

PTSD Resolution Service Description

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Trustees

Colonel Tony Gauvain (retired), Chairman - counsellor and psychotherapist.

Piers Bishop – psychotherapist and director of motivation and performance consultancy Human Nature at Work.

Malcolm Hanson – formerly a serving Army officer, now a psychotherapist in the NHS.

Kim Hirschman – formerly of Morgan Stanley, now retired.

Matt Minshall – retired Army officer, now with Tencate, an international defence contractor.

Patrick Rea – Managing Director of Rea-TMA Ltd; P.R. and marketing specialist, who has worked with charities and other organisations over the last 25 years.

Richard Trafford – retired Army officer, now active in overseas aid and development projects in association with the U.N.

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SERVICE DESCRIPTION

1. Introduction

PTSD Resolution is a UK registered charity offering treatment to ex-military personnel with mental health difficulties including post-traumatic symptoms and Post Traumatic Stress Disorder (PTSD). This document describes the programme which Resolution offers, and explains how it relates to the National Institute for Health and Clinical Excellence (NICE) guidelines on the treatment and management of PTSD.

2. Key Points

PTSD Resolution is a UK Registered charity (No. 1133188) that provides free therapeutic support to Veterans, TA and Reservists who are struggling to reintegrate into a normal work and family life as a result of events during their service in the armed forces. Treatment is also available to service families suffering secondary traumatic stress.

Key service features of the PTSD Resolution programme are as follows:-

- Nationwide outreach network of 200 therapists, organized in a county structure with local co-ordinators and a central call centre (0845 021 7873), and web site (www.ptsdresolution.org).
- Outcome-informed treatment leads to good results: of those who reach a mutually-agreed end of treatment, more than 80 per cent experience symptom reduction to a sub-clinical level in terms of the Impact of Events Score (IES).
- Brief therapy within NICE recommendations.
- Out-patient treatment: people are treated locally, supporting family and work routines and relationships.
- No waiting lists: immediacy and convenience. Therapy can usually begin within days.
- Fully confidential service: privacy overcomes operational sensitivities and stigma.
- Non-intrusive treatment: patients are not required to re-tell traumatic events in detail though they may, if they feel a need to do so.
- Humane approach: any re-exposure to traumatic memories is carried out while the patient is calm, reducing emotional distress.

The PTSD Resolution programme complements the work of other armed forces' charities, because it addresses the immediate mental health issues that may be barriers to successful reintegration and resettlement, as well as providing other psychological help that may be required. Other charitable services and some NHS Trusts have long waiting lists; also, entry criteria may exclude some veterans such as those who are drinking heavily or using other drugs, who are violent, in prison or on the Sex Offenders' Register.

3. Treatment Programme

The Resolution treatment protocol is drawn from an established pool of techniques and approaches used in psychological trauma:-

- Rapport-building techniques to build patient-therapist relationship
- Psycho-education about the causes, effects and mechanisms of post-traumatic symptoms and the techniques sufferers can use to reduce these effects
- Relaxation training aimed at helping sufferers control their own arousal
- Investigating the beliefs and emotions connected to past events, challenging those that are inappropriate and considering ways to interpret the events that would be more functional in current circumstances
- Exposure techniques aimed at making the memories tolerable by reducing the automatic emotional reaction to the triggering of traumatic memories
- In-vivo and/or visual imaginal exposure to previously feared situations, to test changes brought about and build confidence that they can be sustained in practice
- Exploration of ways in which the sufferer can return to a more normal social and work life, aimed at creating sustainable behavioural change – e.g. discussion of changed social behaviour such as re-connecting with family and friends, going back into work and re-starting other kinds of social interactions that may have been in abeyance, and, where appropriate, mental rehearsal of these behavioural changes.

All the elements of the Resolution protocol could be found in the repertoire of many experienced Trauma-Focused CBT therapists. However, it is worth noting that it varies from other TF-CBT protocols in two main ways, and that there is a coherent rationale for these differences:

- While sufferers may talk about their traumatic memories if they need to, they are not required to do so, nor to verbalise the content of their memories in writing. The preferred mode of re-exposure is visual, as in the 'Virtual Iraq' system, except that the sensory stimuli are provided by the patient's own memory instead of a simulator. There is a coherent rationale for this: the original stimulus was sensory, not verbal, and if the sufferer is experiencing flashbacks they are sensory, not verbal. Thus the problem appears to be one of sensory memory and approaching it through words may be unnecessarily roundabout. Carrying out re-exposure in the patient's imagination is also considered likely to protect the therapists to some degree from 'compassion fatigue', 'burnout' or vicarious traumatisation.
- Relaxation training is generally a part of most sessions, and any necessary re-exposure is generally carried out with the patient in a deliberately relaxed state, where the patient is able to do this. The rationale for this is that processing may be facilitated if the patient has better access to higher brain functions.

4. Outcomes of PTSD Resolution's Work

PTSD Resolution records data on every case. All patients are scaled using validated instruments from the Department of Health Outcomes Compendium (NIMH 2009), before, during and after treatment, except where they are unable to face the process of scaling at time1.

Therapists invite patients to complete an IES at the start of each session, as well as CORE-10 at the start and end of treatment and at each session. Severely traumatised people may be unable to complete the instruments, in which case the therapist will assist them. CORE results are recorded into the Pragmatic Research Network database (see www.pragmaticresearchnetwork.blogspot.com) and IES scores are collated by PTSD Resolution.

