

# Guided Self-Help for PTSD 'Spring'

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a step-by-step treatment for PTSD



# Overview of workshop

- Background
- Introduction to Spring website and app
- Walk through the therapist manual and web pages
- Discussion of the 8 steps
- Phase III RCT results
- Spring roll out and evaluation

# Phase I Development

*DEPRESSION AND ANXIETY 00:1-8 (2013)*

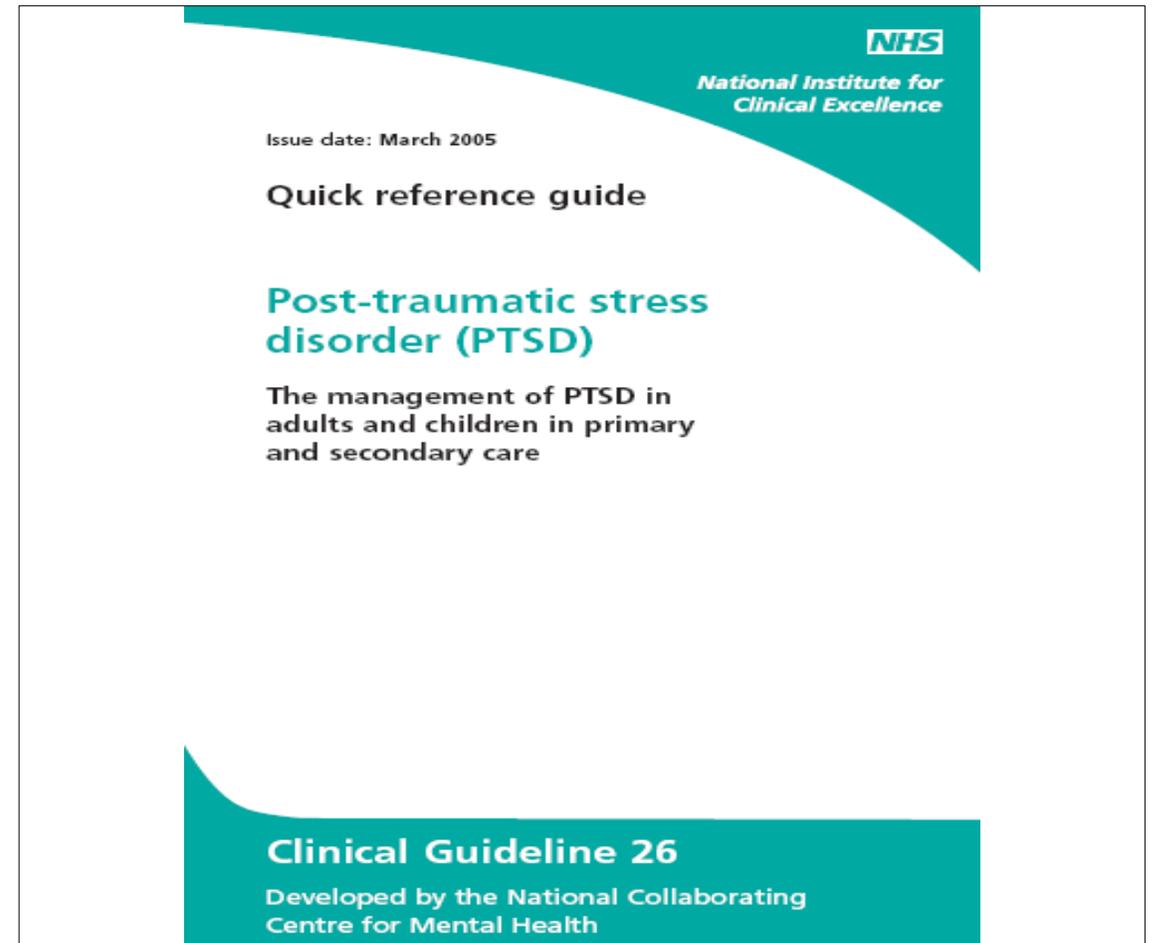
## *Research Article*

### **DEVELOPMENT OF A GUIDED SELF-HELP (GSH) PROGRAM FOR THE TREATMENT OF MILD-TO-MODERATE POSTTRAUMATIC STRESS DISORDER (PTSD)**

Catrin Lewis, Ph.D.,<sup>1\*</sup> Neil Roberts, D.Clin.,<sup>2</sup> Tracey Vick, Ph.D.,<sup>3</sup> and Jonathan I. Bisson, D.M.<sup>4</sup>

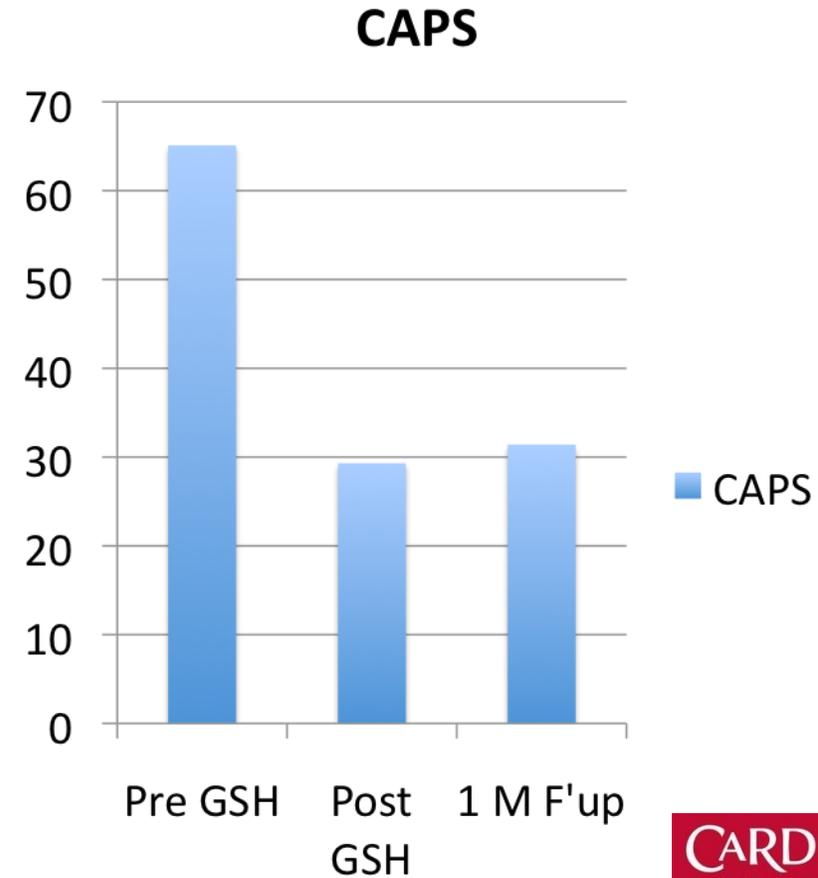
# NICE Research Recommendation

- RCT of newly developed GSH materials based on trauma-focused psychological interventions to assess the efficacy and cost-effectiveness of GSH compared with TFPIs for mild and moderate PTSD



# Pilot 2

- Acceptable
- Empowerment
- Refine diary



# Knowledge Transfer Partnership

- Healthcare Learning Company
  - Technology-led provider in healthcare education
- Online programme developed
  - *Spring*
- Therapist input
  - One hour initial meeting
  - Four fortnightly 30 min meetings
  - Weekly and as required contact
- Evaluated through a Phase II RCT

# Spring

**Step 1: Learning About My PTSD** Catrin Lewis [Logout](#)

What is Post Traumatic Stress Disorder?



Michael



Chloe



Brian



Suzanne

You can find out about the traumas Michael, Chloe, Brian and Suzanne went through, by selecting each of their pictures in turn

[Take another step](#)[Pause](#) [Back](#) 3 of 5 [Next](#)

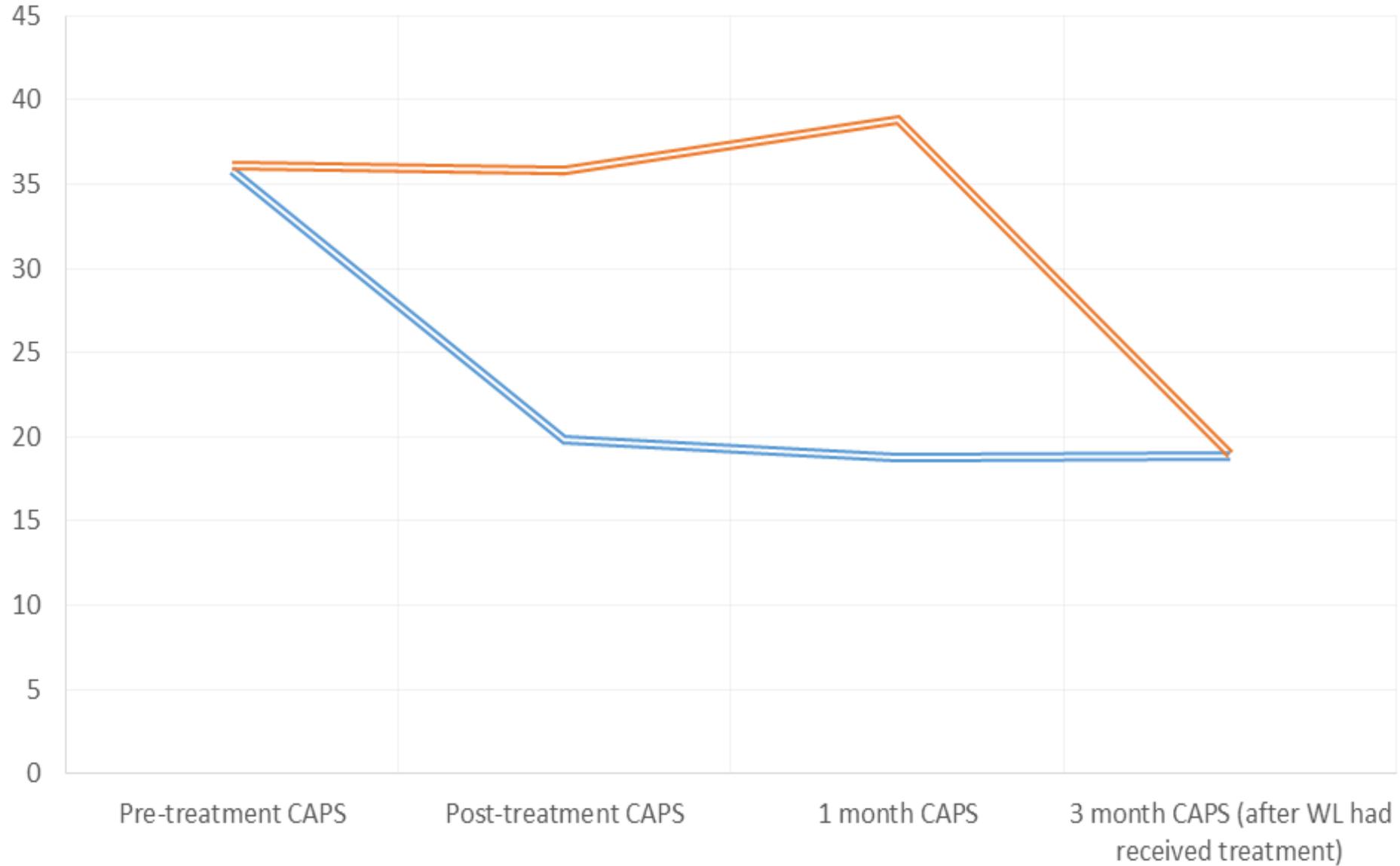
Spring tool kit



[Click to show toolkit](#)

# INTENTION TO TREAT

Guided Self Help    Waiting List



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**RESEARCH ARTICLE**

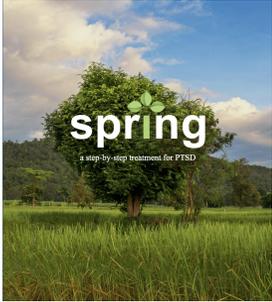


## Internet-based guided self-help for posttraumatic stress disorder (PTSD): Randomized controlled trial

Catrin E. Lewis<sup>1</sup>  | Daniel Farewell<sup>1</sup> | Vicky Groves<sup>1</sup> | Neil J. Kitchiner<sup>2</sup> |  
Neil P. Roberts<sup>2</sup> | Tracey Vick<sup>2</sup> | Jonathan I. Bisson<sup>1</sup>

Depression & Anxiety 2017, 34(6), 555-565.





