

Spring: Digital Guided Therapy for PTSD

Dr Catrin Lewis



What is digital guided therapy?

- Psychological therapy delivered through an interactive website or app (usually based on existing therapies, often Cognitive Behavioural Therapy (CBT))
- Accessed via the internet
 - PC, laptop, smartphone, tablet
- Supported by trained healthcare staff
 - Trained in the delivery of low-intensity interventions
 - Typically brief sessions face to face or remotely



Why did we need new treatments for PTSD in the UK?

- Strong evidence base for trauma focused CBT and EMDR
- Limited number of suitably qualified therapists
- Waiting times in excess of one year common
- Alternative methods delivery methods recommended by 2005 NICE guidelines



Benefits

- Empowering
- Less therapist time = potential to reduce waiting times
- Less costly than therapist administered treatment
- Can be delivered to those in geographically remote areas
- Treatment can be fitted in around work and child care
- Offers an additional treatment option
- Programme can be used after the end of treatment
- More discreet for those who do not wish others to know they are receiving treatment
- Less reliant on the specialist experience of therapists
- Less training required
- Individuals may feel more able to disclose sensitive information
- Programme available 24 hours a day
- Allows time to reflect

Disadvantages / possible harms

- Tendency to avoid use of the programme
- Reliance on IT literacy and access to the internet
- Reliance on ability to read and write fluently in the language
- Technical difficulties
- More difficult to tailor to the individual
- Initial scepticism on the part of therapists / patients
- Drop-out rates sometimes higher than from therapist administered treatment
- Not usually a suitable treatment for complex or severe mental health problems
- Misinterpretation of written information
- Existing programmes may not be suitable for all cultures
- Security and privacy concerns