Resolution will provide support in excess of that stipulated by the NICE guidelines on PTSD, but does not require patients to attend sessions once they feel that their symptoms are no longer a problem. In practice the protocol is efficient; mean duration of treatment is c. 4 sessions and >80% of patients reach an agreed end of therapy and a sub-clinical IES score in this time.

5. Relationships between PTSD Resolution, the Human Givens Institute (HGI), Human Givens Therapy (HGT) and NICE CG026

HGI

Resolution uses the Human Givens registered network of therapists to deliver treatment. This network provides a well-defined but highly flexible system (HGT) for delivering Trauma-focussed therapy, a consistent approach across a group of over 200 therapists, and a system of regulation and governance at the therapist level.

The HGI (www.hgi.org.uk) as the governing body for Human Givens therapists:

- provides the ethical framework in which therapists operate;
- operates the ethics committee and complaints procedures,
- sets and monitors therapists' CPD, insurance and contracted supervision arrangements.

In addition Resolution has its own clinical governance committee and insurance arrangements.

HGT

The Human Givens approach to counselling and psychotherapy provides a framework within which therapy might be expected to act in the interests of the patient. Within this framework therapists have access to a palette of brief therapeutic techniques that can be used, with the agreement of the client, as the need arises.

The brief therapeutic techniques used within HGT would all be recognisable to a modern CBT therapist, in as far as there is any one such sort of a thing, CBT having absorbed a large number of heterogeneous elements from other therapies including relaxation, mindfulness, and, increasingly, visualisation. With the arrival of modern TF-CBT approaches such as Imagery Rescripting and Reprocessing Therapy (e.g. Smucker 2005) CBT has, to some degree, caught up with the HGT approach, though the particular order of events in a Resolution session is still probably unique to HGT.

A typical arc of therapy for a Resolution client might include:-

- rapport-building and 'hearing' the patient,
- solving (where possible, and with the help of other agencies as appropriate) such immediate practical problems as might be causing sufficient arousal to prevent therapy getting under way,
- setting goals for the therapeutic process,
- psycho-education to give the client tools with which to manage emotional arousal, recognise and intervene in emotionally-driven behaviour and thought processes,
- achieving symptom reduction, generally through progressive re-exposure in a calm state, reconditioning the patient to be able to remember the traumatic events while remaining calm, together with developing a new set of explanations with which to interpret events, thoughts and feelings,
- setting goals for behavioural change,
- further therapeutic work to achieve such change including where appropriate further visualisation or in-vivo work,
- progressively handing responsibility for maintaining changed behaviour to the client, with further support available as needed.

Within this arc there will generally be particular sessions or parts of sessions that are particularly focussed on trauma symptom reduction.

NICE CG026

Besides offering a modern form of Trauma-Focussed CBT, Resolution operates in accordance with the other recommendations in the NICE guideline for PTSD, CG026. It offers a course of weekly sessions (or as otherwise negotiated with the patient or dictated by circumstances when, for example, the patient is in prison). The number of sessions is not limited - Resolution will offer more sessions than the NICE guideline suggests where there is continuing therapeutic benefit in doing so. Sessions are conducted as near as possible to the patient's home, in confidence, entirely on a one-to-one basis.

Resolution has a number of ex-military therapists and can arrange for those patients who particularly wish it to be treated by one of these, if they are prepared to travel. Additional supervision from people experienced in treating ex-military personnel is available to Resolution therapists at any time. Treatment is not limited to post-traumatic symptoms; the intended end point is a client who is able to adjust to being a civilian and live a life that is physically and emotionally satisfactory.

6. Historic Evidence Base

The National Institute for Health and Clinical Excellence review CG026 (NICE 2005) lists 24 studies comparing TF-CBT with waiting list or other psychological interventions. However, as the trauma-focussed therapies are such a heterogeneous group, a more appropriate comparator for the Resolution protocol or the HGT approach to trauma would be Andrews et al 2010, plus the IRRT papers including for example Smucker, 2005 or Holmes, E. A., et al. 2007.

7. Clinical Governance

The HGI provides the Clinical Governance framework for administering therapists operating under the PTSD Resolution referral system. HGI requires that therapists:-

- Carry appropriate professional risks insurance, and keep copies of their insurance certificates
- Carry out certain hours of accredited CPD activities and keep a central record of each therapist's CPD hours each year
- Act in accordance with their ethics policy and is answerable to their Ethics Committee, which carries out enquiries into any complaints that may arise. This committee may if necessary discipline therapists, including barring them from practising as an accredited HG therapist and removing them from the public register
- Undertake contracted supervision.

PTSD Resolution also carries professional risks insurance in a 'clinic' policy and makes additional advice available to therapists at any time; has its own clinical governance and risk policies; and has a committee consisting of:

Dr Ian Walton is a GP with special interest in mental health, and is a trustee of PrimHe (Primary Care Mental Health), which provides an MSc in mental health for General Practitioners in association with Chester University.

Iain Caldwell is CEO of Hartlepool Mind and Starfish Mental Health, which provide mental health services under contract to Mental Health Trusts.

Dr Mike Beard is also Chair of the Exeter Drug and Alcohol Implementation Group.

Patrick Rea is a trustee of Resolution and represents the other Trustees on the CG committee.

8. References

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