High satisfaction levels, improved likelihood to seek treatment, and reduction in risk behaviours after attending a co-produced psychoeducational group on trauma

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Abstract
A psychoeducational group on trauma was co-produced and delivered to female inpatients. High levels of satisfaction and likelihood to seek treatment were reported, with no major adverse effects observed.

Introduction
Trauma can have a global lifetime negative impact, with extremely high prevalence rates of trauma exposure among people admitted to inpatient services. Despite this, trauma can be an often neglected area of care (Pratt et al., 2005). Further, even among individuals who do receive trauma-focused therapy, there are large dropout and non-response rates (Schottenbauer et al., 2008).

Realising the effects of trauma is important for patients and improves treatment motivation. A previous PTSD psychoeducational group evaluation for inpatients reported increased knowledge about trauma and high levels of satisfaction at programme end (Pratt et al., 2005).

Study Aims
We evaluated self-reported gains in knowledge about trauma, likelihood to seek treatment, and satisfaction levels following a psychoeducational group. Behavioural data before and after engaging in the group were also assessed to monitor for potential adverse effects.

Methodology
Design: Dependent variables were questionnaire item ratings at intervention end and change in behavioural data (risk behaviours and adaptive behaviours) from the eight weeks prior to programme start date (pre) and eight weeks from intervention commencement (post).

Participants: Six female patients with a history of trauma were invited to attend the intervention. Exclusion criteria included experiencing an episode of acute psychosis. Two patients declined attendance, for reasons unrelated to programme content. All four attendees resided in a secure inpatient hospital in Northampton, UK and had a diagnosis of Emotionally Unstable Personality Disorder (EUPD). Other additional diagnoses included, mild learning disability, Paranoid Schizophrenia, and Asperger's syndrome. The average age of attendees was 40 years.

Materials: A bespoke four-session psychoeducational intervention was co-produced with patients. Consistent with co-production feedback, topics included PTSD symptoms, adverse childhood experiences (ACEs), effects on physical and mental health, trauma therapy options, and trauma-informed care. Sessions comprised PowerPoint slides, mixed media, activities, and group discussions. A bespoke questionnaire was developed based on an existing questionnaire for attendees to complete after each session (see Pratt et al., 2005) with additional space for qualitative feedback. Behavioural data were recorded using the 4-part MOAS (Modified Overt Aggression Scale) behaviour rating scale.

Procedure: Patients attended four one-hour sessions over four weeks. Sessions were facilitated by two Assistant Psychologists and supervised by a Psychological Therapist.

Results
Attendance was 94%, with one patient missing one session across the intervention (15 of 16 sessions attended, where 16 is the total number of sessions offered across all patients).

Average final-session ratings (5-point Likert scale) included self-reported increases in knowledge about problems relating to trauma (4.3/5), learning about treatment options (4.8/5), and likelihood to seek treatment (4/5) (Figure 1). All attendees reported that they would recommend the group to other patients. Qualitative feedback included enjoyment of the programme, personal applicability of the material, and normalisation of distress.

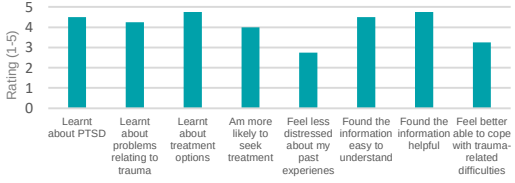

Figure 1. Final-session ratings on questionnaire items (N=4).

There was a 35% reduction in risk behaviours and a 17% increase in adaptive behaviours in the 8 weeks after commencement of the group (Figure 2).

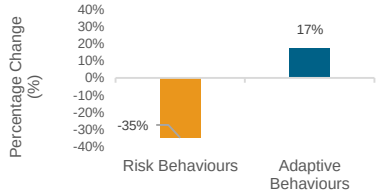

Figure 2. Percentage change in average risk and adaptive behaviours pre- (8 weeks before) and post-intervention (4 weeks during and 4 weeks after) (N=4).

Discussion
The intervention was well-attended and well-tolerated. All attendees reported that they would recommend the group to a peer, with reports of normalisation of trauma-related distress.

There was no strong evidence that patients were adversely affected by attending the programme. Indeed, in addition to high satisfaction ratings and self-reported gains in knowledge around trauma we observed a reduction in risk behaviours and increase in adaptive behaviours in the eight weeks after commencement of the programme.

Findings support the use of the intervention as an initial step to increase knowledge about trauma and stimulate motivation to seek treatment. Future groups will include additional measures of trauma symptoms and therapeutic alliance pre- and post-intervention.

References
Pratt et al. (2005). Evaluation of a PTSD psychoeducational program for psychiatric inpatients. *Journal of Mental Health*, 14(2), 121-127.
Schottenbauer et al. (2008). Nonresponse and dropout rates in outcome studies on PTSD: review and methodological considerations. *Psychiatry*, 71(2), 134-168.