



# Directing the Traumatised

Dr Michael J Scott – Consultant Psychologist

[scott.carpediem@dsl.pipex.com](mailto:scott.carpediem@dsl.pipex.com)

[www.simplyeffectivecbt.com](http://www.simplyeffectivecbt.com)

[www.posttraumaticstress.co.uk](http://www.posttraumaticstress.co.uk)

Vocational Rehabilitation Annual Conference – Sheffield

July 2nd 2009



## **In this workshop I would like to cover:**

1. How to very briefly screen a person for all the common mental health disorders.
2. An overview of the cognitive-behavioural protocols for each of the common disorders.
3. How to very briefly audit the efficacy of any mental health intervention.
4. How to decide on further recommendations.



# Screening For The Common Mental Disorders

- Half of cases of post-traumatic stress disorder are missed in primary care
- Clinicians tend to stop at the first disorder identified
- It is the presence of missed additional disorders that often complicate recovery
- Poor diagnosis leads to poor treatment
- The responses to trauma are very varied necessitating a broad screen
- Use the First Step Questionnaire or 7 Minute Interview to help identify and audit appropriate treatment



## Extract From The 7 Minute Mental Health Screen

1. Depression **Yes** **No** **Don't know**

During the past month have you often been bothered by feeling, depressed or hopeless?

During the past month have you often been bothered by little interest or pleasure in doing things?

Is this something with which you would like help?

*A positive response to at least one symptom question and the help question suggests that detailed enquiry be made.*

## **Cognitive Behaviour Therapy Is Diagnosis Specific and the NICE Recommended Treatment For:**

- Depression
- Post-traumatic Stress Disorder
- Panic Disorder
- Generalised anxiety disorder
- Social Phobia
- Obsessive Compulsive Disorder

*Further diagnostic questions for each of these disorders and CBT protocol for each disorder are contained in Simply Effective Cognitive Behaviour Therapy by Michael J Scott (2009) London: Routledge.*

## CBT Needs To Be Quality Controlled

- CBT is essentially educational and homework is a key element, and a major predictor of outcome. If a client has not been given specific homework tasks between sessions with a review in session then the CBT fails quality control.
- Across the disorders (with the possible exception of a simple phobia) CBT therapists use a Thought Record to help a client take a photograph of what upsets them from a different angle, if this has not happened then there has been poor fidelity to a CBT protocol and the therapy probably fails quality control.

# Example Thought Record – MOOD chart from Simply Effective Cognitive Behaviour Therapy

<u>Monitor Mood</u>	<u>Observe Thinking</u>	<u>Objective Thinking</u>	<u>Decide What To Do And Do IT</u>

## Satisfactory Employment Outcome Depends On:

- Proper screening for the full range of emotional disorders
- Evidence based treatment for all identified disorders
- Monitoring of adherence to CBT protocol
- Auditing treatment outcome
- Redirecting client to appropriate treatment/therapist