# Web-assisted Guided Self-help for Post-Traumatic Stress Disorder: The RAPID Trial



Dr Neil Kitchiner



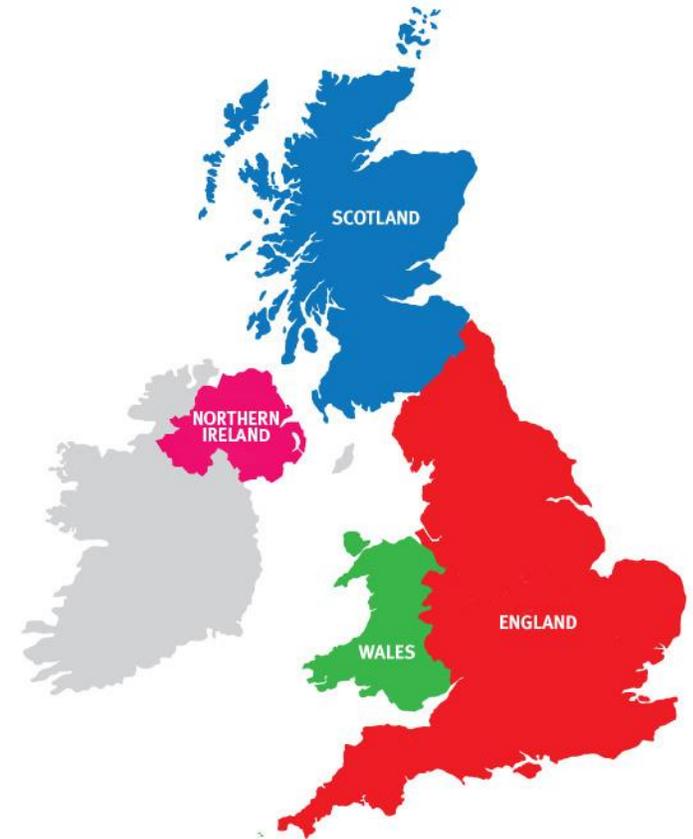
# RAPID Objectives

- To determine if GSH using **Spring** was at least equivalent in effectiveness (non-inferior) and cost-effective relative to individual face-to-face CBT-TF for people with PTSD
- To describe the experience of receiving GSH using **Spring** from the recipient's perspective, and the delivery of GSH using **Spring** from the therapist's perspective
- To determine if specific factors may impact effectiveness and successful roll-out of GSH for PTSD in the NHS



# Design

- Multi-centre pragmatic randomised controlled non-inferiority trial with nested process evaluation:
  - GSH **not** expected to be more effective than CBT-TF
  - Potential additional benefits, e.g., choice, time, cost and convenience
- Individual randomisation



# Eligibility Criteria

- **Inclusion**

- Aged 18 or over
- Primary diagnosis of mild to moderate PTSD to a single event
- Regular internet access
- Ability to read and write fluently in English

- **Exclusion**

- Previous completion of a course of TFPT for PTSD
- Current PTSD symptoms to more than one traumatic event
- Current engagement in psychological therapy
- Psychosis, substance dependence, active suicide risk
- Change in psychotropic medication in the past four weeks



# Interventions

- **GSH using Spring**

- Initial meeting of one hour
- Four subsequent fortnightly meetings of 30 minutes
- Four brief telephone calls or email contacts between meetings

- **Cognitive Therapy for PTSD**

- Ehlers & Clarke (2000)
- Up to 12 face-to-face, manualised, individual, face-to-face weekly meetings of 60–90 minutes
- Augmented by between meeting assignments

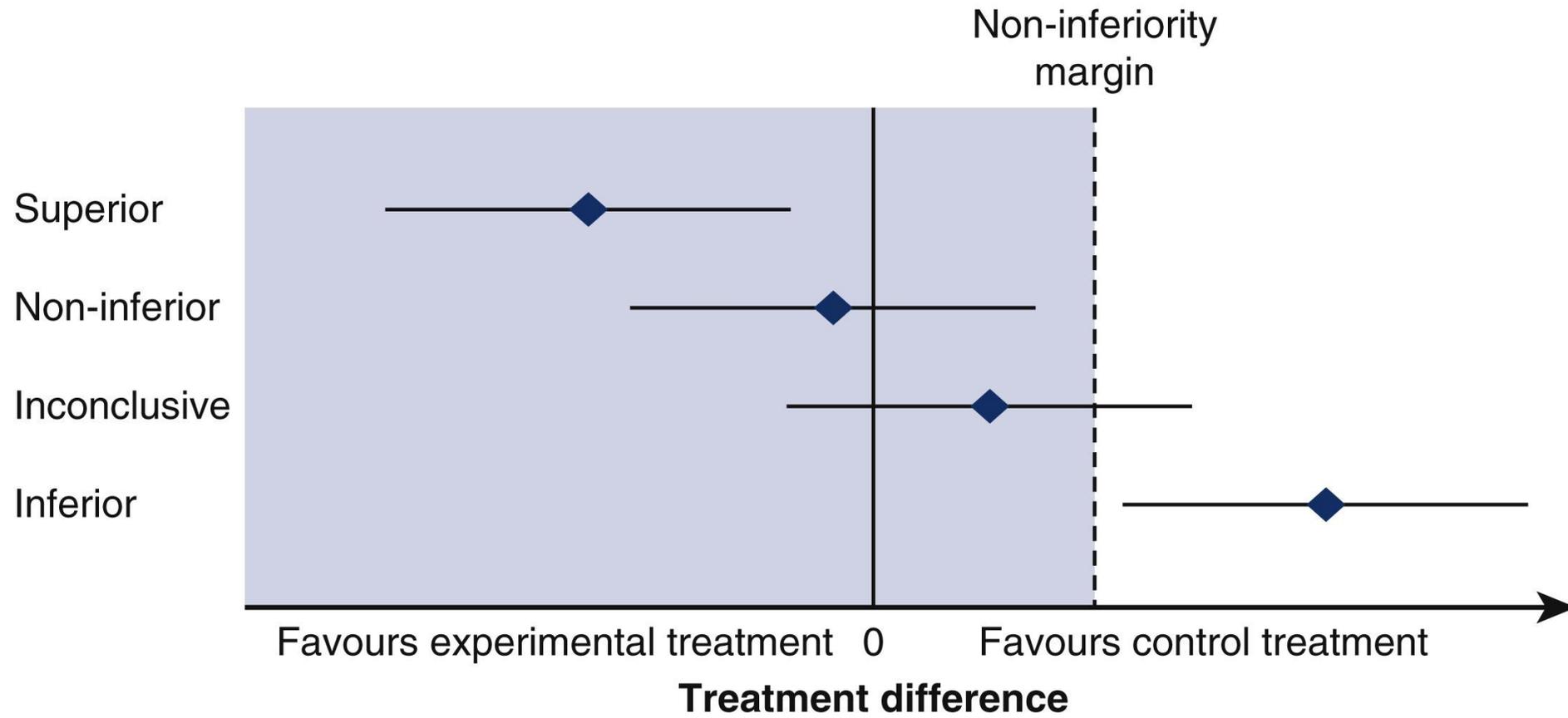


# Outcome Measures

- **Primary outcome measure**
  - Clinician Administered PTSD Scale for DSM5
  - Powered to detect a one-sided 95% CI margin of 5 points difference in CAPS-5 scale between the GSH and CBT-TF groups at 16 weeks with 90% power
  - Planned sample size of 192 participants (included an allowance for 20% attrition)
- **Secondary outcome measures**
  - Impact of Event Scale – revised (IES-R)
  - Work and Social Adjustment Scale (WSAS)
  - Patient Health Questionnaire-9 (PHQ9)
  - General Anxiety Disorder-7 (GAD7)
  - AUDIT-O (Alcohol usage)
  - Insomnia Severity Index (ISI)
  - EQ5D-5L (Quality of life)
  - Post-Traumatic Cognitions Inventory (PCTI)
  - General Self-Efficacy Scale (GSES)
  - Multidimensional Scale for Perceived Social Support (MSPSS)
  - The Client Satisfaction Questionnaire (CSQ8)
  - The Agnew Relationship Measure (ARM)



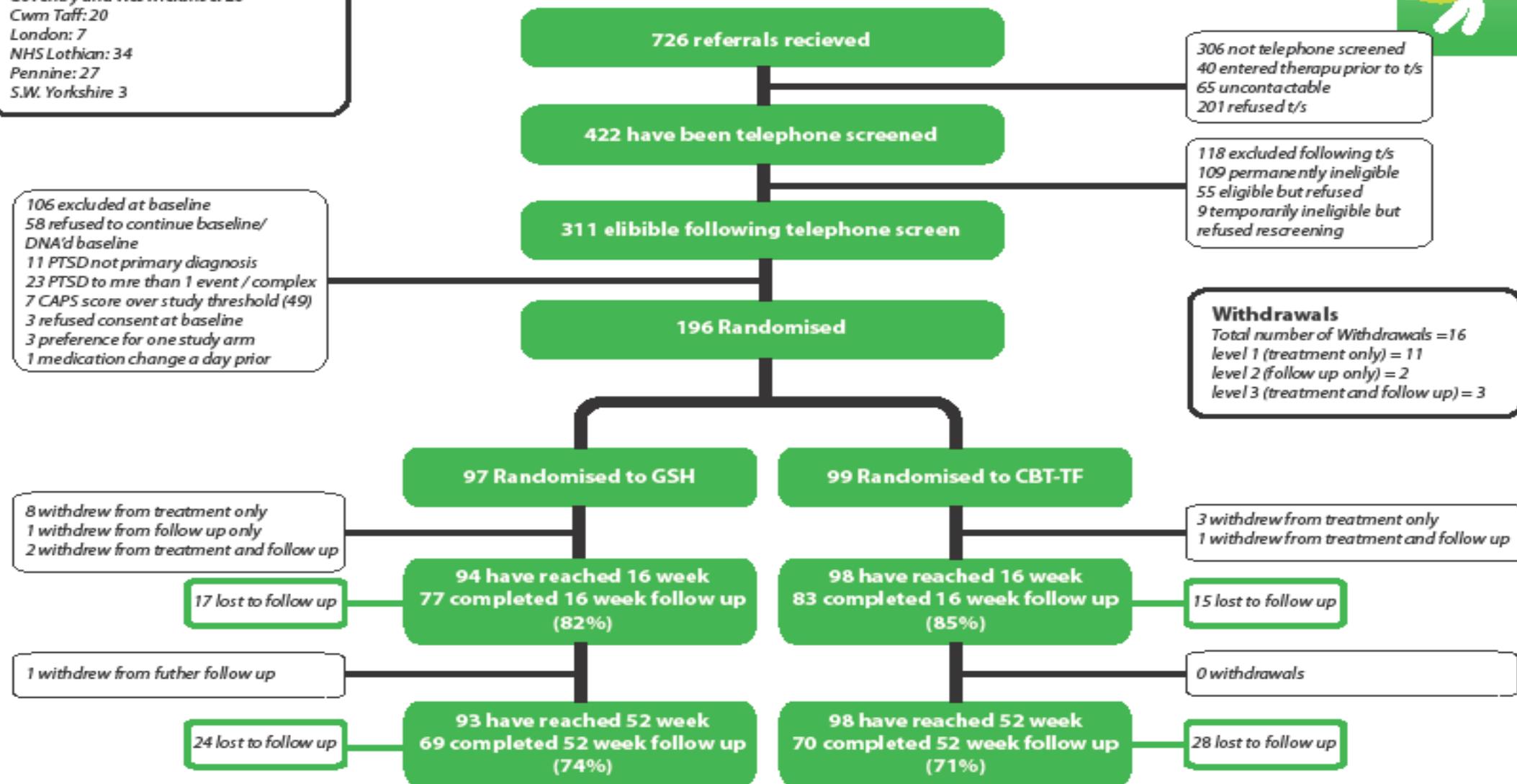
# Non-Inferiority Study Design Interpretation



