Background

- Interpersonal trauma is identified as an event in which one person purposely hurts another, often repeatedly over a long period of time. Examples include; childhood abuse, domestic abuse, sexual assault.

- Survive and Thrive (S&T) is a psychoeducational course for individuals who have experienced interpersonal trauma. Clinical guidelines advocate Herman’s three stage model to trauma treatment, S&T is based on stage 1; safety and stabilisation.

- NHS Tayside introduced first dedicated psychological trauma service, to oversee the delivery of Survive and Thrive (Clinical Psychologist and Assistant Psychologist). Two years funding from Mental Health Innovation Fund.

Aims

- Embed a more direct and efficient route to phase 1 trauma treatment - removing barriers to care by working collaboratively across services.

- Contributing to safety and stabilisation of symptoms associated with trauma. Decrease social isolation, stigma and self blame. Reframe the impact of trauma - normal reaction to an abnormal experience.

Methodology

- Educational course based on Cognitive Behavioural Therapy principles, delivered over 10 weeks. Two hour sessions to same-sex groups and up to 10 participants. Cohorts run co-currently (3-4 cohorts) on different days of the week. A new cohort begins around once per month.

- Sessions focus on specific topic; e.g. anxiety, depression, anger, shame/guilt. It is a course to develop coping skills, not group therapy (non-disclosure).

Results

There have been 390 potential referrals so far, of which 132 individuals have attended at least one session of S&T. 68 individuals have attended 6 or more sessions.

- Preliminary data indicates that S&T significantly improves emotion regulation, reduces psychological distress, PTSD symptoms and self blame (*=statistically significant).

- Qualitative feedback suggests patients find the treatment very worthwhile.

Feedback

- "It delivers what was promised, it gives the tools to understand, control and deal with your feelings before it’s a problem." 

- "I’m more aware of my feelings and emotions. And trying to be more compassionate towards myself."

- "Accepting that what has happened was not my fault."

- "The methods taught were helpful, understanding more made a huge difference in how I saw myself."

What’s next?

- Effectiveness of Survive and Thrive: Continue collecting data to strengthen conclusions we can draw. More detailed analysis of the effectiveness of the course for individuals. Assess how many sessions patients need to attend to experience change.

- Who does it work best for? Investigate what factors predict positive outcomes from treatment. What factors may predict treatment adherence. For example; gender, social deprivation, age, comorbidity diagnosis.

Conclusions

- Working collaboratively across specialities has emphasised the impact of trauma across a wide range of mental health difficulties. Clinicians routinely ask about trauma history and actively incorporate the phase-based model into routine care.

- Having a specific Survive and Thrive service streamlines first phase trauma work. Findings from Tayside may support other health boards application for funding to run S&T.