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

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

Trauma-focused CBT (Ehlers et al., 2005)	Compassion-focused therapy (Gilbert, 2010)
<p>Identifying relevant appraisals, memory characteristics and triggers</p> <p>Identifying behavioural and cognitive strategies that maintain PTSD</p> <p>Examining “hot spots”</p> <p>Socratic questioning</p> <p>Identifying an alternative new appraisal – e.g., by adding it to a written account or by using imaginal reliving</p> <p>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”</p> <p>Reclaiming work – reintroducing social and behavioural activities that have been avoided or given up following the trauma</p> <p>Develop a narrative account - starting before the trauma and ending after the individual is safe again. Events are placed in the past</p> <p>Cognitive restructuring - focusing on the personal meanings of the trauma and its sequelae</p> <p>Examination of maintaining strategies - rumination, hypervigilance and/or safety behaviours</p>	<p>Developing sympathy, acceptance and insight into one’s own difficulties through self-reflection and mindfulness</p> <p>Learning to notice and experience physiological and psychological reactions with compassion, empathy and kindness</p> <p>Developing breathing techniques – e.g., Soothing Rhythm Breathing</p> <p>Creating an imaginary safe place in the mind’s eye that provides a sense of calm and peace</p> <p>Imagining and using acting skills to experience a compassionate self</p> <p>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</p> <p>Using thought records to explore the role played by self-critical rumination</p> <p>Learning to respond compassionately to the ‘bully within’</p> <p>Thinking about and responding to the anxious, sad, angry and critical self</p> <p>Compassionate letter writing which focuses on being kind, supportive and nurturing as opposed to being self-critical.</p> <p>Creating a ‘step by step’ approach to cope with trauma symptoms such as avoidance</p>

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

	Therapy Type											
	CBT Group ( <i>n</i> = 8)						CBT + CFT Group ( <i>n</i> = 9)					
	Pre		Post		Diff		Pre		Post		Diff	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
<b>HADS</b>												
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
<b>IES</b>												
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
<b>Total IES</b>	56.0	7.5	20.2	6.4	35.8	7.7	54.0	15.3	15.3	9.1	38.7	13.0
<b>SCS</b>												
	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