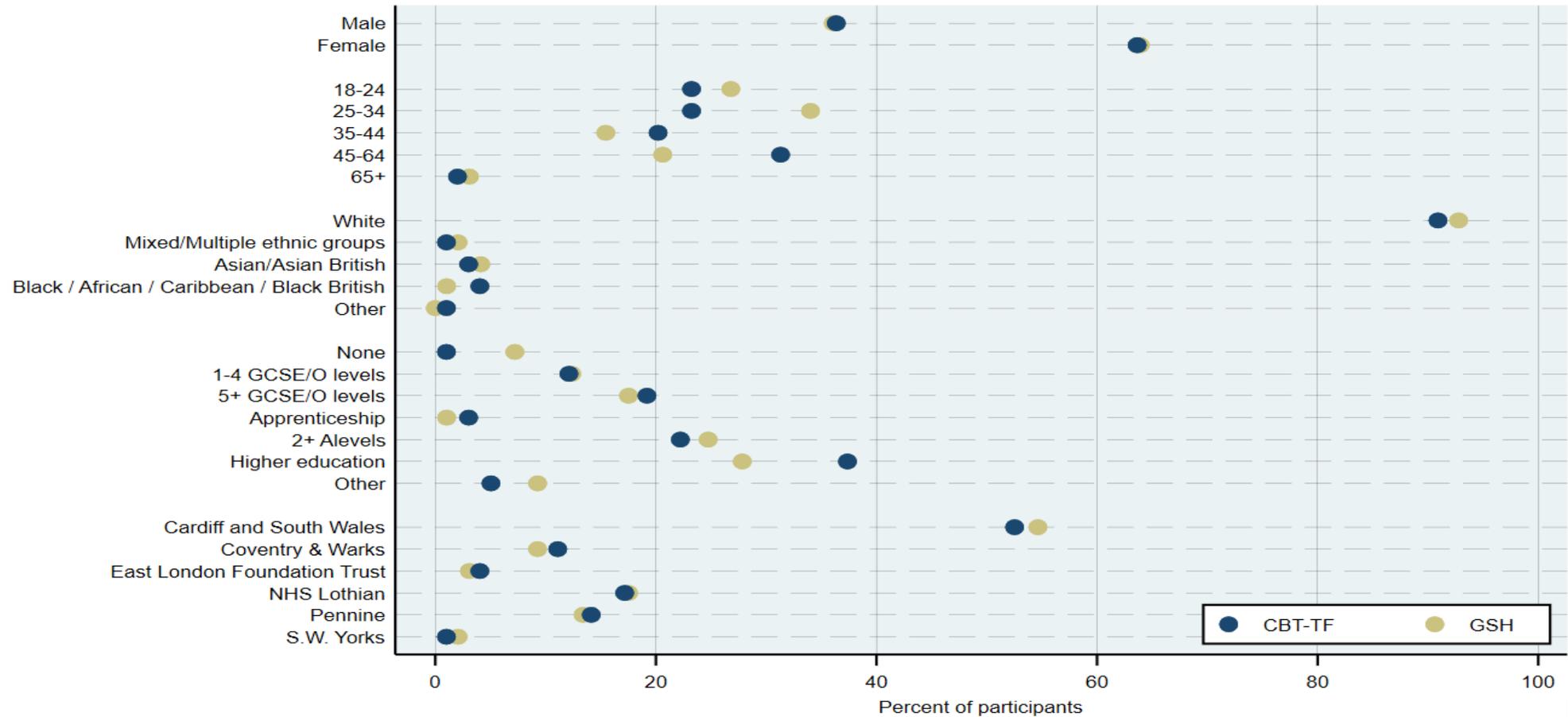
### Final Site Recruitment Figures

Cardiff and Vale: 85  
Coventry and Warwickshire: 20  
Cwm Taff: 20  
London: 7  
NHS Lothian: 34  
Pennine: 27  
S.W. Yorkshire 3

## CONSORT Statement for the RAPID Study (ISRCTN 13697710)

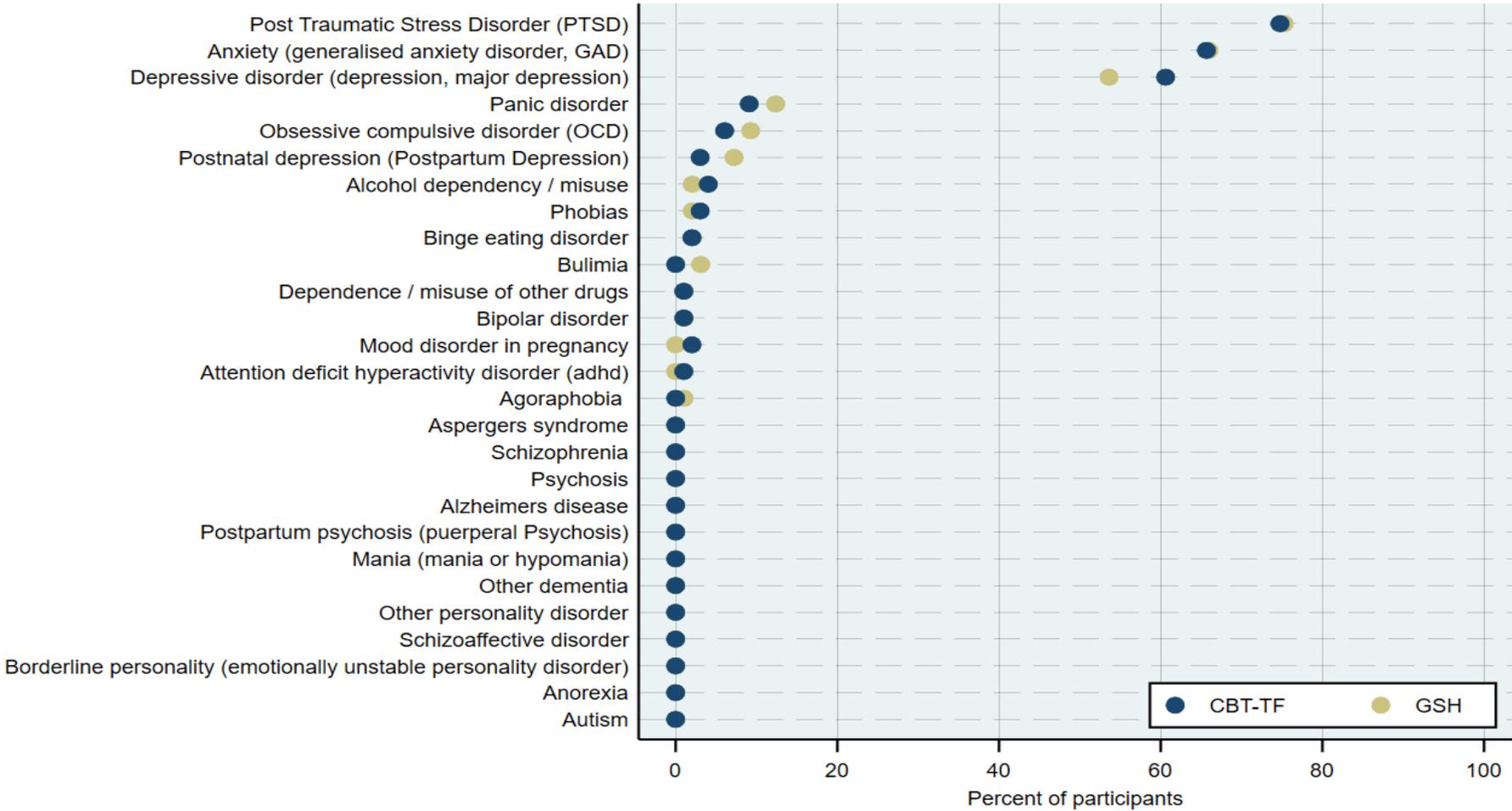


# Baseline Demographics



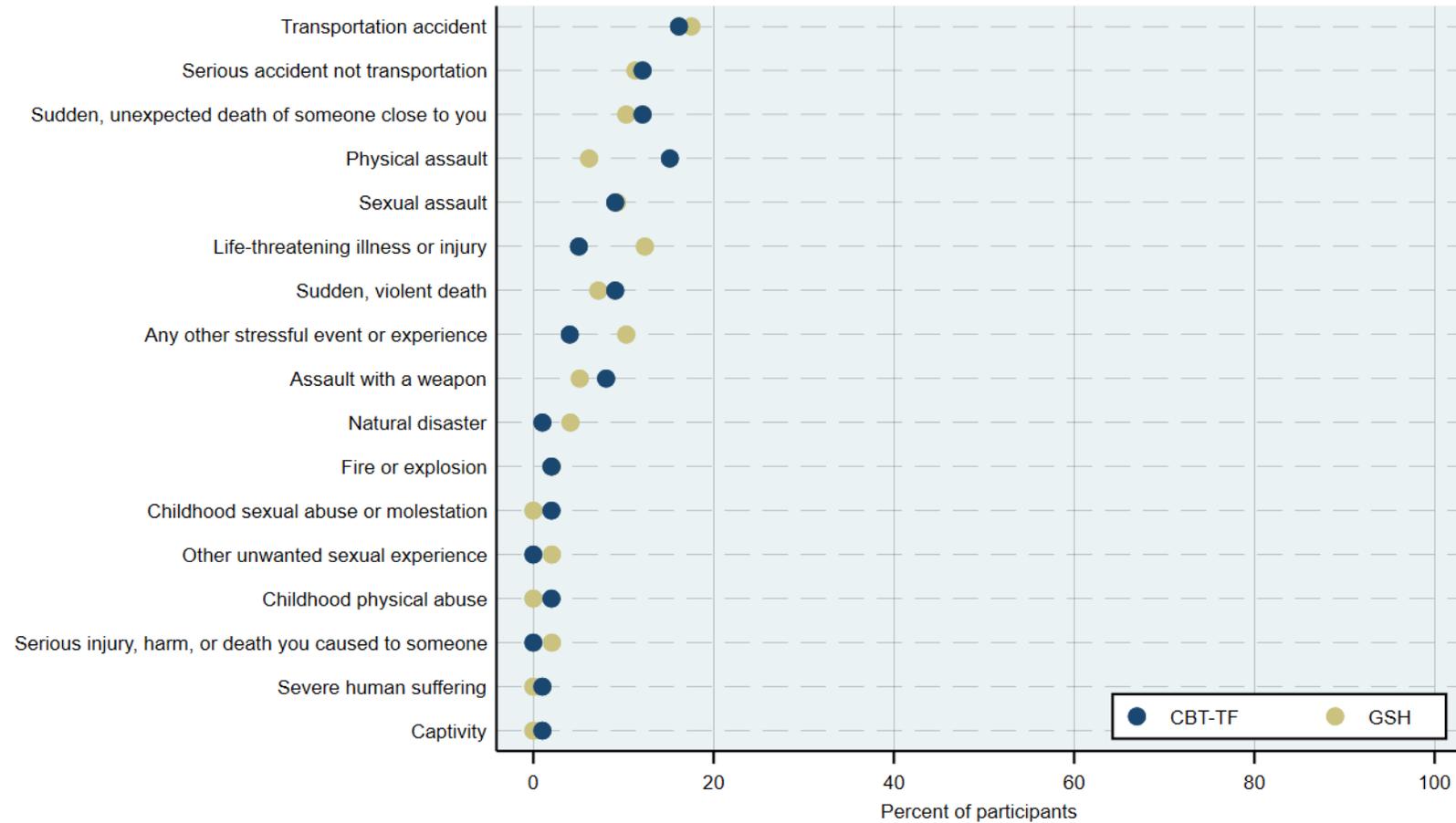
GSH = Guided Self Help; CBT-TF = Cognitive Behavior Therapy - Trauma Focussed.

# Baseline Mental Health Issues



GSH = Guided Self Help; CBT-TF = Cognitive Behavior Therapy - Trauma Focussed.

