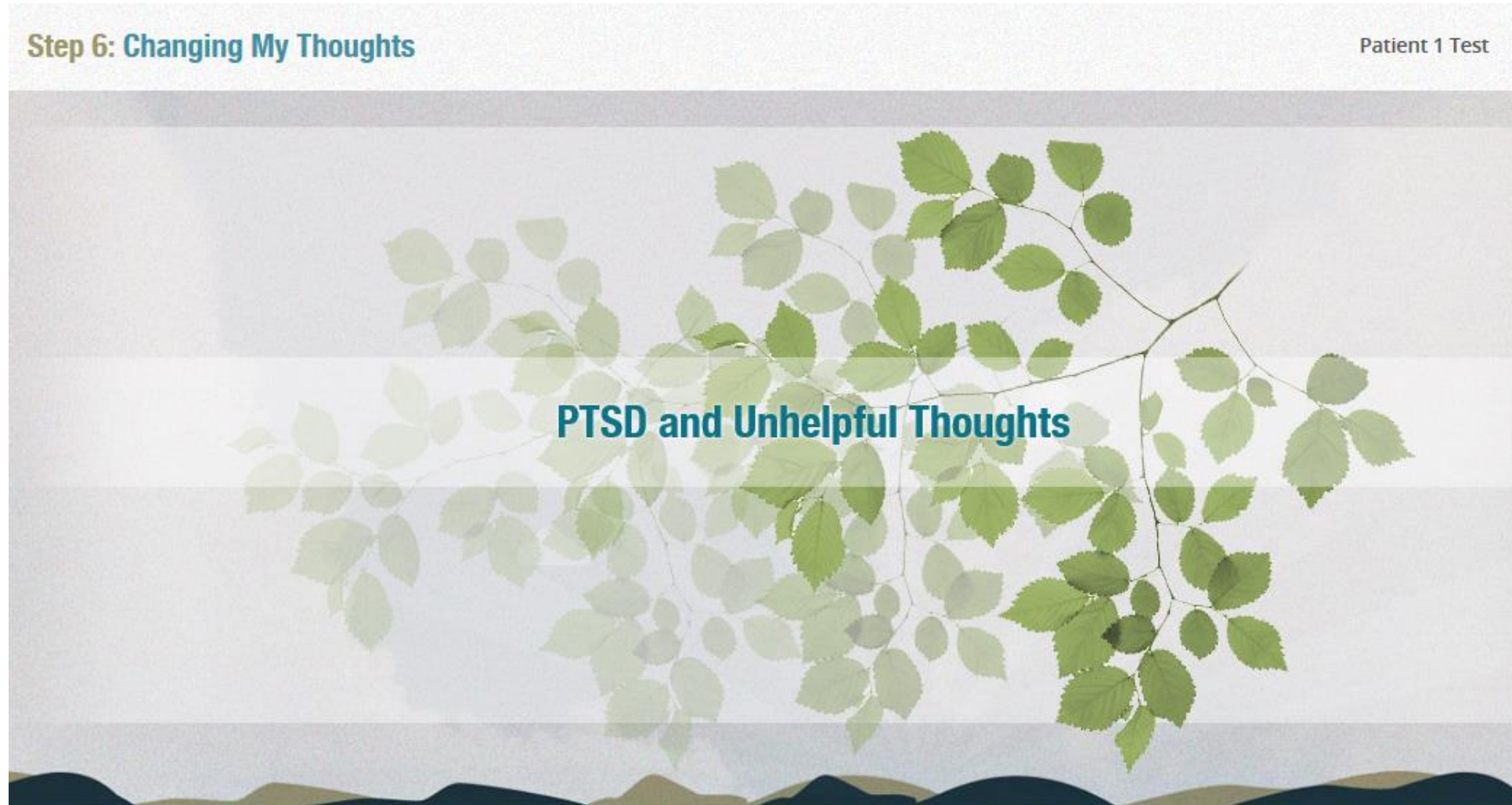
Continuing narrative work

- Writing the account in the first person

- Adding additional detail

- Bits skipped or skirted over

- Describing emotional responses and sense of meaning at the time

- Updating (incorporating additional info)

