Recovering from CSA – Person Centred Care & Models of Change

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Outline
- Person Centred Care: definitions & importance
- Our findings on Person Centred Recovery:
  - Individual (in services & community)
  - Within group
- International perspectives
- Future directions
What is Person Centred Care

- Generic Components of PCC:
  - Trust
  - Compassion
  - Dignity
  - Involvement in decision making

- Basic Premise: People can continue recovering and are able to live fulfilling lives, when provided with the necessary conditions

The importance of Person Centred Care

- Reduced morbidity and mortality, as well as relapse risk
- Reduced levels of psychological distress
- Improved adherence to treatment
- Better patient satisfaction and patient outcomes
- Better allocation of health care resources
- Lower risks for professionals, i.e. VT, burnout

(Chouliara et al., 2009)
Person Centred Care for Survivors of CSA

- An IPA study of 13 survivors and 31 professionals in Scotland - Experiences of services and care

- Survivors said they valued:
  - A trusting professional relationship
  - Continuity & consistency
  - Trauma informed/trauma sensitive
  - Availability & accessibility
  - Flexible / Respective of individual needs

...In order to manage their challenges

(Chouliara et al., 2011; 2012)

Recovery as a Person Centred Process

- Shift from Clinical Recovery to Personally Meaningful Recovery

- Shift from measurement to experience

- Shift from symptom reduction to overall wellness

- Shift from linear to dynamic

- Survivor directed VS. professionally directed

- Survivors as co-experts in their recovery
Recovery from CSA

- An IPA & critical incidence technique study/ individual interviews and focus groups with 22 survivors (in services & community) & 10 professionals in Scotland

- Aims
  - Experiences of recovery
  - Development of a survivor-centred Self Help Booklet to aid recovery and therapy
  - Development of the first Survivor-Centred Recovery Framework

- Survivors defined recovery as:
  - A Process with lots of ups and downs
  - Challenging & Life long
  - Dynamically interacting with life events
  - Beginning with Disclosure

(Chouliara et al., 2013)

The Importance of A Survivor-Centred Recovery Framework

- CSA as a Health/Public Health issue- high prevalence, implications for services

- Lack of previous evidence on how people recover from CSA

- Standard enquiry about domestic abuse/CSA – pilot in maternity and psychiatric services

- Higher VT risks in those working with sexual violence/abuse
  (Chouliara et al., 2009)

- Gaps in knowledge base – training, supervision, consultative support

(Chouliara et al., 2011)
The Survivor-centred Recovery Framework
Chouliara, Karatzias, Gullone (2013)

The Experience of Moving on from CSA: A Survivor-Centred Recovery Framework

The Recovery Framework – Unique Characteristics

- The first Survivor-Centred empirically based framework
- Mapping recovery
- Non – linear and Dynamic
- Emphasis on Personally Meaningful Recovery vs. Psychopathology
- Positive and Holistic
- Clinically relevant and Applicable
Acts of Recovery Booklet

- The first Survivor-Centred self help booklet for CSA survivors
- A ‘conversation’ between survivor experiences and current evidence on abuse/complex trauma

Characteristics:
- Evidence-based
- Person -centred
- Empowering & positive

- Endorsed by clinical services in Scotland & Australia, the Scottish Recovery Network and Survivor Scotland
- Positive feedback so far

Recovery within Group Settings

- An IPA study of 16 survivors and 5 therapist/group facilitators in Scotland / experiences of a psycho-education group intervention

Recovery challenges identified by survivors:
- Self VS Others
- Trust VS Threat;
- Confrontation VS Avoidance
- ‘Patching up’ VS True healing

Recovery/change mechanisms:
- Dissonance & Identification (accurate symbolisation)
- Sharing & Trust (empathy, shared experience, self awareness
- Releasing & Normalising

(Chouliara et al. in preparation for submission)
The First Person-Centred Recovery Within – Group Framework

Recovery from CSA – International Perspectives

Why?
- Context seems important in recovery (professional & cultural)
- Community vs. individual-based cultures
- Differences in family structures/child rearing practices

Where?
- India (high levels of child and women exploitation)
- Hong Kong (increase in reported CSA cases over the last 15 yrs)- GRF grant submission 2014
Recovery from CSA in India

- An IPA interview based study of 20 recovering survivors – ongoing data analysis
- Replicating the Scottish based study & Revisiting the Survivor-centred Recovery Framework

Key findings:
- Confusion (trying to make sense)
- Keeping Self intact (functionally and distractively)
- Sexuality issues
- Repetition as a damaging mechanism
- ‘Cracking point’ as the beginning of recovery
- Disclosure in trust

Improving physical health following trauma
(Karatzias & Chouliara, 2009)

Exposure to a traumatic event

PTSD Symptomatology
(Re-experience, Avoidance, Hyperarousal)

Negative Cognitive Appraisals
About the Body during Traumatisation
(e.g. “My body is permanently damaged because of the event”)

Negative Cognitive Appraisals about PTSD Symptoms
(e.g. “My inability to relax since the trauma will damage my body and I will die early”)

Negative Emotional Responses
(e.g. despair, frustration, worried)

Physiological Arousal
resulted from the PTSD symptoms (e.g. poor sleep) and negative appraisals during traumatisation

Negative Health Behaviours
in time with PTSD symptoms (e.g. lack of physical activity, smoking, alcohol use) and Arousal

Poor Physical Health
...In a nutshell

- We have shown
  - How people are affected and how they recover psychologically
  - How the emotional system ‘up-loads’ and how it ‘off-loads’ and ‘reboots’
  - How and Why Relational factors act as catalysts of change

- We are proposing a new Person-Centred condition, which is the catalyst and missing link in the Recovery Process:

  TRUST

Future directions

- We will now focus on
  - How the physical –emotional systems ‘reboot’ when relational conditions are provided
    - How trust can be used therapeutically and systematically
    - How people recover physically and psychologically
    - How relational variables are the missing link between physical and psychological recovery

- The next step - Physical & mental health Recovery
  - Medically unexplained symptoms/syndromes (MUS)
  - Inflammation/autoimmunity & Interpersonal Trust (Biomarkers? Physiological processes ‘Mirroring’ emotional processes?)
...As a final word

○ What we are proposing demands shifts in
  • Clinical practice
  • Training of professionals
  • Supervision/consultative support
  • Service delivery
  • Community attitudes

○ But can potentially revolutionise recovery from human distress

Publications


○ Chouliara, Z; Karatzias, T; Scott-Brien, G; Macdonald, A; MacArthur, J; Frazer, N (2011). Talking Therapy Services for Adult Survivors of Childhood Sexual Abuse (CSA) in Scotland: Perspectives of Service Users and Professionals (2011). *Journal of Child Sexual Abuse*, 20:1-29. / Included in the PILOTS Database, the online index to the worldwide psychotrauma literature of the United States Dept. of Veterans Affairs, National Center for PTSD since August 2011)
Publications continued


Thank you for your time and attention

Happy to exchange views and ideas