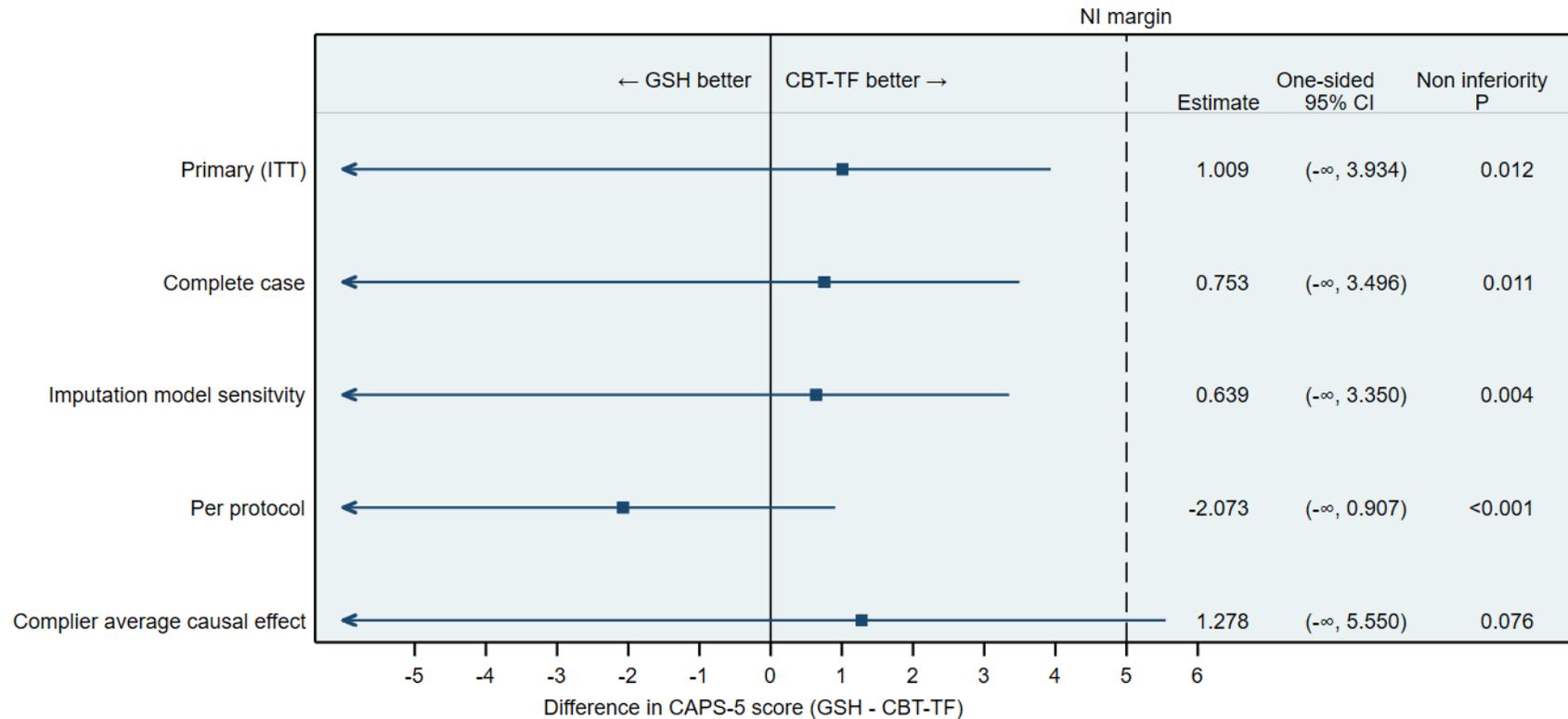
# Worst Traumatic Event Experienced



GSH = Guided Self Help; CBT-TF = Cognitive Behavior Therapy - Trauma Focussed.



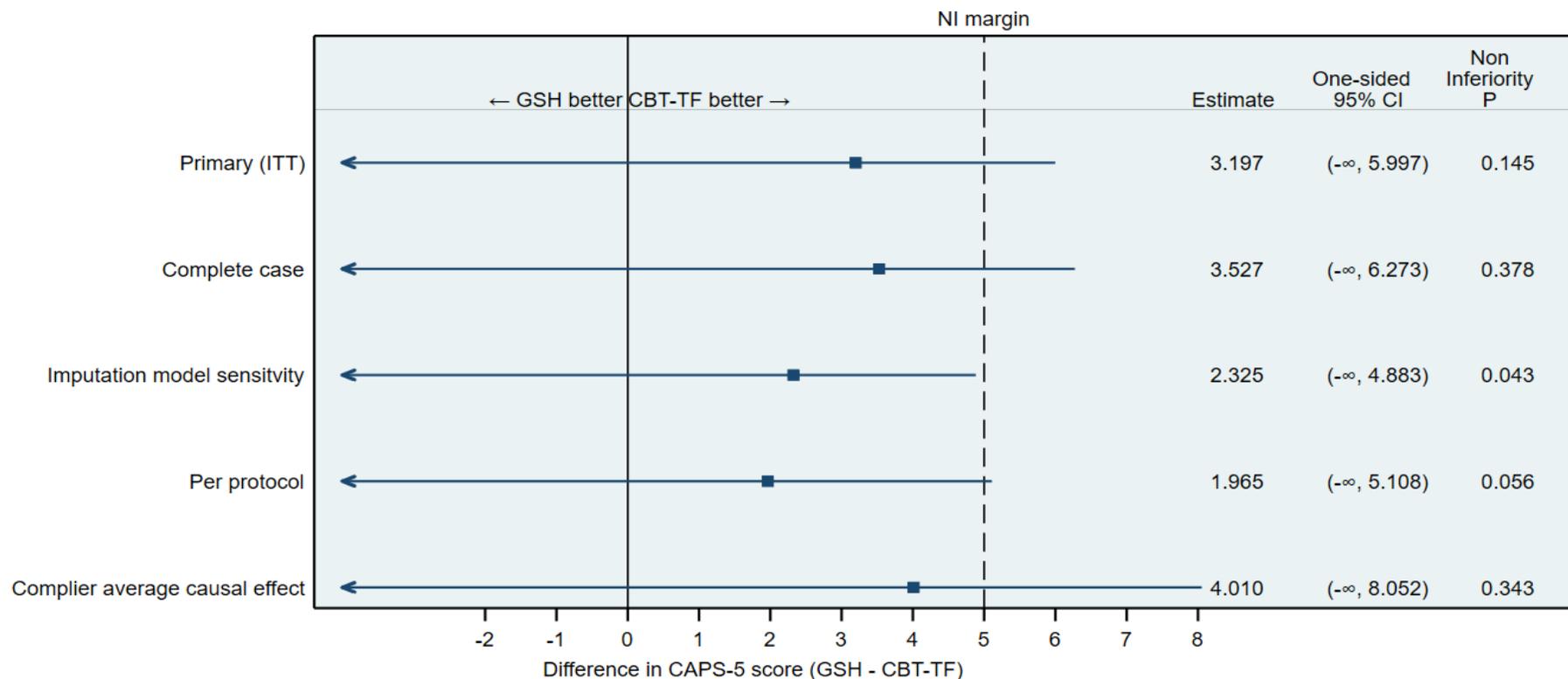
# Primary Analysis: CAPS-5 16 Weeks



Note: NI = non inferiority; CI = confidence interval; CAPS-5 = Clinician-Administered PTSD Scale for DSM-5; GSH = Guided Self Help; CBT-TF = Cognitive Behavior Therapy - Trauma Focussed.  
 Analysis adjusted for the following variables at baseline: CAPS-5 score, gender, research centre, co-morbid depression (baseline PHQ-9) and time since trauma (months).



