

Evaluation of the Effectiveness of Developing Compassionate Resilience as Part of a Phased Approach to Treat C/PTSD Arising from Interpersonal Trauma

Deborah Lee | Jacqueline Sin | Nicky Wright | Zoe Travers | Dorothy King | Eirini Balampanidou | Devanshi Sharma | Paul Gilbert

Introduction

Interpersonal trauma, particularly in childhood, increases the risk of developing Complex PTSD¹. This is associated with persistent shame, self criticism/loathing and low self-compassion². Self-criticism is thought to maintain shame-based flashbacks³ and evidence highlights role of self-criticism and shame in the development and maintenance of PTSD²⁻³. Research also shows that developing self compassion helps to reduce shame and self-criticism, suggesting these are important treatment targets^{3-4,6}. Compassion focused therapy (CFT)⁵ has been developed to work with people who experience shame and self-criticism. Previous studies have demonstrated the effectiveness of CFT for various mental health conditions⁴ and this research explored the impact of developing “compassionate capacities”⁶ in a compassionate resilience group (CRG, see diag.1) as a pre-phase to a trauma-focused intervention. Qualitative research demonstrates that developing compassionate resilience in a group format helps client to engage in trauma-focused therapy where shame and self-criticism are salient difficulties⁷.



Diagram 1. CRG Themes

Aims:

1. To evaluate the effectiveness of the CRG, as part of a phase-based treatment for C/PTSD, within routine clinical practice in a specialist NHS outpatient traumatic stress service.
2. To assess the impact of the CRG on self-criticism, self reassurance and PTSD symptomatology among clients receiving therapy in the service.

Method

Participants

- ❖ The sample consisted of N= 148 participants, with an age range of 18 to 64 years (M=38.87, SD=11.80). 85% were females and 85% were white (British, Irish, or any other background).
- ❖ All presented with PTSD or Complex PTSD as identified through clinical assessment. Shame and self-criticism were salient difficulties.

Self-report Measures

- ❖ **PTSD Checklist for DSM-5 (PCL-5)**⁸ – to measure DSM-5 symptoms of PTSD
- ❖ **Forms of Self-Criticism and Self-Reassurance Scale (FSCRS)**⁹- to assess self criticism and the ability to self reassure.
- ❖ **Patient Health Questionnaire-9 (PHQ-9)**¹⁰ –to measure symptoms of depression
- ❖ **Generalised Anxiety Disorder Scale-7 (GAD-7)**¹¹- to measure symptoms of generalised anxiety disorder.

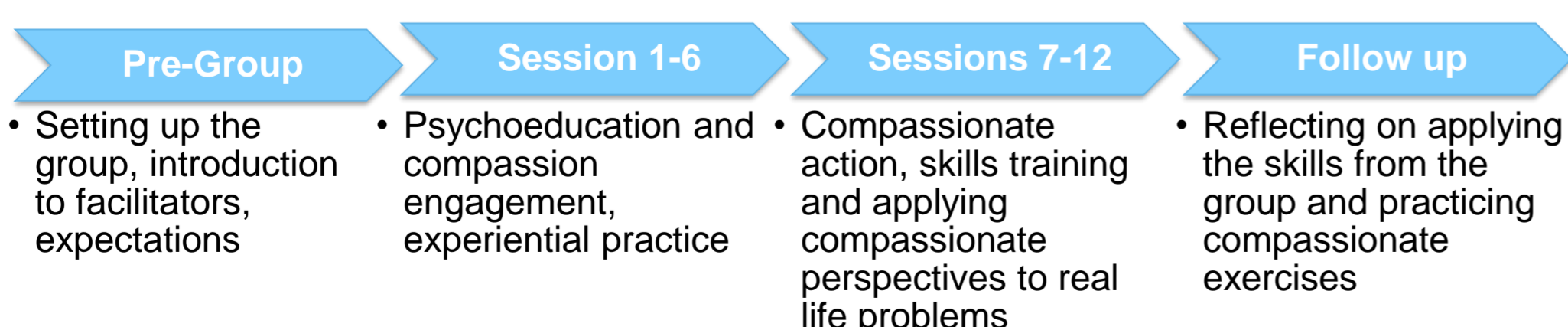
Service Context

The treatment pathway for clients includes the following three stages:



Group Protocol (see below)

- Up to 10 clients attended each single-sex group.



