Group Programmes: Adult Survivors of Sexual Abuse and Combat Veterans

Dr. Walter Busuttil
Group treatments for Victims of Psychological Trauma

• Historically within a Military Psychiatric Setting more recently Adult survivors of CSA.

• WWI work retraining – early therapeutic communities (eg Craig Lockhart - Rivers)

• Therapeutic communities set up after WWII (Main; Maxwell Jones)

• Koach Project – Israeli Defence Forces outcomes 1994

• Veterans Association USA – outcomes 1997

• RAF & RN in the UK circa 1991-1994 (UK)

• Australian Mental Health Services outcomes 1998- current ongoing

• Ticehurst House Hospital (UK) 2006

• Combat Stress (UK) current
Group treatments Therapeutic Components

- Education – about symptoms
- Skills training – cope better with symptoms
- Work re-training – rehabilitation
- Disclosure of traumatic experiences – included / excluded.
- Disclosure within the closed group
- Disclosure within individual therapy
- Community versus residential
- Community and residential combined
- Support group – mental health professional led versus no mental health lead.
Using the group process

- Open vs closed groups
- Large vs Small: Numbers of patients
- Residential versus outreach
- Homogeneous groups – same trauma
- Heterogeneous groups – different trauma
- Education and skills groups versus psychotherapy groups
- Interpretation of group dynamics
- Ideal therapists & supervision
Phasic Treatment Strategy for clinical presentations of severe PTSD

*Herman, 1992*

**Chronic Disease Management (Recovery Model)**

1. Initial preparation
2. Stabilisation and safety
3. Disclosure and working through of the traumatic material and psychotherapy on an individual basis
4. Rehabilitation and reintegration within society; normalising activities of daily living and maintenance within the chronic disease model
5. Relapse Prevention / maintenance
Intensive PTSD Group Programmes

Clinical Components
• Psychoeducation
• Symptom management skills
• Trauma Focussed individual therapy
• Group therapy including trauma focussed work
• Cognitive restructuring
• Alcohol/Drug management
• Problem solving
• Family education / carer groups
Key Therapeutic Components

1. Psychoeducation
2. Skills Training
3. Trauma Focussed therapy
   • Israeli and US models failed left out 3.
RAF 12 day programme (Gulf War 1)

• Assessment protocol

• 12 days of structured work (80 hours)

• Day Case Group follow-up at:
  six weeks, six months and one year

• Liaison with psychiatric community staff
  (outreach)
Simple PTSD Programme
(Busuttil et al, 1995. BJPsych)

- Introduction & Group Integration
- Personal Accounts – within the group
- Psycho-education
- Cognitive-restructuring & Problem-solving
- Anxiety Management Training
- Family Re-integration
- Monitoring via diaries & reviews
- Support debriefing
Two Centre Outcome Study:
THH vs RAF. Mean CAPS-1 intensity scores by Time

T1 = Pre-treatment
T2 = 6 weeks
T3 = 6 months
T4 = 1 year

T1 = Pre-treatment
T2 = 6 weeks
T3 = 6 months
T4 = 1 year

THH n=102
RAF n=56
**Intensive Australian Veterans’ Programme**

Time Limited 4-6 weeks intensive residential ‘course’ of group treatment comprising:

- Psychoeducation
- Trauma focussed therapies
- Cognitive restructuring
- Rehabilitation
- Referral for Work Re-training
- Maintenance in community – follow-on therapies
- Follow-up ‘top-up’ brief residential reunions
- Residential / Outreach TF-CBT
Evidence base & Outcomes

Evidence base - >4000 Australian Veterans – & more from similar programmes & adult survivors of sexual abuse.