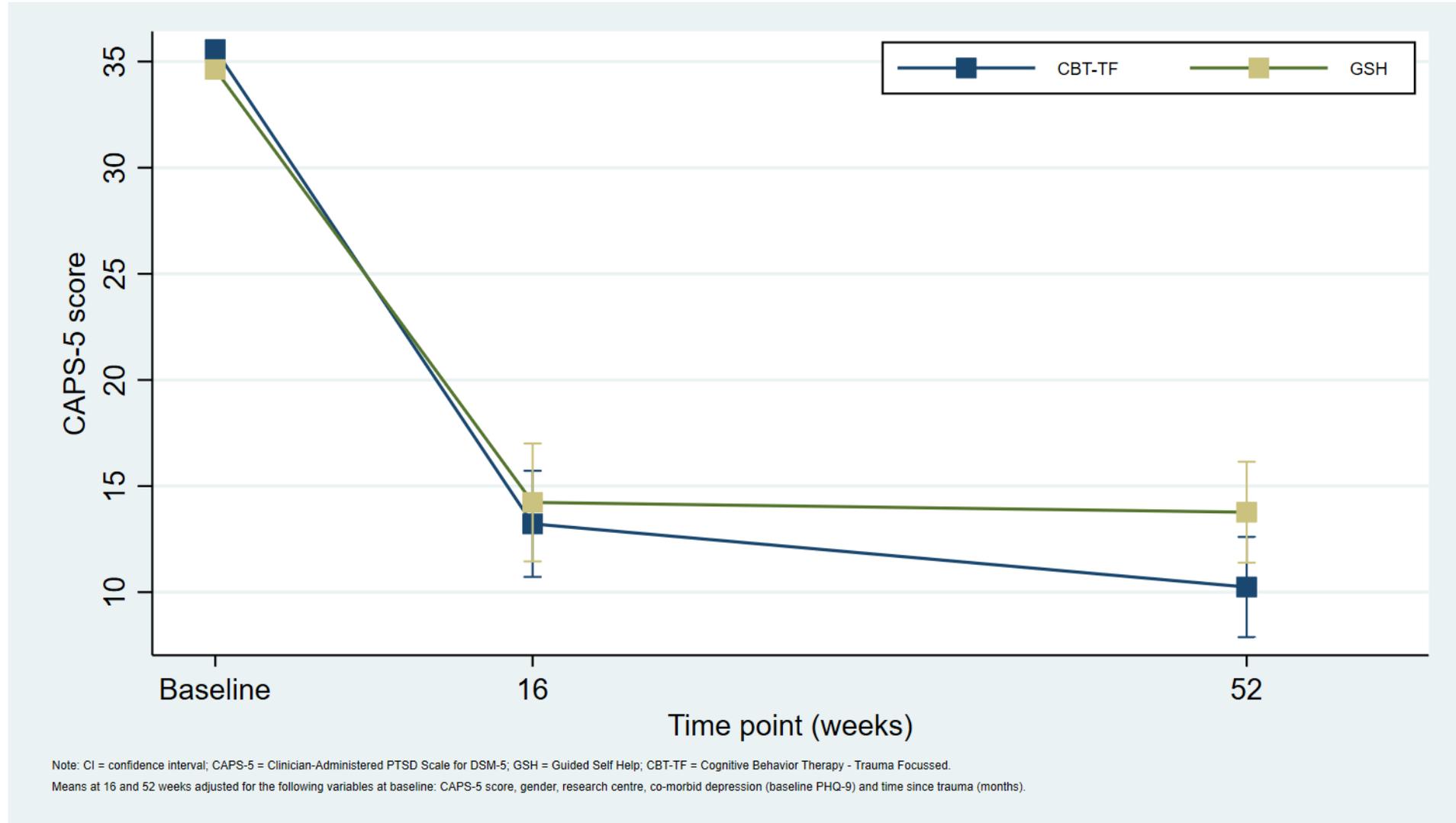
# Secondary Analysis: CAPS-5 52 Weeks



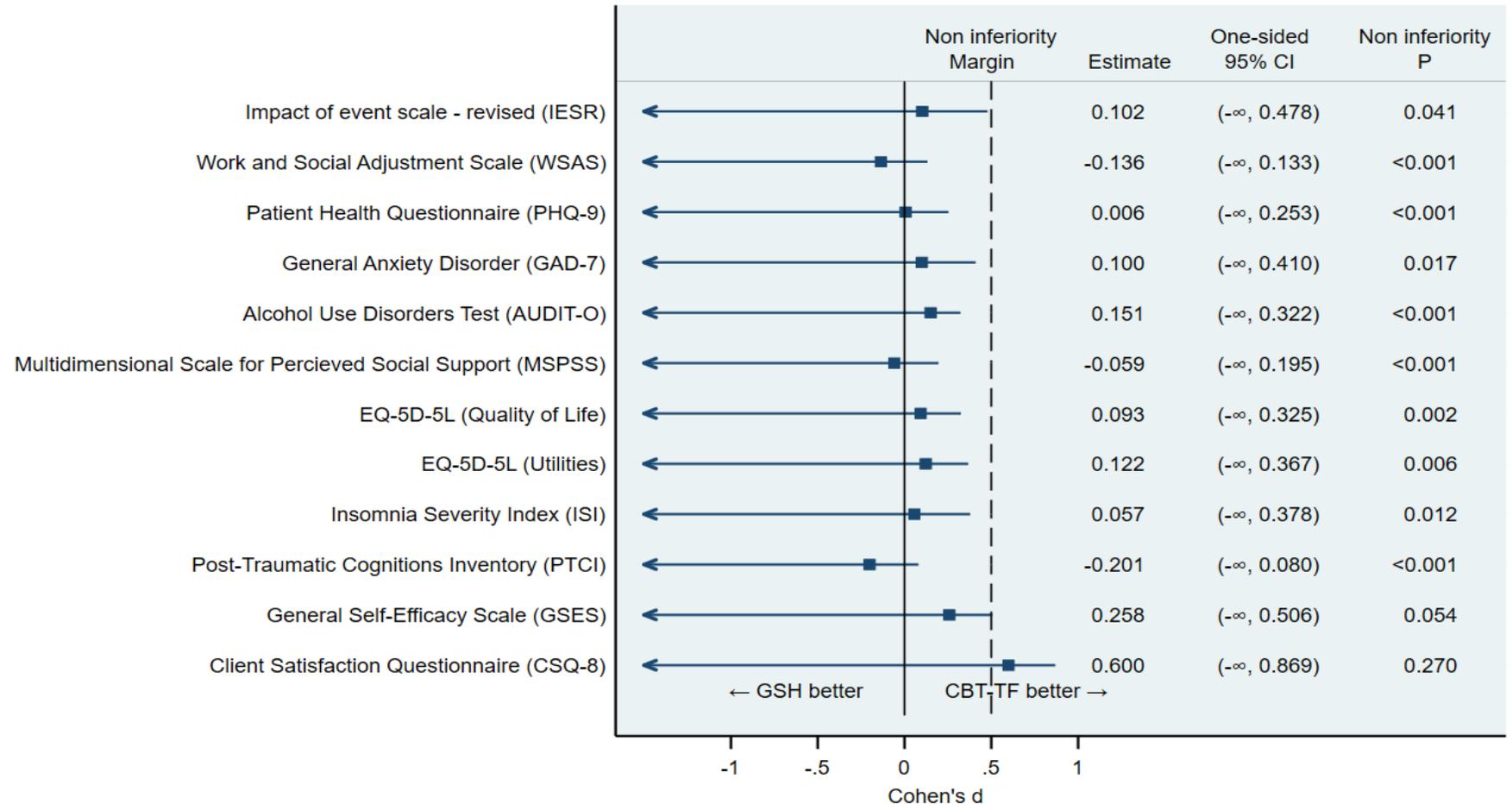
Note: NI = non inferiority; CI = confidence interval; CAPS-5 = Clinician-Administered PTSD Scale for DSM-5; GSH = Guided Self Help; CBT-TF = Cognitive Behavior Therapy - Trauma Focussed.  
 Analysis adjusted for the following variables at baseline: CAPS-5 score, gender, research centre, co-morbid depression (baseline PHQ-9) and time since trauma (months).



# Adjusted Mean CAPS-5 Scores Over Time



# Secondary Outcomes (16 Weeks)

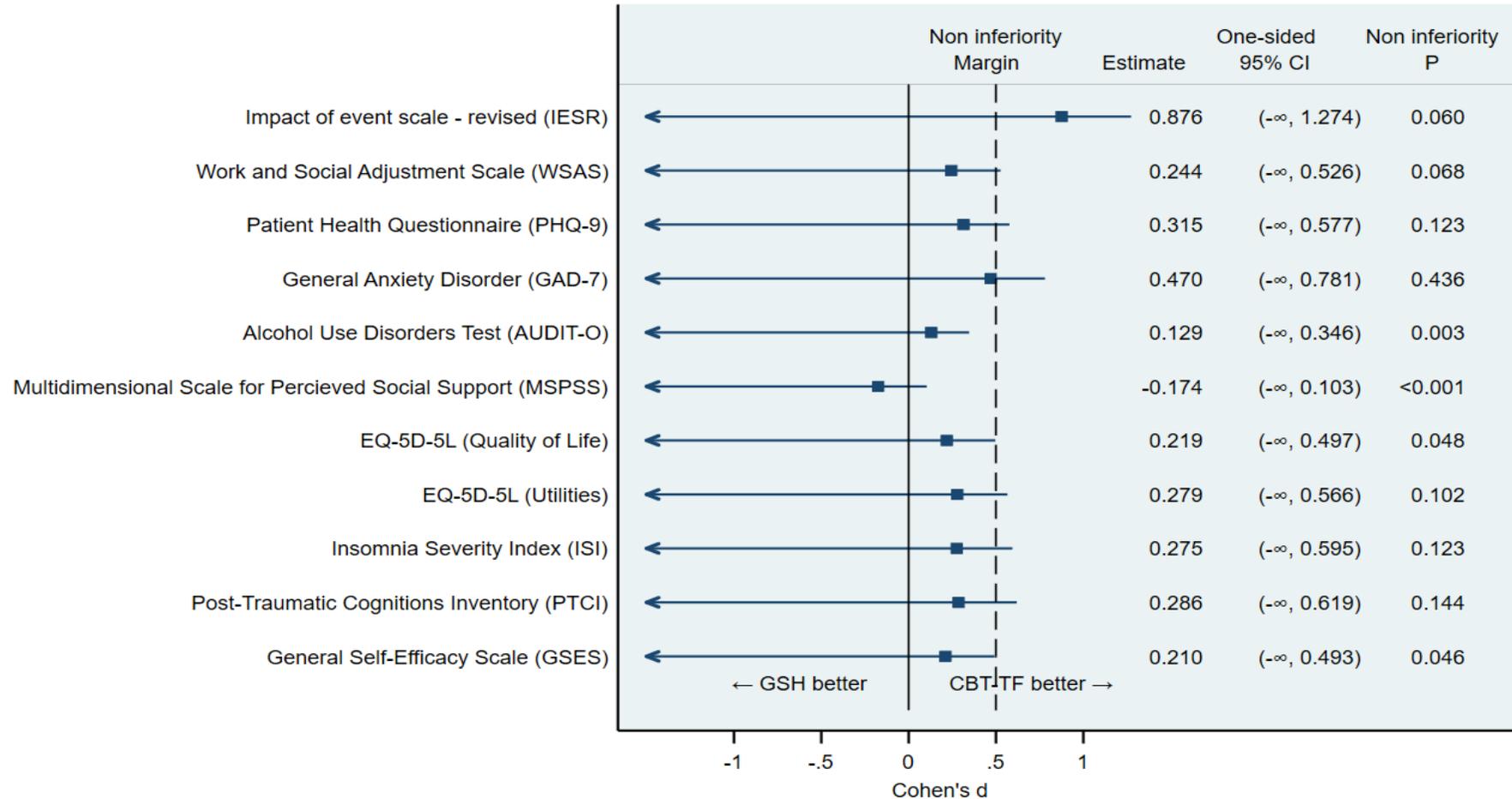


Note: CI = confidence interval; GSH = Guided Self Help; CBT-TF = Cognitive Behavior Therapy - Trauma Focussed.

Analysis adjusted for the following variables at baseline: baseline score, gender, research centre, co-morbid depression (baseline PHQ-9) and time since trauma (months).



# Secondary Outcomes (52 Weeks)



Note: CI = confidence interval; GSH = Guided Self Help; CBT-TF = Cognitive Behavior Therapy - Trauma Focused.

Analysis adjusted for the following variables at baseline: baseline score, gender, research centre, co-morbid depression (baseline PHQ-9) and time since trauma (months).



# Health Economic Evaluation

- Face-to-face therapy appointments

|                     | <i>Spring GSH</i>     | Face-to-face CBT-TF    |
|---------------------|-----------------------|------------------------|
| Mean N appointments | 3.9                   | 8.6                    |
| Mean total time     | 208 minutes (SD 69.3) | 767 minutes (SD 278.2) |

- The cost of therapy was calculated as time in face-to-face sessions, phone calls, and non-contact time for note taking.

|                      | <i>Spring GSH</i> | Face-to-face CBT-TF |
|----------------------|-------------------|---------------------|
| Mean cost of therapy | £277              | £729                |



# Summary

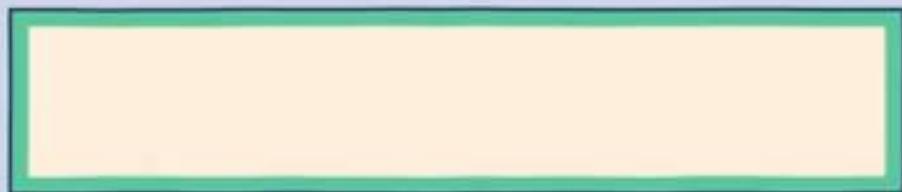
- GSH, based on CBT-TF using the *Spring* programme, was non-inferior to face-to-face CBT-TF at reducing PTSD symptoms at the primary endpoint, 16 weeks post-randomisation
- This was also the case for all secondary outcomes at 16 weeks, except for client satisfaction that was inconclusive but in favour of CBT-TF
- Very clinically significant improvements were maintained at 52 weeks post-randomisation, when most results were inconclusive but in favour of CBT-TF
- GSH using *Spring* was not shown to be more cost-effective than face-to-face CBT-TF but was significantly cheaper to deliver and appeared to be well-tolerated



# Conclusions

- The RAPID trial showed GSH using *Spring* to be a clinically effective, cheaper, well-tolerated and non-inferior treatment to face-to-face CBT-TF for people with mild to moderate PTSD to a single traumatic event
- The results should provide more choice and facilitate improvements to current care pathways for people with PTSD, that result in improved health and wellbeing





# Therapist Manual

## Role of the Therapist

- The programme will be initiated with an hour-long face-to-face appointment, followed by **four** fortnightly **thirty minute sessions** and brief telephone or e-mail contact during the intervening four weeks. The aim of guidance is to offer:
  - Continued support
  - Monitoring
  - Motivation
  - Problem solving

# The GSH programme

- **The Programme**
- The programme consists of an introduction, followed by 8 online steps
- The 8 steps will usually be completed in turn. Later steps rely on mastery of techniques taught in earlier steps
- Each of the 8 steps provides psycho-education and the rationale for specific components of treatment
- Each step will activate a tool derived from CBT, which will aim to reduce traumatic stress symptoms
- These tools will become live in the Toolkit area of the website accessed from the homepage
- The overall aim will be:
  - To work through the 8 steps in turn
  - To activate each of the 9 tools
  - To concurrently practice the tools over the course of the 8 weeks to bring about symptom improvement



## a step-by-step treatment for PTSD

Step 1: Learning About My PTSD?

Step 2: Managing My Anxiety

Step 3: Grounding Myself

Step 4: Reclaiming My Life

Step 5: Coming To Terms With My Trauma

Step 6: Changing My Thoughts

Step 7: Overcoming My Avoidance

Step 8: Keeping Myself Well



Step 1: Learning About My PTSD

This step will give you the opportunity to explore traumatic events and common symptoms of PTSD.

Completing this step will help you gain more insight into how you are feeling.