Facilitators- Two facilitators per group comprising of clinical psychologists/CBT therapists who were trained and supervised in CFT.

Group Attendance: 151 clients were invited to the CRG, of these 102 (89%) completed the group intervention and 57 (%) completed pre and post measures.

Results and Discussion

- Nearly two-thirds (63.5%) of clients had experienced childhood sexual abuse, 93.9% had experienced either childhood abuse or domestic violence. The remainder of the sample (6.1%) had experienced multiple interpersonal traumatic events including torture, rape, physical and emotional abuse.

Table 1. Results of linear mixed-model regression for all outcome variables (N=151)

	Fixed effects				Effect size in SD
	Dissociation	Complex cluster	Time trend	Specific treatment time effect	
FSCRS - Reassured self	1.61 (.88) p=.066	-3.60 (.90) p<.001	-.09 (.20) p=.643	4.11 (.80) p<.001	.70
FSCRS - Inadequate self	-.18 (1.03) p=.865	3.32 (1.05) p=.002	.39 (.26) p=.132	-6.90 (.84) p<.001	-.97
FSCRS - Hated self	1.18 (.75) p=.118	2.62 (.78) p=.001	.43 (.18) p=.015	-3.31 (.59) p<.001	-.56
PCL total score*	5.31 (1.77) P=.003	5.34 (1.74) p=.002	-.39 (.45) p=.388	-12.46 (1.47) p<.001	-1.12
PHQ depression	1.71 (.86) p=.008	2.32 (.88) p=.008	-.26 (.19) p=.166	-2.89 (.63) p<.001	-.53
GAD 7	1.47 (.64) p=.023	1.95 (.66) p=.003	-.24 (.16) p=.137	-2.19 (.55) p<.001	-.52

- ❖ The CRG treatment was associated with a significant improvement in PTSD, Depression and anxiety symptoms (Table 1).
- ❖ Self criticism decreased significantly, and self-reassurance improved significantly over the course of the CRG.
- ❖ The greatest improvement was shown for PTSD symptoms.

Clinically Significant Change (N=57)

PTSD Symptoms	22% of 54 clients above the threshold for PTSD at the start of group were below clinical cut-off.
Depression	24% out of 51 clients moved below clinical cut-off at the end of the group
Anxiety	33% out of 52 clients moved below clinical cut-off at the end of the group

- ❖ The CRG for some individuals may be beneficial as a stand-alone intervention and for others, it has significantly lowered the levels of severity prior to engaging with direct trauma-focused interventions.
- ❖ The CRG significantly lowered experience of self-criticism and increased self-reassurance.
- ❖ The CRG was found to be an appropriate intervention for individuals who had experienced interpersonal traumatic events including during childhood, with low dropout rates (11%).
- ❖ The CRG may help in widening client's window of tolerance, reducing avoidance and changing meaning, further facilitating helpful and natural processing and updating of traumatic memories and subsequent reduction in PTSD symptoms.
- ❖ Development of soothing and social safeness may additionally contribute to the reduction in PTSD symptoms, particularly hyperarousal.

Limitations

- ❖ Potential sampling and reporting bias due to incomplete/missing routine service data.
- ❖ No control group for comparison, limiting conclusions about the intervention's relative effectiveness.
- ❖ Sample lacked representation of ethnically and racially minoritised groups, affecting cross-cultural applicability.

Future Research

- ❖ Future studies should explore the CRG's impact on shame, self-compassion, and Complex PTSD outcomes.
- ❖ Future research should explore the symptom change trajectories and predictive factors during the group intervention.
- ❖ Given that most clients proceeded to complete individual trauma-focused therapy, future research could benefit from assessing outcomes across the entire treatment pathway.

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