Outcome best if:

- Mix of individual and group interventions
- Mix of residential hospital / day centre and outreach
- Must include trauma focussed therapy not just ‘rehabilitation’
- Rule of thirds one third do well; one third get better, one third don’t do so well – need more help.
- Outcomes related to intensity of programme: this in turn is correlated with severity of disorder. The higher the severity the more intensive the therapy should be.
- If patient has mild disorder and intense programme delivered likely may not improve and might make worse.
- Patient Selection is critical.
Combat Stress Intensive Six Week PTSD Programme (320 hours)

- Based on Australian model
- Eight patients; two therapists; closed groups.
- Manualised – reviewed and standardised - supervision
- Work time 9am – 5pm five days per week
- Weekend homework
- Wellbeing programme for out of hours time – homework, stress inoculation exercises, support, key working, activities centre.
- Assessment Protocol
- Inclusion / exclusion criteria
- Pathways in
- Pathways out
- Outcome measurement
- Research literature
- Benchmarked by the Australian Veterans Mental Health Services
Assessment

• Protocol – symptom and functional assessment
• Multidisciplinary Clinical examination
• Psychometric data collection Subjective and Objective – symptoms and function – data base etc

Staff

• Time equivalent of 2 FT staff for group programme and individual therapy – psychology and CBT nurse therapists
Patient selection critical

Inclusion / exclusion criteria (List not exhaustive)

Patients included with:

- Chronic moderate to severe PTSD with co-morbid depression, (or/ and other neurotic disorders such as anxiety, agoraphobia, and obsessive compulsive disorder; alcohol and or illicit substance misuse currently abstinent – stable.
- Exposure to multiple military traumas – two or more.
- Childhood attachment disorders or / history of childhood abuse – maladaptive coping behaviours. *(But diagnoses of Complex PTSD / Borderline Personality Disorder, other Personality Disorder are exclusion criteria).*
- Medication stable & complaint with medication
- Not currently psychotic
- Not actively suicidal ; homicidal / violent / not sex offenders
- Deliberate Self Harm under control– stable enough to do therapy.
- Dissociation under control.
- Stable physical disorders including chronic pain / no brain damage
- History of social, family, work dysfunction.
- Motivated; Able to concentrate; do group work, do cognitive therapy
- Available for six weeks.
- Literate / intelligent – able to understand and take part in cognitive behaviour therapy
Complex PTSD Programme
90 Days of structured work - 600 hours

Three One Month Phases:

• Interactive Psycho-Education & Adjustment of Medication.

• Individual Disclosure of the Trauma

• Cognitive Restructuring and Problem Solving
Clinical Presentation

**History of:**

- Exposure to Multiple Psychological Trauma in childhood
- Extreme features of PTSD - pseudo-hallucinations, somatiform & dissociative symptoms.
- Co-Morbid Depression
- Addictions
- Borderline Personality similar to Personality Change following exposure to trauma
- Propensity to Harm incl DSH – cutting, ligatures
- Occupational / Social Deterioration
CPTSD Programme

Incl/excl criteria:

• male / female (17 years upwards)
• victims of multiple trauma
• voluntary patients
• not-actively suicidal
• self-harm under control
• addictions under control
• not a danger to others
• ‘safe’ forensic histories
Programme Aims

To improve:

• Function

• Symptoms

• Plug patients into outpatient psychotherapy / CMHT
Day-case Follow-up at six weeks, six months and one year

- Repeat assessment protocol
- Advise Community Mental Health Teams
- Review Progress
- Meet other group members
• Three one month phases

Phase One

• Activation of Therapeutic Milieu

• Adjustment of Medications

• Interactive Psycho-Education Groups

• Orientation of Traumatic Experiences
Activation of Therapeutic Milieu

- Trust exercises, group work – ward community groups, therapy groups.

- Regular staffing, / dedicated trained staff

- Socializing environment / validating environment / client centered / kind but firm

- Rules, expectations, aims,
## CPTSD Programme and Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antidepressant</td>
<td>PTSD &amp; Depressive symptoms</td>
</tr>
<tr>
<td>Neuroleptic</td>
<td>Pseudo-hallucinations; Tranquilization</td>
</tr>
<tr>
<td>Mood Stabilizer / Antiepileptic</td>
<td>PTSD Symptoms &amp; Mood stabilizing properties</td>
</tr>
<tr>
<td>Anti-impulse</td>
<td>Impulse control - self-harm / depression</td>
</tr>
</tbody>
</table>
Interactive Psycho-Education
Discussion and Didactic sessions

• Preparation for why and how you do therapy
• Teach about Stress Response, PTSD, CPTSD.
• Threat Perception: Coping & Locus of Control
• Drugs Alcohol & Medications
• DESNOS & Complex PTSD
• Control, Power & Choice
• Abuse and relationship dilemmas with abuser
• Relationships interactions with others
• Emotional dysregulation
Interactive Psycho-Education
Didactic & Practical Sessions