Week 4

- **Week 4: 30 Minute Guidance Session**

- Ask participant to complete survey before the meeting

- Review progress on the clinician site

- Discuss how the participant is getting on with **Step 4 (Reclaiming My Life)** and **Step 5 (Coming to Terms with My Trauma)** daily reading & elaboration. Encourage the individual to continue using tools 1-5 daily

- Introduce **Step 6 (Changing My Thoughts)** by giving an example of a thought challenge using the tool. **Introduce Step 7 (Overcoming My Avoidance)** by showing an example fear ladder from the programme

- Arrange next appointment (two weeks' time), and a time to make a brief telephone check-in the following week

- Record the time spent with participant

Step 6 – Changing thoughts

Step 6 – Changing thoughts

Step 6 – Pie chart

Changing my thoughts

Step 6: Changing My Thoughts

Patient+2 ptsd   Online help   Logout

Helping you identify and challenge distressing thoughts

1. Describe the situation

2. Describe the thought and rate your belief in the thought from 0-10

3. Describe your emotions

4. Describe your bodily sensations and rate your distress from 0-10

5. Consider evidence for and against

6. Create an alternative thought

7. Rate your belief in the new thought

Therapeutic letter

Take a few moments to think about some of the ways in which the traumatic event continues to trouble you. Imagine a good friend of yours has experienced the same or a very similar event and that they are thinking and feeling in the same kind of way that you are. Please write a supportive letter to your friend. Try to give your friend advice about how to handle and cope with the situation and how to look at the situation differently. What would you tell them?