Begin Step 1 >

Spring tool kit

# Tool Kit

Spring tool kit

Click to hide toolkit



My Symptoms

My Grounding

My Relaxation

My Life

My Trauma

My Thoughts

My Fears

My Future

back to tools

# Case examples

Step 1: Learning About My PTSD

Catrin Lewis [Logout](#)

What is Post Traumatic Stress Disorder?



Michael Chloe Brian Suzanne

You can find out about the traumas Michael, Chloe, Brian and Suzanne went through, by selecting each of their pictures in turn

Take another step

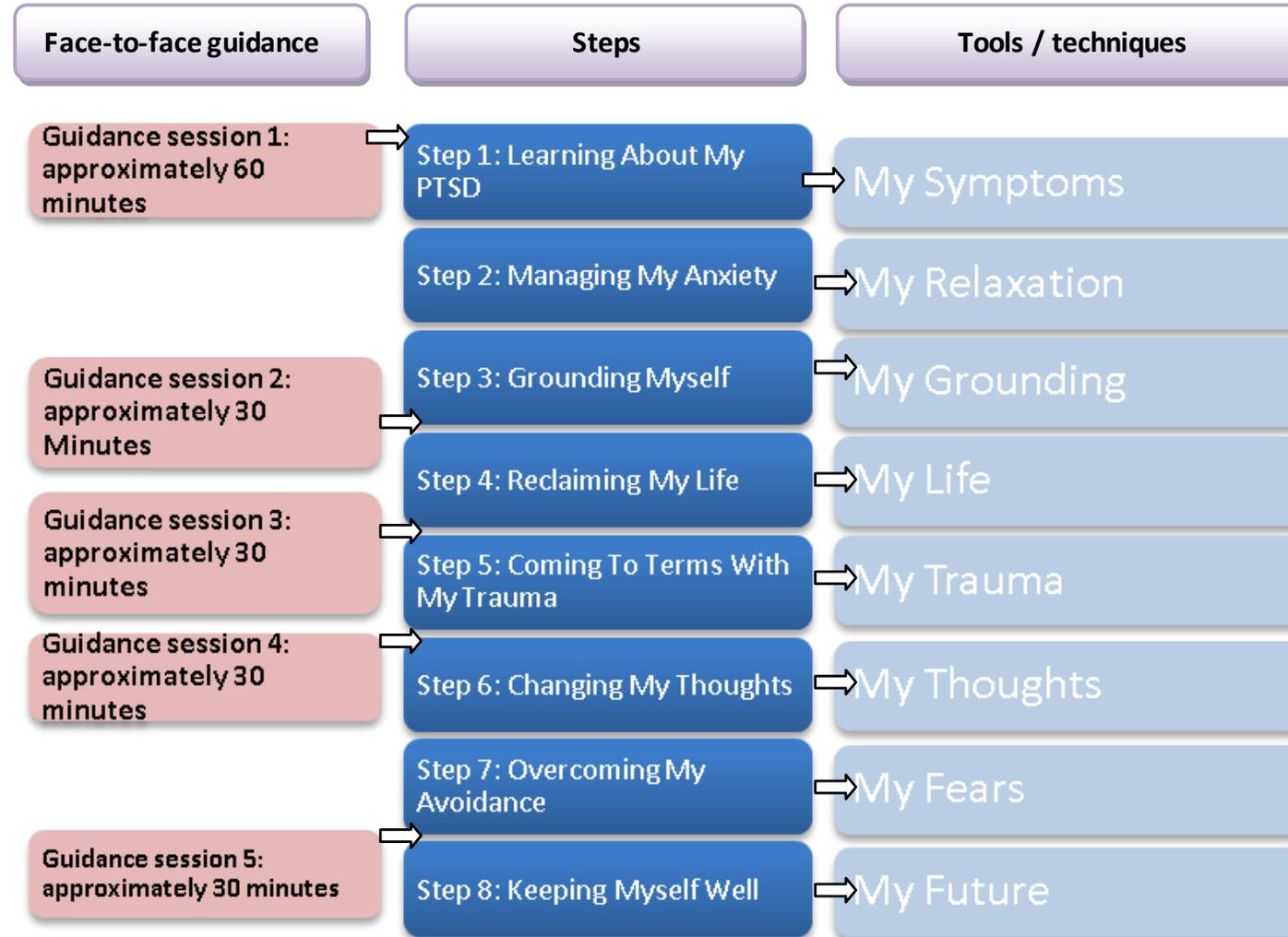
Pause Back 3 of 5 Next

Spring tool kit



Click to show toolkit

# Process of therapy



# Session 0

- **Guidance**
- **Week 0: Introductory Session (1 Hour)**
- Ask participant to complete the survey online before meeting
- Provide a hand-out with log-in instructions and an overview of how to use the programme
- Provide the information sheet for family and friends
- Talk a little about PTSD, using the programme as an aid
- Provide the rationale for trauma focused psychological treatment

# Session 0 cont

- Describe “Spring – a step by step treatment for PTSD”. Emphasise that it is drawn from evidence-based protocols, containing the same active ingredients as therapist-administered treatment. Explain that it requires extensive commitment to working at home. Point out the evidence that work between sessions produces the largest gains, but that more traditional therapies also involve homework
- Encourage use of the programme for an hour or more every day (30 minutes at the very minimum)
- Explain that it is an 8 step programme. Each step activates a tool, which becomes active in the Toolkit. Each activated tool should be used every-day after activation to practise the new skill

# Session 0 cont

- Explain that the clinician can monitor progress remotely. The clinician will be able to see which modules have been started and which have been completed. (S)/he will use this to maximise effectiveness
- Explain that **EVERYTHING ENTERED INTO THE TOOLKIT WILL BE VISIBLE TO THE CLINICIAN.**
- Demo the site by allowing the individual to have a go for themselves. Help them log-in and navigate through the menu. Spend time to give a brief introduction to PTSD. Show examples of information screens, multiple choice question screens, branching screens and videos
- Provide a bit of information about the four characters featured in the programme. Suggest that one or more of the characters can be followed through the programme

# Session 0 cont

- Suggest completion of Steps 1, 2 and 3 over the first two weeks. Introduce these as follows:
- **Step 1 (Learning About My PTSD):** Demo use of the symptom monitoring tool
- **Step 2 (Grounding Myself):** Give a brief explanation of grounding and its uses. Demo a couple of grounding exercises
- **Step 3 (Managing My Anxiety):** Emphasise the importance of learning to relax, and how useful it will be through the programme. Demo the controlled breathing technique with the video
- Arrange next appointment (2 weeks' time), and arrange a time to make a brief telephone (or email) check-in the following week. Suggest that if they have done well with Steps 1 – 3, they may want to move on to **Step 4 (Reclaiming My Life)** at that point
- Record the time spent with participant to the nearest minute and complete the contact sheet

# Step 1 – Learning about PTSD

The screenshot shows a user interface for a PTSD education program. At the top right, the user's name "Catrin Lewis" and a "Logout" link are visible. The main content area is titled "Step 1: Learning About My PTSD" and includes a description: "This step will give you the opportunity to explore traumatic events and common symptoms of PTSD." Below this, it states: "Completing this step will help you gain more insight into how you are feeling." A prominent orange button labeled "Begin Step 1" with a right-pointing arrow is positioned below the text. Navigation arrows are present: a left arrow labeled "Intro" and a right arrow labeled "2". A progress indicator at the bottom center consists of a row of ten circles, with the first two being orange and the remaining eight being grey. The bottom of the screen features a dark teal footer with the text "Spring tool kit" on the left, a central toolbar with icons for a thermometer, anchor, person, group of people, document, brain, person with a checkmark, and a pencil, and a button on the right labeled "Click to show toolkit". The background of the main content area features a stylized landscape with rolling hills and two trees under a cloudy sky.

Catrin Lewis [Logout](#)

## Step 1: Learning About My PTSD

This step will give you the opportunity to explore traumatic events and common symptoms of PTSD.

Completing this step will help you gain more insight into how you are feeling.

[Begin Step 1](#)

[Intro](#) [2](#)

Spring tool kit

[Click to show toolkit](#)

# Step 2 – Grounding Myself

The screenshot shows a digital interface for a program. At the top, the title 'Step 2: Grounding Myself' is displayed in a large, dark font. Below the title, there is a paragraph of text: 'This step will give you the opportunity to try techniques that you can use when you are feeling anxious, panicky, or having a flashback.' To the left of this text is a blue ribbon icon with the number '1' and a left-pointing arrow. To the right is a similar blue ribbon icon with the number '3' and a right-pointing arrow. Below the text is a brown button with the text 'Begin Step 2' and a right-pointing arrow. The background features a landscape with rolling hills and two trees, one of which is larger and more detailed than the other. At the bottom of the screen, there is a dark teal bar containing a 'Spring tool kit' label on the left, a row of eight circular icons representing different tools, and a button on the right that says 'Click to show toolkit'. A progress indicator consisting of a row of eight circles is located above the tool kit bar, with the second circle from the left being highlighted in red.

**Step 2: Grounding Myself**

This step will give you the opportunity to try techniques that you can use when you are feeling anxious, panicky, or having a flashback.

Completing this step will help you master some grounding techniques that you can use as you go through the programme.

**Begin Step 2** >

Spring tool kit

Click to show toolkit

# Grounding tool

Step 2: Grounding Myself

Patient 1 Test [Logout](#)



Sight

Sound

Smell

Taste

Touch

You can try some grounding techniques that use sight, sound, smell, taste and touch by selecting each in turn

The interface features a light gray background with a subtle landscape illustration of rolling hills at the bottom. The five sense categories are presented as large, overlapping circles with a slight drop shadow, each containing its respective label in white text.

# Step 3 – Managing My Anxiety

**< 2**

## Step 3: Managing My Anxiety

This step will give you the opportunity to explore the link between PTSD and anxiety.

Completing this step will help you learn some relaxation techniques that you can use to manage your anxiety.

**Begin Step 3 >**

# Step 3 - Relaxation

The screenshot displays a user interface for a digital health program. At the top left, the text reads "Step 3: Managing My Anxiety". At the top right, the user's name "Catrin Lewis" and a "Logout" link are visible. Below this is a header "My Relaxation" above three large, colored circular buttons: a teal button for "Controlled Breathing", a green button for "Progressive Muscle Relaxation", and a purple button for "Guided Imagery". A central instruction states, "Try some relaxation techniques by selecting each in turn". The bottom of the interface features a navigation bar with buttons for "Take another step", "Pause", "Back", "5 of 26", and "Next". At the very bottom, a "Spring tool kit" section contains a row of icons for various tools (thermometer, anchor, triangle, person, document, brain, person with gear, and pencil) and a "Click to show toolkit" button.

Step 3: Managing My Anxiety

Catrin Lewis Logout

My Relaxation

Controlled Breathing

Progressive Muscle Relaxation

Guided Imagery

Try some relaxation techniques by selecting each in turn

Take another step

Pause

Back 5 of 26 Next

Spring tool kit

Click to show toolkit

# Participant and Clinician Log-in

- Participant site: <https://springptsd.cardiff.ac.uk>
- Clinician site: <https://springptsdadmin.cardiff.ac.uk>
- App site: <https://springptsdapp.cardiff.ac.uk>

# Clinician site

The screenshot shows the 'spring' clinician site. At the top left is the logo 'spring' with three green leaves above the 'i', followed by the text 'a step-by-step treatment for PTSD'. Below the logo are two buttons: 'Patients' with a house icon and 'Help' with a question mark icon. The main heading is 'Manage Patients'. Below this is a search bar with the placeholder text 'Enter all or part of the patient's name or email address' and a 'Search' button. A table below the search bar lists patient information. The table has four columns: 'Patient name', 'Email id', 'Actions', and 'Status'. The first row contains 'Patient 1 Test', 'hlcsmileon+patient1@gmail.com', a 'View Patient Steps' button followed by buttons for 'Step 1', 'Step 4', 'Step 5', 'Step 6', 'Step 7', and 'Step 8', and 'Started'.

