

Independent Evaluation of RoadPeace Resilience Building Programme Executive Summary

Funded by: Ministry of Justice

Report date: 13th April, 2014

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1 Executive Summary

1.1 Introduction

1.1.1 RoadPeace's Resilience Building Programme is a six week support programme for those bereaved by road crashes. Working in small groups, assisted by trained facilitators, participants learn about the physiological impacts of their bereavement whilst also benefiting from contact with others bereaved by crashes. The aim is to reduce the distressing symptoms and increase resilience of participants.

1.1.2 Research indicates that various severe and long-lasting psychological difficulties can result from traumatic bereavement including Post Traumatic Stress Disorder (PTSD), depression, anxiety and complicated grief. PTSD consists of a number of clusters of symptoms, including:

- Re-experiencing the memory of the event in a distressing and unwanted way (e.g. nightmares, intrusive images, flashbacks)
- Avoiding anything related to the event (e.g. thoughts, conversations, people, places)
- Physiological arousal (e.g. being on edge, sleep problems, irritability)

1.1.3 Symptoms of PTSD are sometimes considered to drive other difficulties such as depression and anxiety; this means that PTSD symptoms may be an important target for any intervention.

1.2 Criteria for Success

1.2.1 Overall, there was a substantial improvement in the average scores on all of the following symptom scales:

- Anxiety
- Depression
- Re-experiencing
- Arousal

1.2.2 These improvements were substantial enough to be deemed *statistically significant* (i.e. unlikely to have happened by chance). Such results would usually be taken as evidence that an intervention is effective.

- 1.2.3 There was also an overall substantial decrease in the average cigarette smoking and caffeine consumption, which again were substantial enough to be deemed *statistically significant* (i.e. unlikely to have happened by chance)
- 1.2.4 97% of participants said that they would definitely recommend the programme to other bereaved families. On this criterion, the programme has clearly succeeded. This far exceeds the success criteria that RoadPeace set of 75%.
- 1.2.5 On one important symptom scale (re-experiencing) 71% of participants reported an improvement. The percentage of participants reporting an improvement on other symptom scales (anxiety, depression, arousal, avoidance) and on the life-style scales ranged from 17% to 57%. This falls just short of the success criteria that RoadPeace set of 75% or participants reporting an improvement.

1.3 Key Lessons for Future Programmes

Social Support

- 1.3.1 Research demonstrates the importance of social support and particularly highlights its importance following traumatic bereavement. There is some indication that support from those similarly bereaved is of particular importance. This was borne out very clearly in the responses of both the participants and the facilitators. There can be little doubt that enabling social support by others in a similar situation is one of the key therapeutic aspects of the Resilience Programme.

Facilitators

- 1.3.2 Facilitators need to be chosen, trained and supported very well. It might be that bereavement specialists would be better received than trauma specialists, but changes were made before this evaluation by RoadPeace to use bereavement counsellors.
 - 1.3.3 One facilitator felt that there should be some form of debriefing at the end of each session. This process is already in place and facilitators are expected to meet at the end of each session. Following consultation with the facilitators it might be considered appropriate to design a short form that the facilitators complete to ensure that the process of support and supervision is adhered to more routinely, alternatively it might simply be sufficient to remind current
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facilitators of its importance and to ensure that new facilitators are made aware that it should be a routine part of each session.

Content

- 1.3.4 Participants might benefit from having more information in advance of the group about what to expect from the programme and what will be expected of them.
- 1.3.5 Some would prefer the psycho-education elements of the programme to be simplified.
- 1.3.6 If it were possible to extend the programme, or remove some of the content, it would be worth considering adding a section on managing strong feelings such as anger, and behavioural activation
- 1.3.7 Some requested some form of follow up in order to stay in touch. RoadPeace already provide bi-monthly meetings in the London area to enable people to continue to benefit from informal social support. Providing this in other areas might not be viable depending on numbers who would be interested. But as increasing numbers complete the programme in areas outside of London this might become more realistic. RoadPeace could specifically address ongoing support in the final session of the programme and both gauge participants' desire for an ongoing meeting facilitated by RoadPeace, but also encourage them to think how they might continue to support each other independent of RoadPeace.

Evaluation

- 1.3.8 Using a brief feedback form at the end of each session would enable participants to ask questions anonymously and would enable facilitators to respond rapidly to any concerns.
 - 1.3.9 The data provided by the questionnaires is such a rich source of information that increasing the return rates could be hugely beneficial. RoadPeace might consider aiming for complete data for 90% of participants.
 - 1.3.10 The depression and anxiety measures could be changed so that they are in line with other services, however this would make it difficult to integrate the data that has already been collected.
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- 1.3.11 Given that many of the participants showed no change on the life-style scales, the life-style questionnaire is probably not sensitive enough to identify subtle but nevertheless positive changes.
- 1.3.12 Ensuring, during the programme, that participants understand the importance of the follow up questionnaire sent 6 months after the programme and using electronic methods might improve response rates which would enable RoadPeace to evaluate meaningfully whether any changes had been maintained, and whether any improvements had occurred after the end of the programme.
- 1.3.13 Including time since death in the dataset would eventually enable some analysis to be undertaken to examine whether there is an “optimum time” between bereavement and attending a group.

Research

- 1.3.14 RoadPeace could be very well placed to conduct more research in this under-researched area, and it may be able to explore collaborations with universities, particular those that run training for clinical psychologists.
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