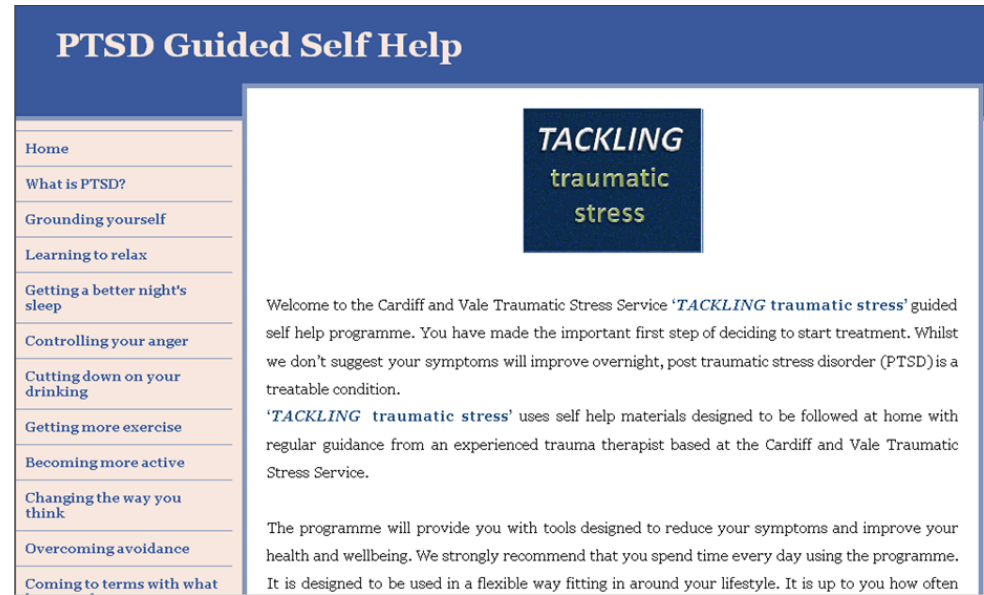


a step-by-step
treatment for PTSD

Phase I Development

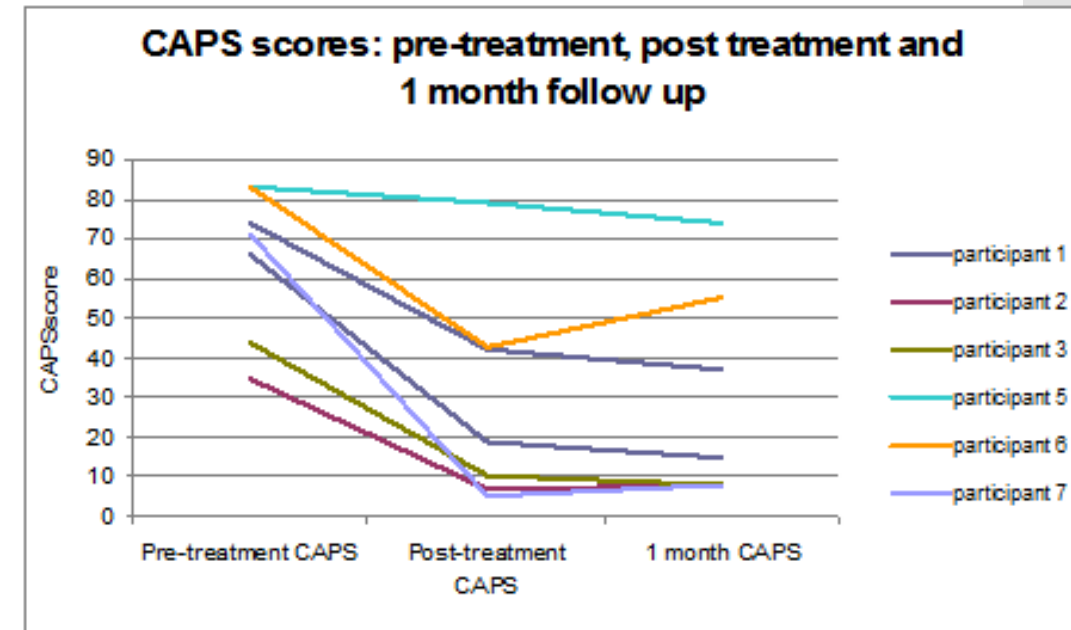
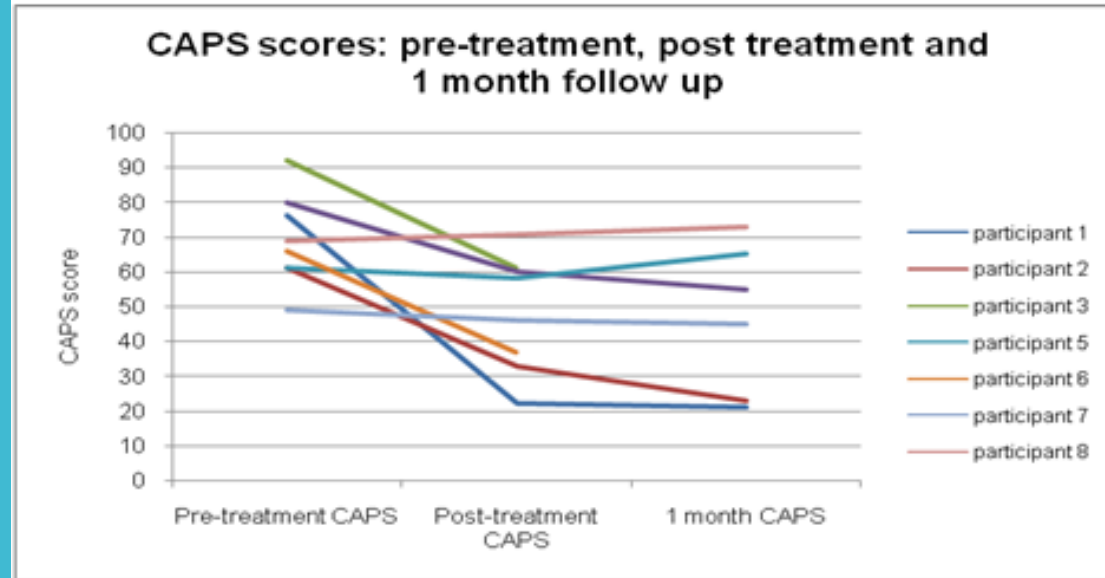
- Followed MRC guidance for the development of a complex intervention
- Systematic reviews of existing evidence
- Primary research to determine programme components, delivery method and guidance options
 - Professional stakeholders
 - Previously treated individuals
 - Qualitative themes informed prototype
- Two pilot studies with programme refinement on the basis of qualitative and quantitative results