**spring**  
a step-by-step treatment for PTSD

Patients Help

## Manage Patients

Enter all or part of the patient's name or email address

| Patient name   | Email id                      | Actions   | Status  |
|----------------|-------------------------------|---|---------|
| Patient 1 Test | hlcsmileon+patient1@gmail.com | <input type="button" value="View Patient Steps"/> - <input type="button" value="Step 1"/> <input type="button" value="Step 4"/> <input type="button" value="Step 5"/> <input type="button" value="Step 6"/> <input type="button" value="Step 7"/> <input type="button" value="Step 8"/> | Started |

# Clinician Dashboard

- The clinician dashboard allows you to log into Spring and check which step your patients is on and their progress
- This may trigger you contacting the patient to encourage them to make a start or go back to the step set at your last meeting
- Some patients prefer a particular method of contact i.e. email vs phone

# Session 1

- **Week 1: Brief Phone Check In**
- Review progress on the clinician site prior to the call
- Discuss how the participant is getting on with the tools (**My Symptoms, My Grounding, My Relaxation**) using data you have accessed and tackle any problems
- If good progress has been made, suggest moving on to **Step 4 (Reclaiming My Life)**
- Confirm the time of next appointment
- Record the time spent with participant to nearest minute

# Step 4 – Reclaiming my life

Patient 1 Test [Logout](#)

## Step 4: Reclaiming My Life

This step will give you the opportunity to explore the link between PTSD and becoming less active.

Completing this step will help you get back to activities you used to enjoy or try some new hobbies.

[Begin Step 4](#)

< 3

5 >

# Setting goals

## Step 4: Reclaiming My Life

Patient 1 Test

[Logout](#)

### SMART Goals

**S = Specific** – A goal should be clearly defined. How, when and where will the goal be attained?

**M = Measurable** – A goal needs to be measurable. How will you know when a goal has been achieved?

**A = Attainable** – A goal should be something you know you can do. Do you have the ability and resources required to attain the goal?

**R = Realistic** – A goal needs to be realistic. Are you willing and able to work towards the goal? Be honest with yourself.

**T = Timely** – A goal must have a timeframe. We recommend one week.



# Weekly goals

**Step 4: Reclaiming My Life** Patient 1 Test

### My Life

|  | Week 1 | Week 2     | Week 3       | Add Week |
|--|--------|------------|--------------|----------|
| Call Jerry   | ✗      | ✓ Complete | ✗ Incomplete |          |
| Find out what activities the leisure centre is offering at ... | ✗      | ✓ Complete | ✗ Incomplete |          |
| Go to the Lava Lounge with Sarah for coffee at least once      | ✗      | ✓ Complete | ✗ Incomplete |          |
| Take Misty for a 15 minute walk three times this week          | ✗      | ✓ Complete | ✗ Incomplete |          |
| <input type="text"/>   |        | + Add      |              |          |

Set yourself goals for the week by typing them in the table above and then click 'complete' for each goal as you complete them

# Week 2

- **Week 2: 30 Minute Guidance Session**
- Ask participant to complete survey before you meet
- Review progress on the clinician site
- Discuss how the participant is getting on with the tools, and tackle any problems. Give praise for progress made
- If **Step 4 (Reclaiming My Life)** has been completed, review the list of weekly goals. If it has not been started, give a brief introduction to the Step.
- Encourage the setting on new goals.
- Encourage the setting of SMART goals

## Week 2 (cont'd)

- If participant has made sufficient progress, Introduce **Step 5 (Coming to Terms with My Trauma)**, and give the rationale for imaginal exposure.
- Demonstrate the narrative of one of the video characters. Be careful when considering which character's narrative to show. It may be best to show the narrative of a character whose trauma is different to that of the participant in order to reduce the risk of re-traumatisation.
- Begin writing a narrative with the participant. Explain that it will be accessible in the toolkit, and the necessity of reading it every day several times (usually for at least 30 minutes) until their anxiety starts to reduce. Discuss the unhelpful role of avoidance bringing short term relief only
- Arrange next appointment (2 weeks' time), and arrange a time to make a brief telephone check-in the following week
- Record the time spent with participant

## Step 5: Coming to Terms with My Trauma

Patient 1 Test [Logout](#)



### **PTSD and Coming to Terms with What Happened**

Write your own story as though it is happening again

Use grounding and relaxation techniques

Include as much detail as you possibly can

Re-visit your story anytime by opening it in your toolkit

# Week 3

- **Week 3: Brief Phone Check In**
- Review progress on the clinician site prior to the call
- Discuss how the participant is getting on with **Step 4 (Reclaiming My Life)** and **Step 5 (Coming to Terms with My Trauma)** as applicable. Briefly review **Tool 5 (My Trauma)** to ensure participant is on the right tracks with their narrative
- Give positive and encouraging feedback
- Confirm the time of next appointment
- Record the time spent with participant

# Giving narrative feedback 1

- Alliance bolstering
  - I was deeply touched reading your narrative. Although your experience was several years ago, it's clear that it is still very present in your thoughts and feelings.
- Task reinforcement
  - You were able to focus on the feelings of fear that you were experiencing, the difficulty breathing both from running for your life and from the dust, the fear of being crushed.

Acknowledgement to Christine Knaevelsrud,  
ISTSS 2016

# Giving narrative feedback 2

- Showing empathy

- I really felt the pain from running as fast as possible in hard shoes and full uniform, fearing that it wouldn't be fast enough. I also felt the uncertainty of not knowing what was happening, exactly what the danger was, made it so much more frightening plus later, the hopeless feelings.

- Shaping self-efficacy

- The courage and strength you showed in this situation was amazing. I suspect that you did this before and have continued to do this since then.

# Identifying essential features of the trauma narrative

- Has the trauma been described to a full extent?
- Avoiding emotions, avoiding a first person perspective, rationalization?
- Is the account too matter-of-fact?
- Concentration on particularly painful moment, on specific details of the event (which aspects were particularly stressful?)
- What are the dominant emotions (anger, shame, fear, grief, guilt)?
- What primary negative cognitions can be identified (including feelings of guilt, incompetence, insecurity, lack of self-awareness)

# Continuing narrative work

- Writing the account in the first person
- Adding additional detail
- Bits skipped or skirted over
- Describing emotional responses and sense of meaning at the time
- Updating (incorporating additional info)

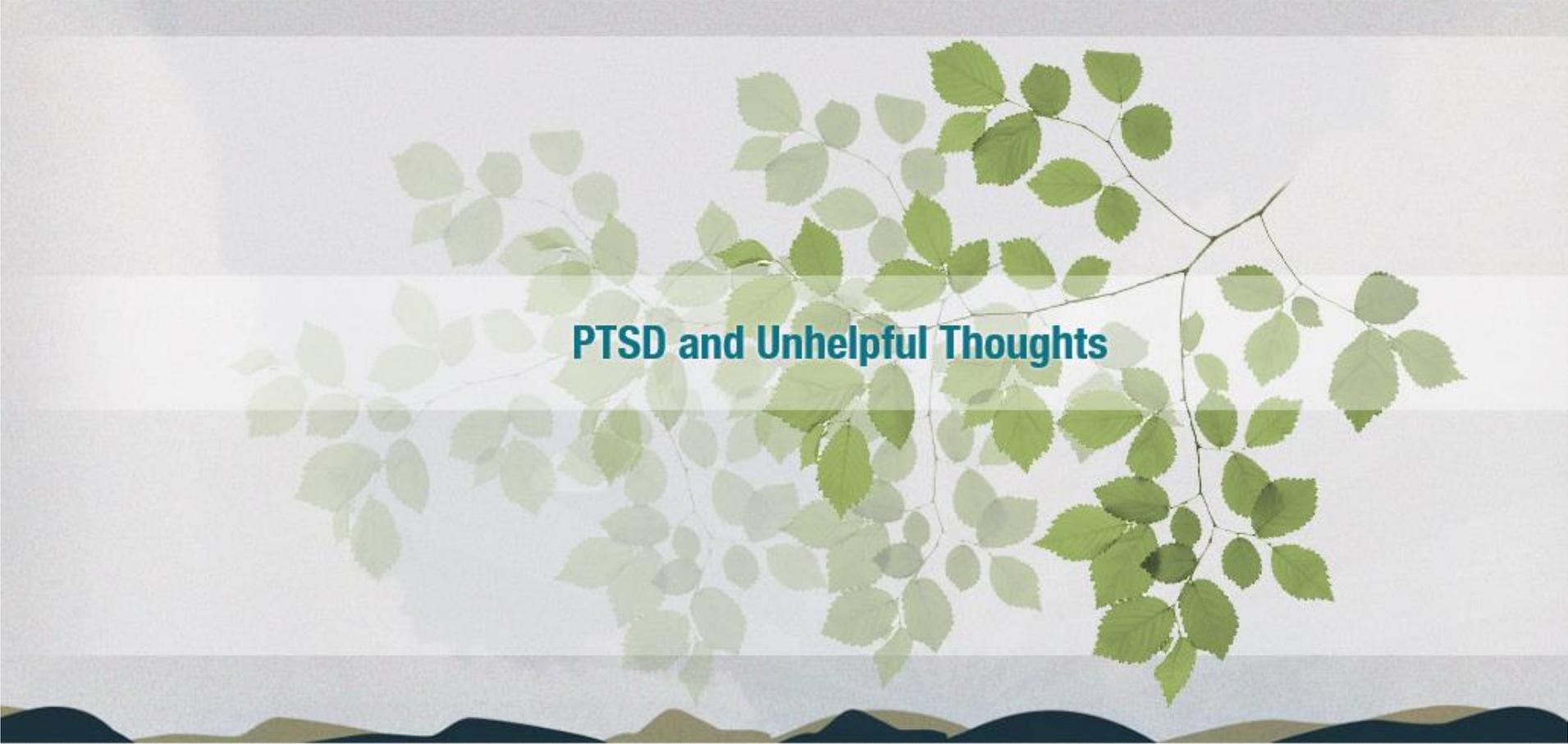
# Week 4

- **Week 4: 30 Minute Guidance Session**
- Ask participant to complete survey before the meeting
- Review progress on the clinician site
- Discuss how the participant is getting on with **Step 4 (Reclaiming My Life)** and **Step 5 (Coming to Terms with My Trauma)** daily reading & elaboration. Encourage the individual to continue using tools 1-5 daily
- Introduce **Step 6 (Changing My Thoughts)** by giving an example of a thought challenge using the tool. **Introduce Step 7 (Overcoming My Avoidance)** by showing an example fear ladder from the programme
- Arrange next appointment (two weeks' time), and a time to make a brief telephone check-in the following week
- Record the time spent with participant

# Step 6 – Changing thoughts

Step 6: Changing My Thoughts

Patient 1 Test



**PTSD and Unhelpful Thoughts**

# Step 6 – Changing thoughts

Step 6: Changing My Thoughts

Catrin Lewis [Logout](#)

PTSD and Unhelpful Thoughts

The diagram illustrates the interconnected nature of thoughts, feelings, and bodily sensations in PTSD. It features four circular nodes: a central green circle for 'Thoughts', a purple circle for 'Feelings' (with examples like fear, sadness, guilt, shame, and embarrassment), and a tan circle for 'Bodily Sensations' (with examples like muscle tension, increased heart rate, nausea, and sweating). A teal circle on the left represents 'Behaviour' (response to thoughts, feelings, and bodily sensations). Bidirectional arrows connect 'Thoughts' to 'Feelings', 'Thoughts' to 'Bodily Sensations', and 'Thoughts' to 'Behaviour'. Additionally, bidirectional arrows connect 'Feelings' to 'Behaviour' and 'Bodily Sensations' to 'Behaviour'. A horizontal double-headed arrow also connects 'Feelings' and 'Bodily Sensations'.