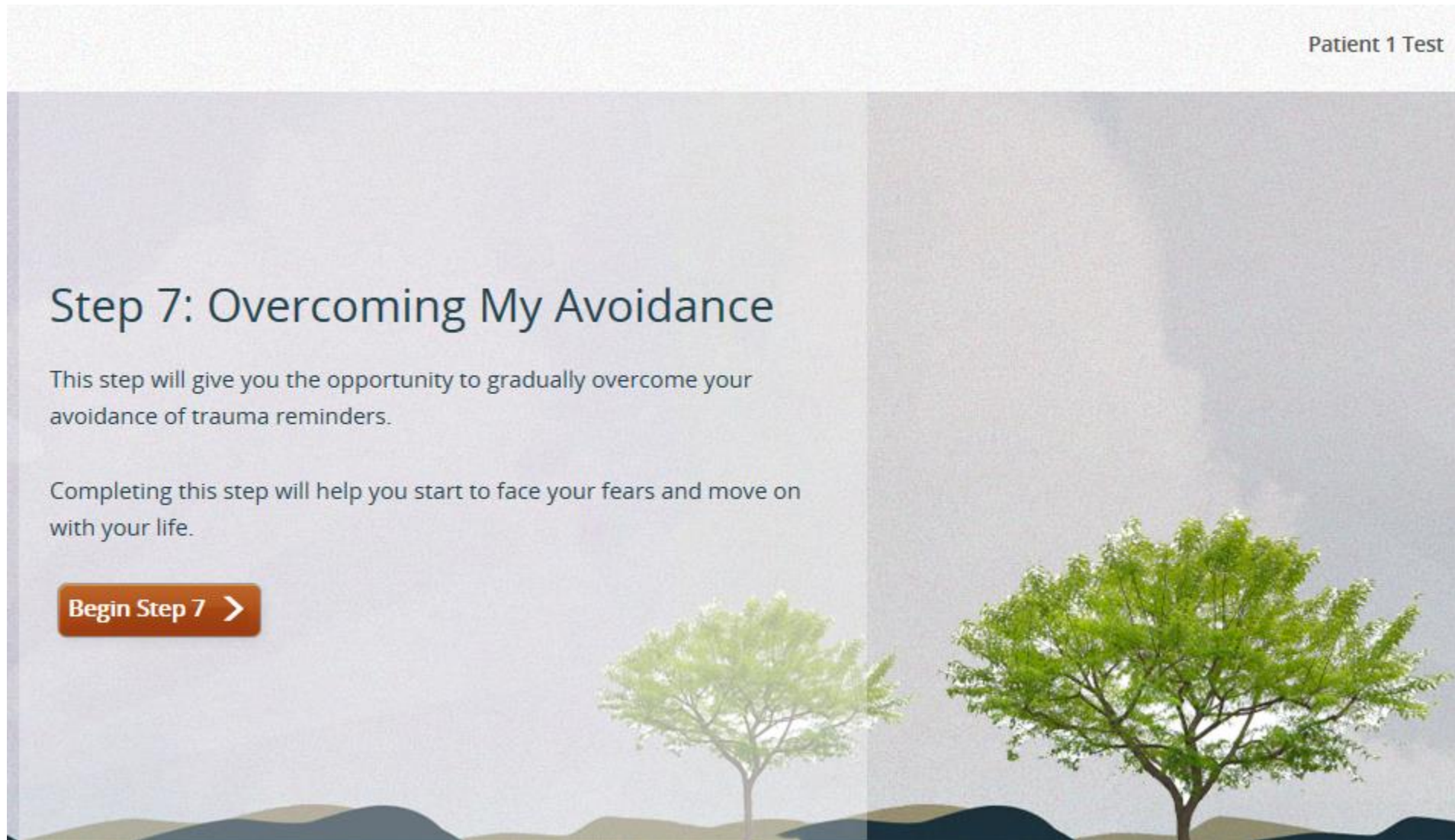save

Step 7 – Overcoming avoidance

Avoidance hierarchy

Step 7: Overcoming My Avoidance

Week 1 | **Add week +** | Chloe's Fear Ladder

Reading a newspaper containing stories about crime	1 ▾ ⊗	✔ Complete	✘ Incomplete
Watching the news	2 ▾ ⊗	✔ Complete	✘ Incomplete
Watching a violent film	3 ▾ ⊗	✔ Complete	✘ Incomplete
Looking at a knife	4 ▾ ⊗	✔ Complete	✘ Incomplete
Holding a knife	5 ▾ ⊗	✔ Complete	✘ Incomplete
Walking around the neighbourhood the attack happened	8 ▾ ⊗	✔ Complete	✘ Incomplete
Going back to where the attack happened	10 ▾ ⊗	✔ Complete	✘ Incomplete

Week 5

- **Week 5: Brief Phone Check In**
- Review progress on the clinician site prior to the call
- Discuss how the participant is getting on with tools 1-5. Briefly review **Tool 6 (My Thoughts)** and **Tool 7 (My Fears)**. Advise continuing use of all of the tools. Direct participant to spend more time on the areas you think will result in greatest benefit
- Confirm the time of next appointment
- Record the time spent with participant