Initial Prototype



- Paper-based with a basic website; included 3 sections:
 1. Simple Information concluding in 10 tips to bring about change
 2. Multiple choice quiz to consolidate learning
 3. An exercise to be completed and discussed with programme guide
- Initial session; scheduled contact every 2 weeks, weekly check-in from therapist

Pilot studies – Results



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)**

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Phase 2

Knowledge
Transfer
Partnership
(KTP)



Spring: a step by step treatment for PTSD

Step 1: Learning About My PTSD?

Step 2: Grounding Myself

Step 3: Managing My Anxiety

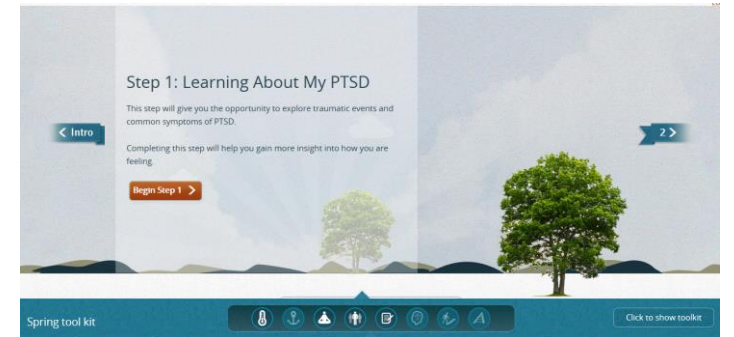
Step 4: Reclaiming My Life

Step 5: Coming To Terms With My Trauma

Step 6: Changing My Thoughts

Step 7: Overcoming My Avoidance

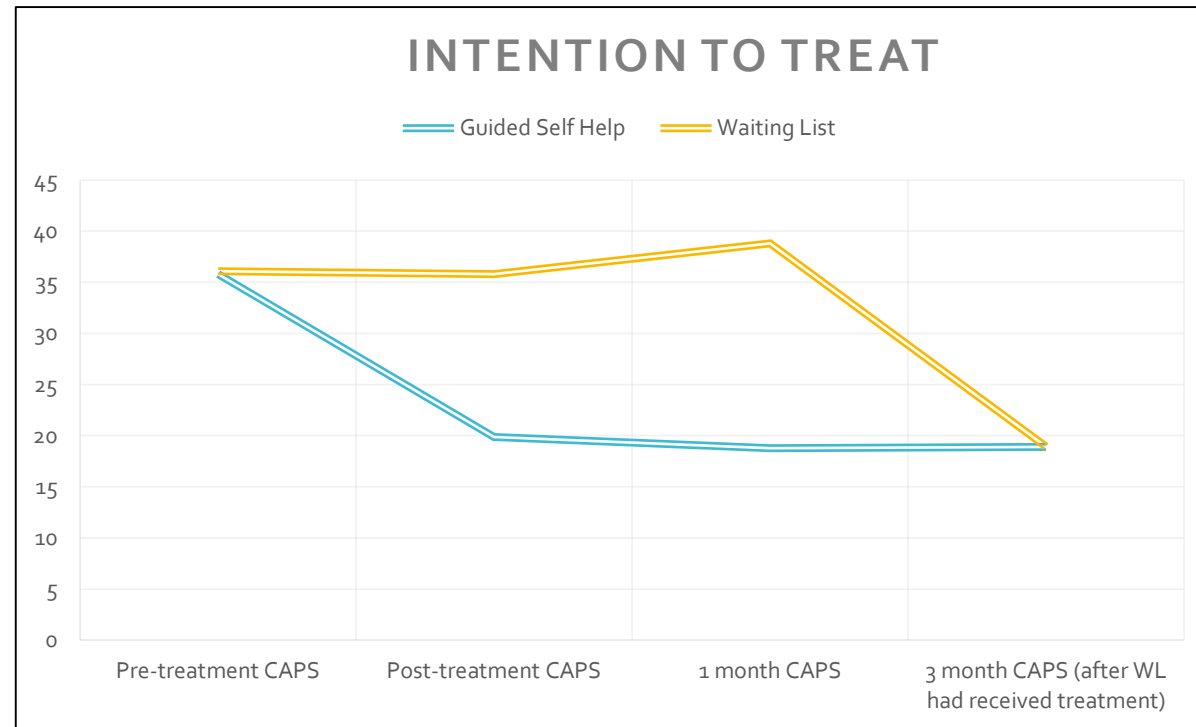
Step 8: Keeping Myself Well



Feasibility randomised controlled trial

Feasibility randomised controlled trial

- 42 adult participants with PTSD to single trauma
- Randomised to immediate *Spring* or wait list (guided self help after 14 weeks) – crossover design
- Mean duration of therapist guidance (face to face, by phone and email): 148.5 minutes