Take another step

Pause Back 3 of 19 Next

Spring tool kit

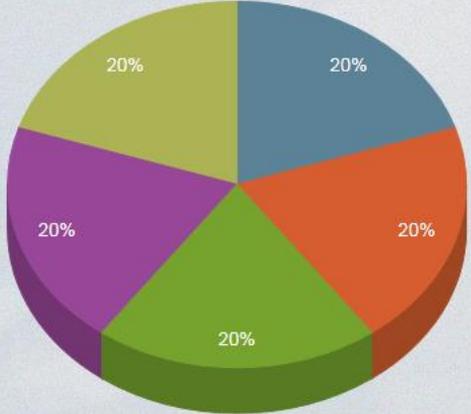
Click to show toolkit

# Step 6 – Pie chart

**Step 6: Changing My Thoughts** Catrin Lewis [Logout](#)

**Pie Chart of Responsibility**  
Enter all of the factors responsible for what happened and assign a percentage of the blame to each

| Factor               | %                    |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |



Factor 1  
Factor 2  
Factor 3  
Factor 4  
Factor 5

7 of 19

Spring tool kit

# Changing my thoughts

## Step 6: Changing My Thoughts

Patient+2 ptsd

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### Helping you identify and challenge distressing thoughts

1. Describe the situation
2. Describe the thought and rate your belief in the thought from 0-10
3. Describe your emotions
4. Describe your bodily sensations and rate your distress from 0-10
5. Consider evidence for and against
6. Create an alternative thought
7. Rate your belief in the new thought



## Therapeutic letter

Take a few moments to think about some of the ways in which the traumatic event continues to trouble you. Imagine a good friend of yours has experienced the same or a very similar event and that they are thinking and feeling in the same kind of way that you are. Please write a supportive letter to your friend. Try to give your friend advice about how to handle and cope with the situation and how to look at the situation differently. What would you tell them?

save

# Step 7 – Overcoming avoidance

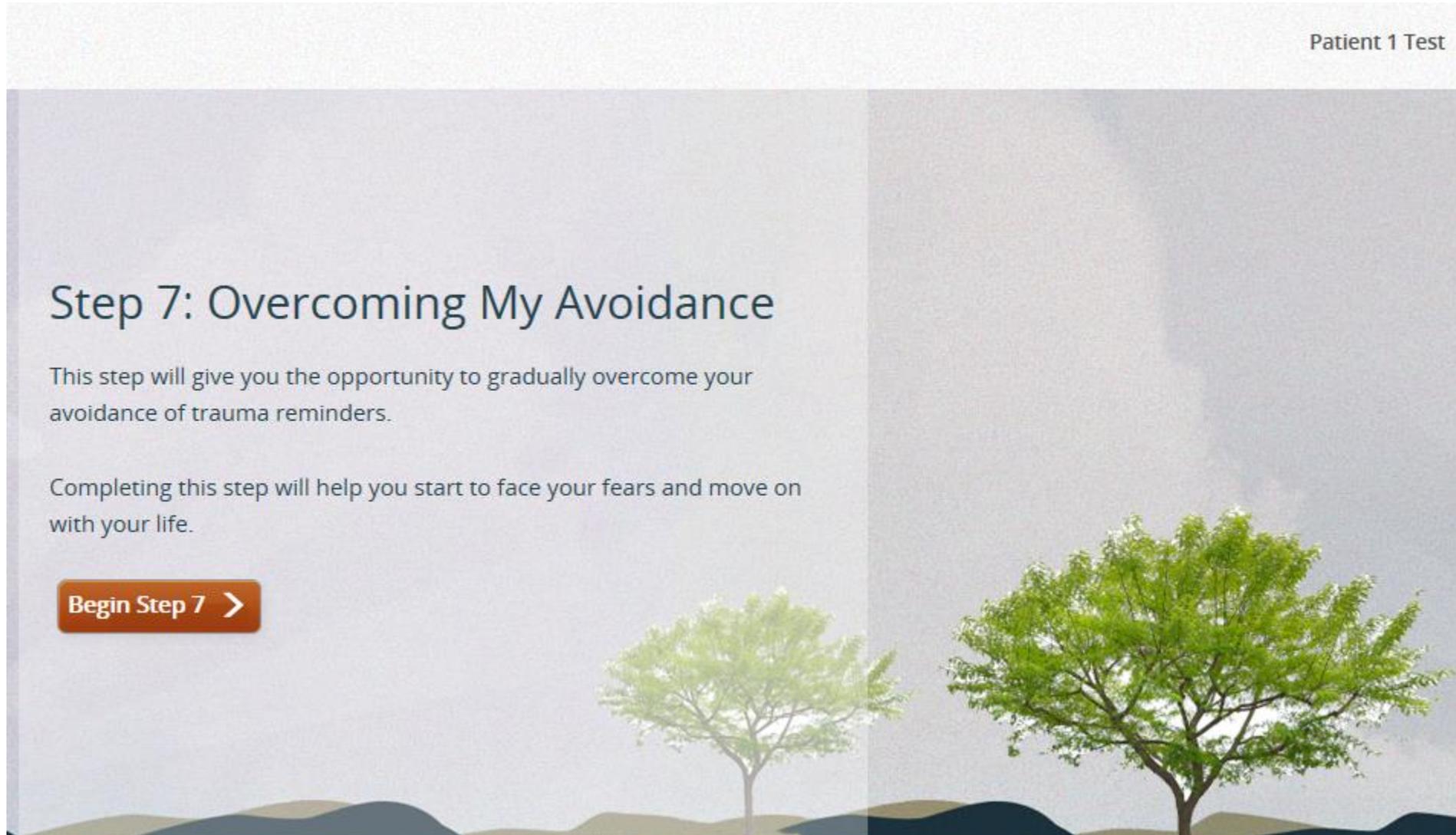
Patient 1 Test

## Step 7: Overcoming My Avoidance

This step will give you the opportunity to gradually overcome your avoidance of trauma reminders.

Completing this step will help you start to face your fears and move on with your life.

[Begin Step 7 >](#)



# Avoidance hierarchy

## Step 7: Overcoming My Avoidance

| Week 1   | Add week + | Chloe's Fear Ladder |            |              |  |
|--|------------|---------------------|------------|--------------|--|
| Reading a newspaper containing stories about crime   | 1          | ✕                   | ✓ Complete | ✕ Incomplete |  |
| Watching the news                                    | 2          | ✕                   | ✓ Complete | ✕ Incomplete |  |
| Watching a violent film                              | 3          | ✕                   | ✓ Complete | ✕ Incomplete |  |
| Looking at a knife                                   | 4          | ✕                   | ✓ Complete | ✕ Incomplete |  |
| Holding a knife                                      | 5          | ✕                   | ✓ Complete | ✕ Incomplete |  |
| Walking around the neighbourhood the attack happened | 8          | ✕                   | ✓ Complete | ✕ Incomplete |  |
| Going back to where the attack happened              | 10         | ✕                   | ✓ Complete | ✕ Incomplete |  |

# Week 5

- **Week 5: Brief Phone Check In**
- Review progress on the clinician site prior to the call
- Discuss how the participant is getting on with tools 1-5. Briefly review **Tool 6 (My Thoughts)** and **Tool 7 (My Fears)**. Advise continuing use of all of the tools. Direct participant to spend more time on the areas you think will result in greatest benefit
- Confirm the time of next appointment
- Record the time spent with participant

# Week 6

- **Week 6: 30 Minute Guidance Session**
- Ask participant to complete survey before you meet
- Review progress on the clinician site
- Discuss how the participant is getting on with the tools, and tackle any problems
- Introduce any Steps that have not been started to date. If all tools are activated, encourage continued use, and completion of **Step 8 (Keeping Myself Well)** before the final appointment
- Arrange next appointment (two weeks' time), and a time to make a brief telephone check-in the following week
- Record the time spent with participant

# Week 7

- **Week 7: Brief Phone Check In**
- Review progress on the clinician site prior to the call
- Discuss how the participant is getting on with tools 1-7. Advise continuing use of all of the tools. Direct participant to spend more time on the areas you think will result in greatest benefit
- Remind participant to complete **Step 8 (Keeping Myself Well)** before the final session
- Confirm the time of next appointment
- Record the time spent with participant

# Week 8

- **Week 8: 30 Minute Guidance Session**
- Ask participant to complete survey before you meet
- Review progress on the clinician site
- Discuss how the participant is getting on with the tools
- Discuss **Step 8 (Keeping Myself Well)**
- Record the time spent with participant

# Step 8 – Relapse prevention

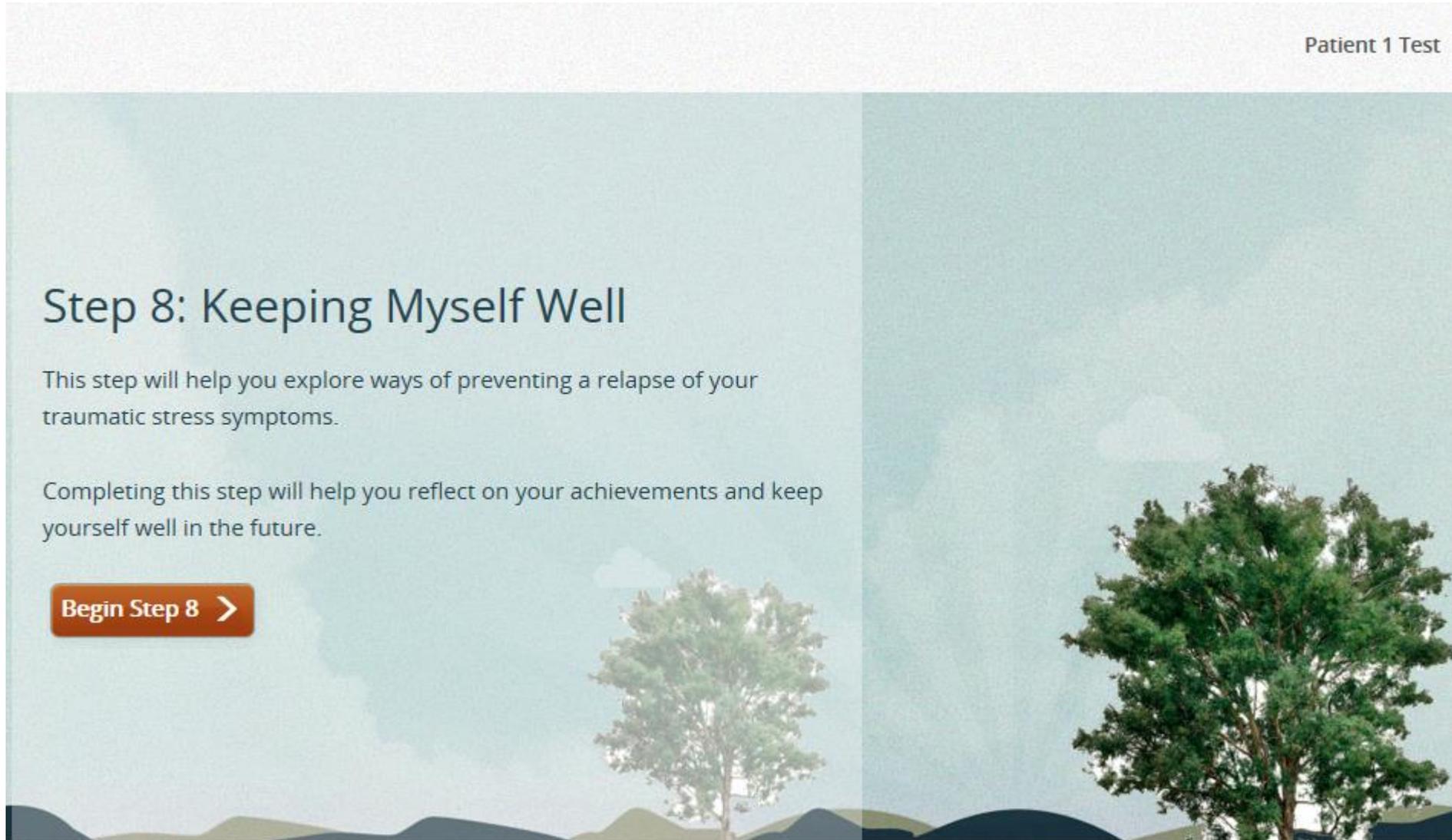
Patient 1 Test

## Step 8: Keeping Myself Well

This step will help you explore ways of preventing a relapse of your traumatic stress symptoms.

Completing this step will help you reflect on your achievements and keep yourself well in the future.

[Begin Step 8 >](#)





# spring

a step-by-step treatment for PTSD