Week 6

- **Week 6: 30 Minute Guidance Session**
- Ask participant to complete survey before you meet
- Review progress on the clinician site
- Discuss how the participant is getting on with the tools, and tackle any problems
- Introduce any Steps that have not been started to date. If all tools are activated, encourage continued use, and completion of **Step 8 (Keeping Myself Well)** before the final appointment
- Arrange next appointment (two weeks' time), and a time to make a brief telephone check-in the following week
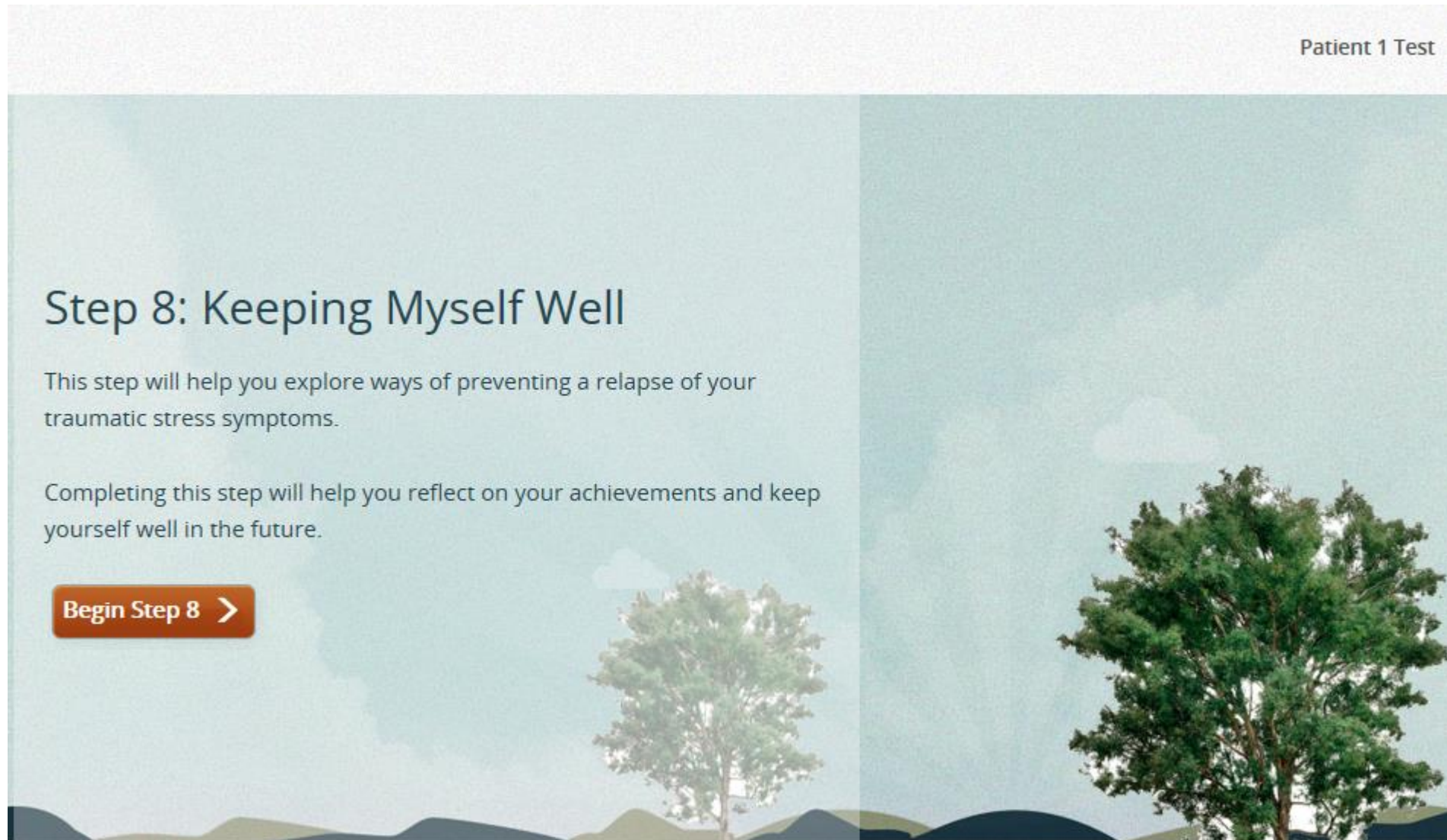- Record the time spent with participant

Week 7

- **Week 7: Brief Phone Check In**
- Review progress on the clinician site prior to the call
- Discuss how the participant is getting on with tools 1-7. Advise continuing use of all of the tools. Direct participant to spend more time on the areas you think will result in greatest benefit
- Remind participant to complete **Step 8 (Keeping Myself Well)** before the final session
- Confirm the time of next appointment
- Record the time spent with participant

Week 8

- **Week 8: 30 Minute Guidance Session**
- Ask participant to complete survey before you meet
- Review progress on the clinician site
- Discuss how the participant is getting on with the tools
- Discuss **Step 8 (Keeping Myself Well)**
- Record the time spent with participant

Step 8 – Relapse prevention