

# Trauma Focussed CBT and Compassion

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Trauma therapy... why would you?



# What we had seen tried before at different units

- Initial pathway that was developed looked at standard interventions:
  - DBT
  - CBT
  - EMDR
  - Psychoeducation
  - Substance misuse work
  - Schema therapy
  - Art therapy



Something was missing....

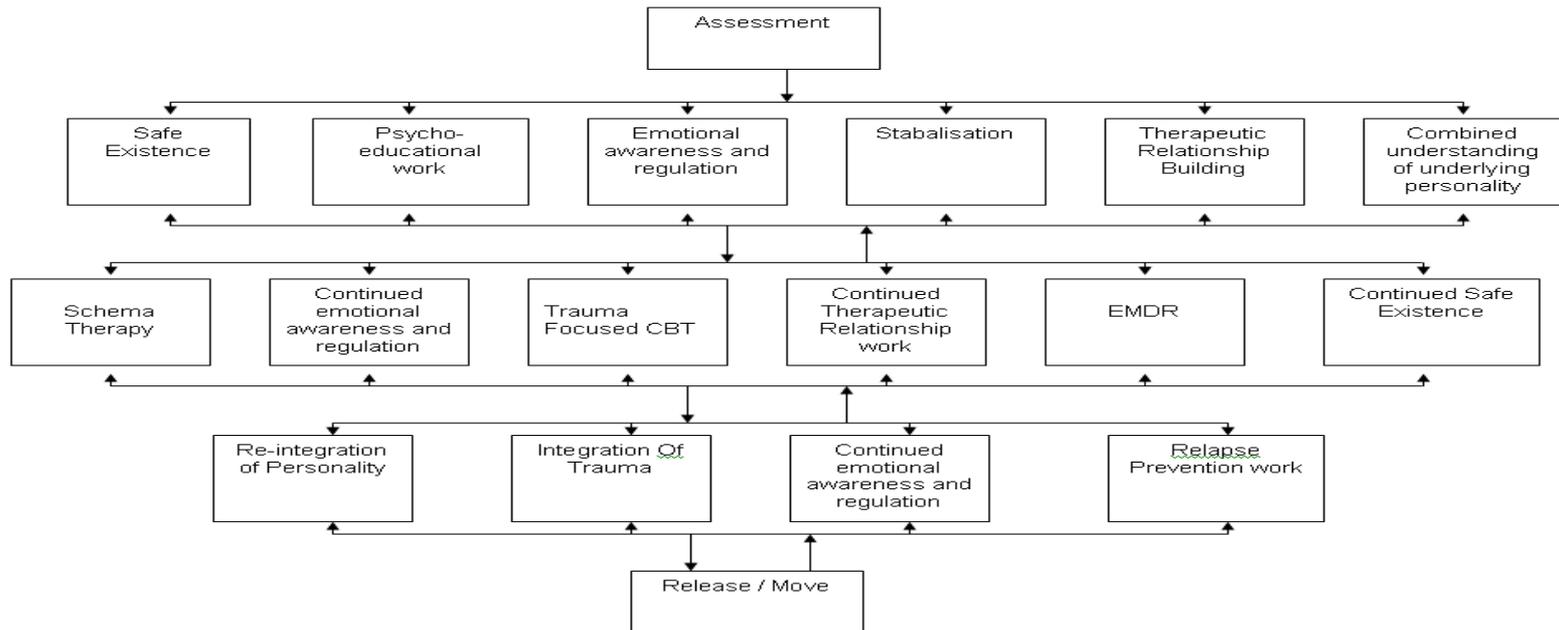


# Trauma Pathway

## Compassion

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## Compassion



# The type of person the new pathway was aimed at

- This was my 8<sup>th</sup> hospital and psychology just hadn't gotten through just wondered what would help, was having lots of flashbacks couldn't find a way forward.
- I had been on the admission ward for 6 months, I was very angry, hated the world and everyone in it.
- I suppressed a lot of emotions and hid a lot of what I was feeling and didn't want to admit it apart from anger, that was the safe emotion
- Hated everyone else as well as myself
- Coped via self harm
- Had no hope in psychology as it had been difficult and hadn't seemed to help
- Lack of trust in people and therapy
- Was getting lots of flashbacks
- Felt like I was broken so didn't see the point in therapy