Lewis, C. et al. 2017. Internet-based guided self-help for post-traumatic stress disorder (PTSD): randomised controlled trial. *Depression and Anxiety* 34(6), pp. 555-565.

Pragmatic, multicentre, randomised controlled non-inferiority trial

Pragmatic Randomised controlled trial of a Trauma-Focused Guided Self Help Programme versus Individual Trauma-Focused Cognitive Behavioural Therapy for Post-Traumatic Stress Disorder (**RAPID**)

Pragmatic, multicentre, randomised controlled non- inferiority trial (RAPID)

196 adults with a primary diagnosis of mild to moderate PTSD -
Wales, England, Scotland

Up to 12 face-to-face, manual based CT sessions each lasting 60-90 minutes vs Spring with up to three hours of contact plus brief check-ins

Non-inferiority of Spring on the primary outcome was the Clinician Administered PTSD Scale for DSM-5 (CAPS-5) at 16 weeks after randomisation

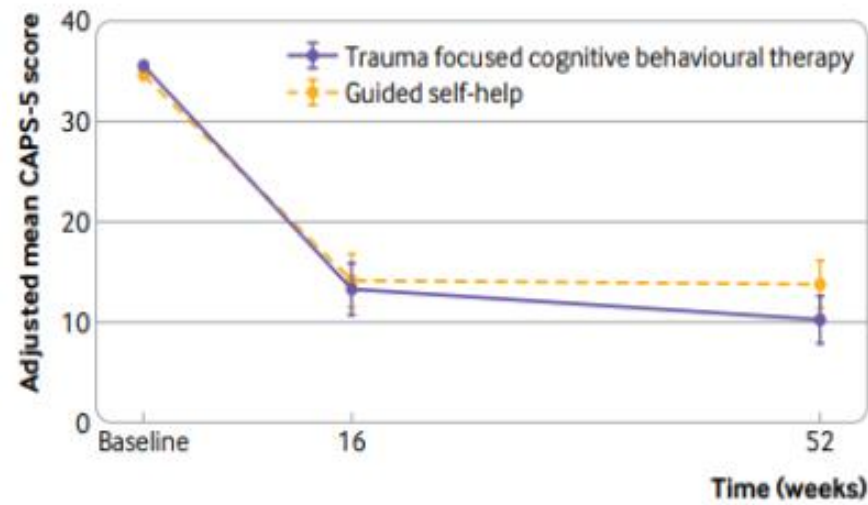


Fig 4 | Adjusted mean Clinician Administered Post-Traumatic Stress Disorder Scale for DSM-5 (CAPS-5) scores over time in the two groups (diagnosis of PTSD based on criteria of the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition, DSM-5)