- Anxiety Management Sessions
- Anger Management
- Other -
  - behavioural exposure,
  - cognitive behaviour therapy
Orientation of Traumatic Experiences

- Lines Log Diary & Graph Presentation
- Autobiography
# Lines Log Diary

<table>
<thead>
<tr>
<th>Age</th>
<th>Positive Events</th>
<th>Coping</th>
<th>Negative Events</th>
<th>Coping</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Lines Exercise

Positive

Negative

Time

0 years

4 years

7 years

12 years

14 years

16 years
Lines Exercise

• Helps put trauma into perspective of one’s life

• Identifies coping patterns
Phase Two

• Disclosure – information processing – Trauma Focused CBT
Disclosure

Facts
Feelings
Sensory Impressions
Disclosure

Patient

Therapist

Team
Communication
Support

Buddy
Phase Three

- Cognitive Restructuring
- Problem Solving
- Discharge Planning & Liaison
- Behavioural Exercises
### Multidimensional Ladder

<table>
<thead>
<tr>
<th>Children</th>
<th>Wife</th>
<th>Financial</th>
<th>Holiday</th>
<th>Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Interactive Psycho-Education: Practical Sessions
Other group work - Note: NOT Group therapy!

- (Ph 1) Coping skills training
- (Ph 1) Managing emotions / anger management
- (Ph 1 & 3) Interpersonal skills - assertiveness / listening skills
- (Ph 1) Self awareness (self esteem)
- (Ph 3) Relationship groups
- (All Ph) Therapeutic Melieu; DBT; Relaxation training / Art / Aroma therapy
- (All Ph) Sport / recreation groups
- (All Ph) Business & Community meetings
Staff Support & Supervision

- Therapists: Supervision
- Psychotherapy supervision
- Support debriefing
- Staff support
Outcome
Subject Data

- 34 (consecutive) patients entered programme
- Small groups 4 to 6
- 30 patients completed programme
- Mean age 26.2 years (r=17-45).
- 27 female; 3 male.
- 4 started but did not finish: 2 became too dangerous to self or staff. 2 were afraid to get better!
Previous diagnoses (n=30)

- Borderline Personality Disorder = 12
- Severe Major Depressive Illness = 6
- Severe Post Natal Depression = 1
- Manic Depression (Dual diagnosis) = 1
- Paranoid Schizophrenia = 5
- Bulimia = 1
- Head Injury = 1
- Dissociative Disorder = 2
- PTSD = 1
Results: Open outcome data first 30 patients:
Parametric and non-parametric statistics
Results: Open outcome data first 30 patients:
Parametric and non-parametric statistics

90-Day Programme Outcome Function

Social Function
Occupational Function
Other findings

Of first 25 patients:

- 18 were transferred directly from inpatient wards where they had been treated cumulatively for 27 years (average 2 years 1 month)

- Estimate have saved approx £1.2 million on admission times.

- At follow-up one patient was returned to hospital, the rest spent cumulatively 1 year 3 months in hospital

- Self harm reduced by 95%, eating disorders, OCD much improved.

- Several got employment for first time in years or went to full or part-time education.
A Ward Programme for Treating Complex PTSD in an all Women’s Medium Secure Hospital

Dr Walter Busuttil (2004)
Medical Director & Consultant Psychiatrist.

‘The Dene’
Specialized Services for Women
Gatehouse Lane, Goddards Green,
Hassocks Nr Brighton,
West Sussex BN6 9LE
wbusuttil@partnershipsincare.co.uk
Medium secure hospital for women

- Multi-Disciplinary Team Work
- Reward based ward philosophy
- Psychological Strategies: House points / sports
- Boundary Setting
- Medication SSRI, Mood Stabiliser, Antipsychotic, Anti impulse – beta blocker / alpha agonist,
- Ward Milieu / validating environment
- Structured day
- Ward psychoeducation programme, emphasis on Trauma Education
- Dialectic behaviour therapy DBT / CBT groups
- Individual Therapy & working through of trauma TF-CBT/EMDR.
References


Scheiner, N.S. (2008) Not ‘at ease’: UK Veterans’ perceptions of the level of understanding of their psychological difficulties shown by the National Health Service. Doctoral Thesis. City University London: Department of Psychology.