# Hopes and fears

## Hopes

- Maybe I would feel slightly better
- Be able to think about events with less flashbacks
- It would cure me... but I know this isn't realistic
- Not being triggered so easily by day to day things like seeing things on the TV
- Even if it just worked a little bit that would be better

## Fears

- It would set me back
- Possibly increase my self-harm thoughts urges and actions
- I wondered if I would get more issues / symptoms by talking about it
- If I don't do it maybe I can blag my way out of hospital 'pretend I'm ok' if I do this shows I'm not



# What we did



# Stages of trauma work

- Phased approach
- Stabilisation
- Safety
- Education
- Skills
- Practice
- Therapeutic relationship building
- **Stages of CFT flow**
  - To Others (identified by patients as the easiest)
  - From others (patients said this was....ok)
  - Self (patients said this one was ...terrifying!)



# 1-1 Trauma Work with addition of CFT

- Standard trauma focussed CBT model
- DAPS administered pre and post
- Focussed on individual traumas
- Adapted to ensure rescripts were utilising CFT statements



# Theory behind it

- Using Compassion Focused Therapy (CFT) within CBT to reframe critical thinking to one of compassion for the self has been shown to be effective in PTSD treatment (Lee, 2005; 2009).
- Thompson and Waltz (2008) explored the links between self-compassion and the severity of PTSD symptoms. They found that self-compassion was significantly correlated with **avoidance** symptoms.
- They put forward that those high in self-compassion may process trauma more effectively as they use less avoidance strategies.



# Therapeutic relationship and skills

- Lots of research show that this is key,
- Patient View
- *I had done a lot of skills work leading up to it*
- *Therapeutic relationship is the absolute must*
- *Cant open up to someone you don't trust*
- *This takes a long time to build such a relationship*



# Things that help research vs reality

- The therapists compassionate attitude may serve to diminish the negative emotional links to the trauma (Briere, 2012a).
  - **Reality: be nice and non judgmental**
- The focus of CFT within Trauma-Focused CBT is to be able to sooth the systems as a way of working within the window of emotional tolerance.
  - **Reality; when I was safer I could make sense of it more**
- Distress tolerance has been linked to PTSD symptom severity (Marshall-berenz et al, 2010) and re-experiencing, avoidance and hyperarousal symptom cluster severity (Vujanovic et al, 2011).
  - **Reality; before I just wanted to avoid it all**
- If individuals are able to soothe themselves and therefore tolerate the distress of re-experiencing the traumatic event when developing a coherent narrative, the severity of the symptoms may be reduced.
  - **Reality when I didn't have the skills it was harder, I needed to trust to talk**



# The Process

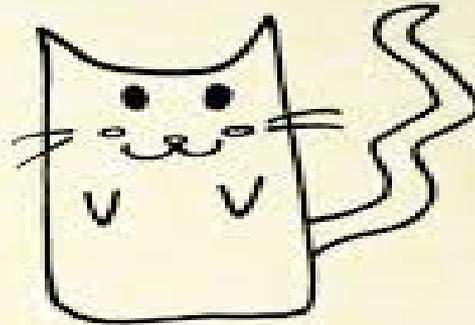
- Identify one trauma to work on during the therapy.
- Pre TF-CBT therapy sessions were utilised to develop the therapeutic relationship and provide psycho-education about the process, as well as developing compassionate image.
- The first TF-CBT session continued this and individuals completed the DAPS pre measure with me.
- The second session established pre and post incident points of safety and established techniques such as fast-forward and rewind, safe space and reiterated grounding techniques.