Future Directions

Future directions

- Continued implementation of Spring across NHS
- Development of a bespoke version of Spring for veterans
- Development of digital interventions for Complex PTSD (CPTSD) and Prolonged Grief Disorder (PGD)
- Translation/cultural adaptation of Spring for use in other countries

Based on ESTAIR

16 steps

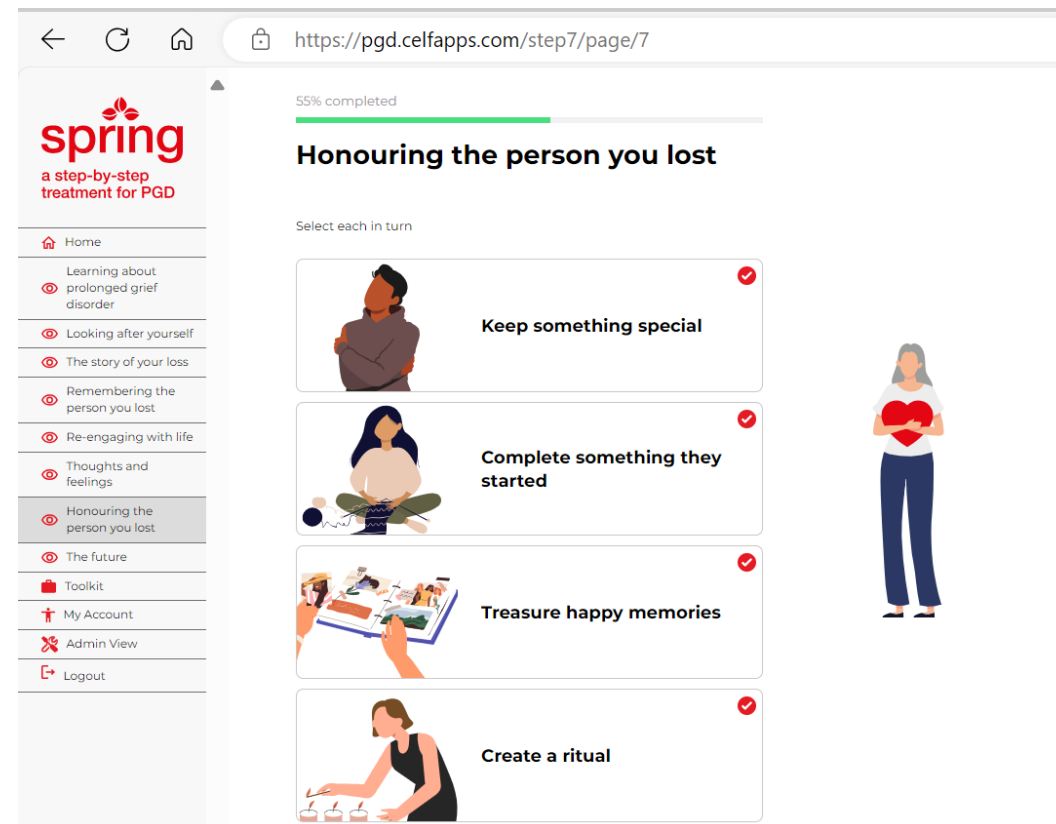
1. Learning about CPTSD (x1)
2. Emotions (x4)
3. Relationships (x4)
4. Self concept (x4)
5. Telling the story (x2)
6. Looking ahead



Emotional awareness



- Learning about prolonged grief disorder
- Looking after yourself
- Telling the story
- Remembering the past
- Re-engaging with life
- Thoughts and feelings
- Honouring the loss
- The future



