Using Compassion Focused Therapy as an adjunct to Trauma-Focused CBT for fire service personnel suffering with symptoms of trauma

Beaumont, EA, Durkin, M, McAndrew, SL and Martin, C

Title	Using Compassion Focused Therapy as an adjunct to Trauma-Focused CBT for fire service personnel suffering with symptoms of trauma
Authors	Beaumont, EA, Durkin, M, McAndrew, SL and Martin, C
Type	Article
URL	This version is available at: http://usir.salford.ac.uk/40757/
Published Date	2016

USIR is a digital collection of the research output of the University of Salford. Where copyright permits, full text material held in the repository is made freely available online and can be read, downloaded and copied for non-commercial private study or research purposes. Please check the manuscript for any further copyright restrictions.

For more information, including our policy and submission procedure, please contact the Repository Team at: usir@salford.ac.uk.

Table 1: Some of the treatment interventions incorporated into both conditions

Trauma-focused CBT (Ehlers et al., 2005)	Compassion-focused therapy (Gilbert, 2010)
Identifying relevant appraisals, memory characteristics and triggers	Developing sympathy, acceptance and insight into one's own difficulties through self-reflection and mindfulness
Identifying behavioural and cognitive strategies that maintain PTSD	Learning to notice and experience physiological and psychological reactions with compassion, empathy and kindness
Examining "hot spots"	Developing breathing techniques – e.g., Soothing Rhythm Breathing
Socratic questioning	Creating an imaginary safe place in the mind's eye that provides a sense of calm and peace
Identifying an alternative new appraisal – e.g., by adding it to a written account or by using imaginal reliving	Imagining and using acting skills to experience a compassionate self
Revisiting the scene of the trauma to: - (1) obtain evidence that helps explain why or how an event occurred. This is helpful for FSP who have appraisals such as "I could have prevented this from happening" and (2) focusing on what was different between "then" and "now"	Experiencing compassion as a flow which can flow in three ways: - (1) from other people to oneself, (2) from oneself to other people and (3) from and to self
Reclaiming work – reintroducing social and behavioural activities that have been avoided or given up following the trauma	Using thought records to explore the role played by self-critical rumination
Develop a narrative account - starting before the trauma and ending after the individual is safe again. Events are placed in the past	Learning to respond compassionately to the 'bully within'
	Thinking about and responding to the anxious, sad, angry and critical self
Cognitive restructuring - focusing on the personal meanings of the trauma and its sequelae	Compassionate letter writing which focuses on being kind, supportive and nurturing as opposed to being self-critical.
Examination of maintaining strategies - rumination, hypervigilance and/or safety behaviours	Creating a 'step by step' approach to cope with trauma symptoms such as avoidance

Table 2: Pre and Post-therapy Mean Scores and Standard Deviations for the CBT only and the combined group

		Therapy Type											
	CBT Group (*n* = 8)						CBT + CFT Group (*n* = 9)						
	Pre		Post		Diff		Pre		Post		Diff		
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	
HADS													
Anxiety	10.3	2.7	4.4	1.9	6.0	2.6	14.8	4.5	5.3	1.1	9.5	4.7	
Depression	10.6	3.5	4.9	2.0	5.7	3.0	15.9	3.3	5.9	1.4	10.0	2.6	
IES													
Avoidance	19.7	6.2	7.7	3.4	12.0	4.4	22.1	5.0	5.0	3.5	17.1	6.3	
Hyper-arousal	15.4	5.1	5.1	3.3	10.3	2.9	13.2	5.6	3.4	2.9	9.8	4.4	
Intrusion	20.9	5.0	7.4	3.9	13.5	5.2	23.0	5.9	6.9	4.6	16.1	5.9	
Total IES	56.0	7.5	20.2	6.4	35.8	7.7	54.0	15.3	15.3	9.1	38.7	13.0	
SCS	1.9	0.5	3.1	0.4	1.3	0.7	2.2	0.8	3.9	0.6	1.7	0.9	

HADS = Hospital Anxiety and Depression Scale; IES = Impact of Events Scale; SCS = Self-Compassion Scale