# What it felt like

- **Doing the DAPS**
- Anxious, the idea of answering questions about trauma was scary, not sure what would get triggered what it would set off in me. I just had to keep my trust in my psychologist and the MDT, as you feel vulnerable.
- It opens up a lot of things that you don't expect
- You panic not knowing what will be triggered
- You worry about a potential relapse
- You can feel ashamed about what you are talking about
- **Safe start and end points...**
- These are really important but can be hard to establish finding a time before it began it when you definitely knew it was over
- It can help you feel safe I personally find the safe start point difficult as I struggle to stop it running all the way through the trauma
- The safe end point was much easier as I know its over at that point





ONE DAY THINGS  
WILL GET BETTER  
UNTIL THEN HERE  
IS A DRAWING OF  
A CAT



# Process Continued

- The next sessions developed the narrative, beginning with a brief recount of the event followed by sessions developing the detail and describing the emotions associated with the details.
- Following this sessions updated the cognitions, and emotions with the facts about the event, acknowledging the role of biological and physiological responses.
- Finally the detailed, factual narrative of the event was re-evaluated with compassion. Dependent upon the level of emotional connection and the belief of the adapted compassion narrative further sessions were focused on the evaluation.



# What its like to talk about it

- *Its still embarrassing you are reliving it even with someone you trust*
- *Its almost as traumatic as you need to be more emotionally connected than you have been, it does make you feel very exposed and vulnerable*
- *You also start remembering new things and thinking about things a bit differently which is really hard, you can get really confused, you can feel like a liar to yourself and those around.*
- *Trusting your psychologist is important as you feel judged or they hold a certain opinion of you (even if you aren't being or they dont)*
- *It can also be confusing, I had remembered things one way but it was actually different in reality*
- *It helps you sort out what you remember as my psychologist described it 'sorts out the filing cabinet and fills in eth missing bits' it helps you think about it differently but not just thinking differently about the trauma but also about yourself and others*
- *Connecting emotionally was the hardest part for me, this was something I just didn't do regarding anything, so doing it with someobne else was very hard*



# What We Found Pre CFT

- Highly critical statements within reframe
- *'Even though logically I knew and accepted things and certain things were out of my control I couldn't engage emotionally and was still critical'*
- Restructuring not endorsed emotionally
  - *'I became very understanding of the logic side of CBT but hard to believe what I was saying'*
- More about the tone than the words
  - Words often compassionate tone not matching



# When CFT added

- Reduced judgement
- Increased compassion
- Increased understanding
- Less threat



# CFT the reality

- *Explaining things in so much detail and moving from 100% self blame and criticism about what happened*
- *The Compassionate rescript, having to forgive yourself and accept what happened, understanding that other people had a role to play in it, it wasn't just me or just my fault, logically you know this but emotionally its hard to get there you have to learn to accept*
- *Becoming over dependent upon your psychologist, it feels like there is one person you can trust but you learn actually you can manage this on your own*



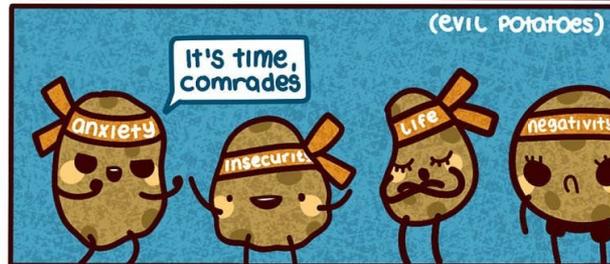
# When CFT added

- *'I found a whole new understanding and perspective in to the incident, this although at the time was very confusing it helped increase my compassion and understating in to the socially acceptable version of events, i.e. the truth'*
- *This in turn helped me understand what the threat system had been activated at such an extreme and also helped discover ways to keep it at a healthy level*