Step 1: Learning about
Military PTSD

Step 2: Grounding and
relaxation

Step 3: Emotion awareness

Step 4: Relationships

Step 5: Self Concept

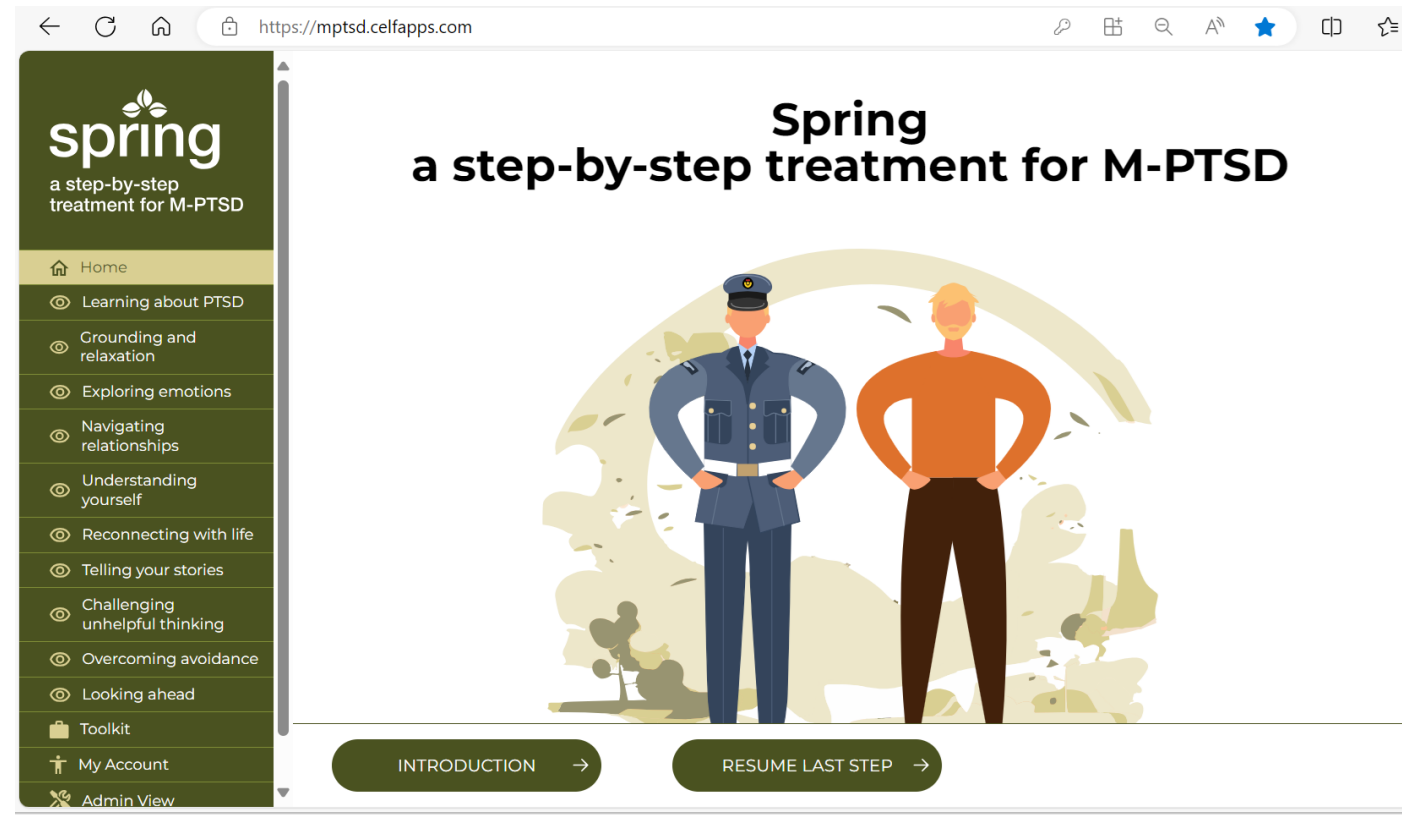
Step 6: Re-engaging with life

Step 7: Coming to terms with
Military Trauma

Step 8: Thoughts and Feelings

Step 9: Overcoming
avoidance

Step 10: The future



Contact details

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