# 'REALITY'

relatable doodles ©

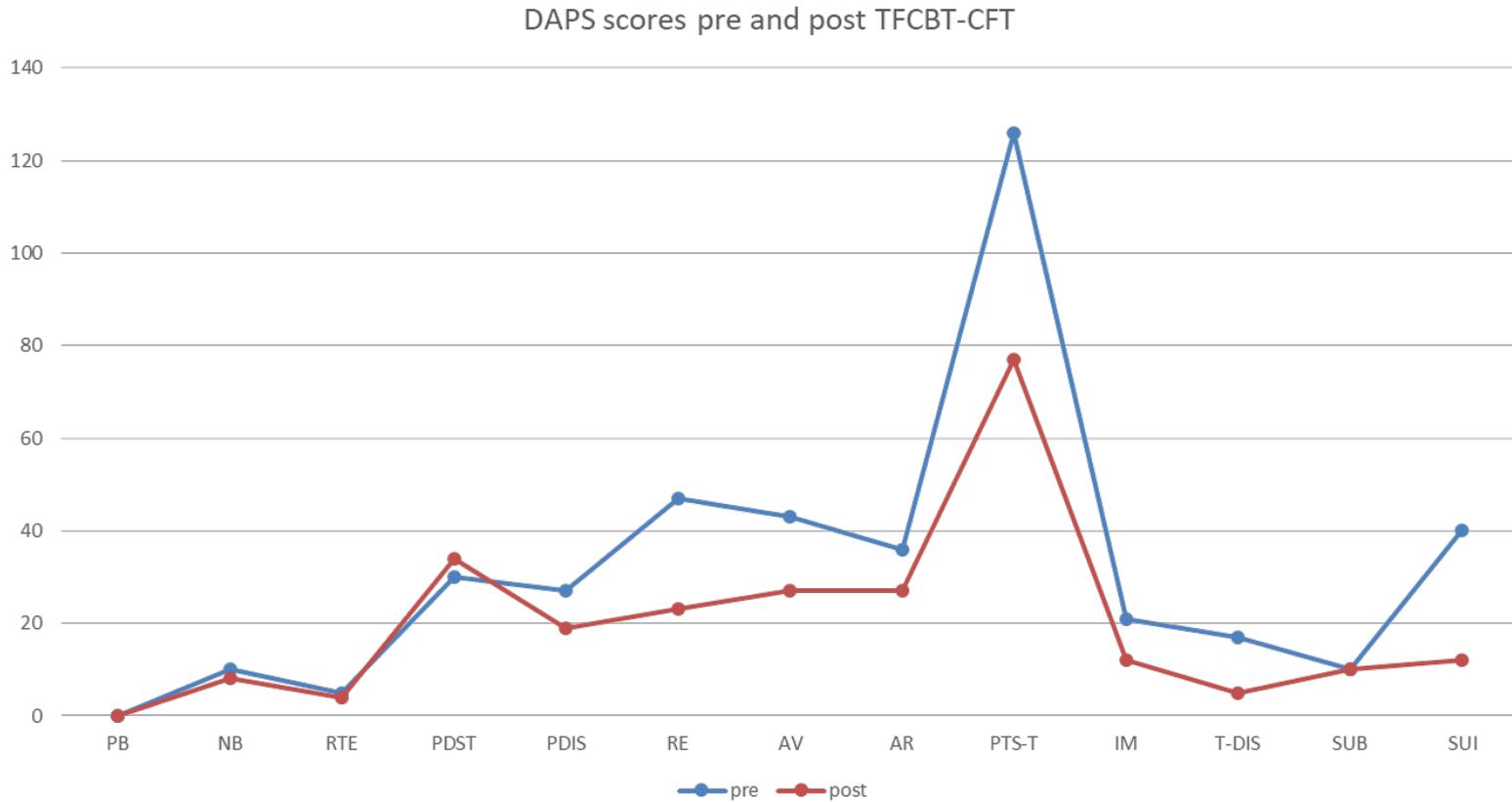


# What We Found: science vs reality science

- The results showed a significant reduction for Re-experiencing, Avoidance, Hyperarousal, Post-traumatic Stress Total and Post-traumatic Impairment
- Re-experiencing, Avoidance, Hyperarousal, Post-traumatic Stress Total were clinically significant f
- Trauma-specific Dissociation showed a significant reduction



# Pre and post intervention data



# Summary

- The evaluation showed that the intervention was effective in meeting the treatment targets to reduce how the trauma was impacting on the patients in the present.
- Therapeutic relationship is key
- Addition of CFT is essential for less judgmental scripts and ability to process



# What I found at the end

- *When the TFCBT has been completed successfully, it changes the world, 'at least your perspective'*
- *Personally I found I was capable of thinking about the incident without involuntarily running through it.*
- *I was more aware of why it had happened and my part to play in it but also others roles in it*
- *I began to be able to think about the incident without judgment and criticism following*
- *Felt like my sleep improved and my family and peer relationships were better*
- *My flashbacks reduced*
- *I had better self worth as I didn't hold the same view of myself and my role in the incident.*
- *Life became bearable, comfortable*



Its scary to try, but it can work

