

Traumatic Stress Service

Springfield University Hospital



Traumatic Stress Service: who we are

The Traumatic Stress Service (TSS) was established in 1998 and is located within the Specialist Services Directorate. We provide specialist psychological assessment and evidence-based treatments to those suffering from Post-Traumatic Stress Disorder (PTSD), following traumatic experiences.

Our service consists of a team of clinicians specialising in traumatic stress and its psychological treatment. The team is led by Dr. Pippa Stallworthy, Consultant Clinical Psychologist.

We work with people of all nationalities who have experienced severe traumatic events including refugees and ex-military personnel. Typical traumatic experiences include:

- Crime and violence (physical and sexual assault, domestic violence)
- State-sponsored violence (detention and torture, military and civil conflict)
- Man-made disasters (transport accidents, building collapses, house fires, and acts of terrorism)
- Natural disasters (earthquakes, floods, forest fires)
- Other traumatic events (traumatic medical procedures, witnessing someone die).



Who the service is for



Our service is open to all adults. There is no upper age limit. Clients accepted for treatment primarily present with symptoms of PTSD, having experienced traumatic events as adults. Clients often also have secondary co-morbid psychological disorders.

We do not treat people whose psychological problems primarily relate to childhood sexual abuse. There is not sufficient evidence that short-term, trauma-focused work is effective in helping people deal with these issues. However, we do treat those where PTSD following an adult trauma has also rekindled memories of childhood abuse or adversity.

We do not offer treatment if clients are dependent on alcohol, taking illicit drugs or large amounts of anxiolytic or pain medication. This is because psychological treatment tends to be ineffective in these cases. We may require a demonstrated period of abstinence prior to treatment if alcohol or drug misuse is at problematic levels.

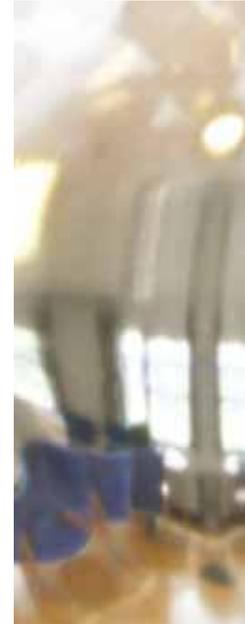
Clients may have come from a variety of countries and we routinely provide interpreters for those clients who require them.

What we offer

The service's treatment orientation is cognitive behaviour therapy (CBT). Specifically, we provide trauma-focused CBT. Treatment techniques include prolonged exposure/reliving with cognitive restructuring, anxiety management, schema-focused therapy and other CBTs. We also have clinicians trained in Eye Movement Desensitisation and Reprocessing (EMDR). Both trauma-focused CBT and EMDR have been recommended by the National Institute of Clinical Excellence as effective treatments for PTSD.

Treatment is always individually tailored to the client based on a detailed assessment of their needs. Treatment is undertaken in our clinic and on a one-to-one basis, although carers/family members are encouraged to attend when necessary.

Once a referral is received, we first discuss it in our weekly team meeting. If the referral is not deemed appropriate we will write to the referrer explaining the reasons, and making suggestions for alternative treatment. If the referral is appropriate, the client will be placed on our waiting list for an assessment. We send the client an appointment for an assessment as soon as one becomes available, and also inform referrers.



We aim to carry out a thorough assessment which may require several appointments. If our assessment identifies that the treatments we offer are not appropriate to the client's needs, we will write back with a detailed assessment report and suggest an alternative treatment plan. If treatment with us seems appropriate, we will first discuss the nature of treatment in more detail with the client, so that they are aware of what it will involve and are able to make an informed choice. Treatment itself requires, on average, between 15-20 sessions of individual therapy, lasting 60-90 minutes. These are generally attended weekly, but in some cases can also be offered as an intensive treatment across one to two weeks.

Our service is resourced to provide psychological treatment but it does not have the full range of services available to Community Mental Health Teams (CMHTs). Therefore, we often ask that the referring CMHT remains involved with the client, at least until we have completed the assessment process and often for the course of treatment. We have found that our treatment is most successful when we work in conjunction with the client's CMHT. We are happy to liaise with referrers/care co-ordinators and will keep all relevant healthcare professionals informed of progress.

Referrals to the service

We accept clients from South West London and St George's Mental Health Trust. We also accept referrals on a national basis (subject to funding being agreed).

As a tertiary-level service we only accept referrals from CMHT's secondary care services, and/or with the agreement of the client's local Consultant Psychiatrist. We therefore generally ask that GPs refer to their local CMHT in the first instance.

Preliminary enquiries may be made by telephone, in order to discuss potential suitability. However, referrals must be made in the form of a standard clinical letter.

Referrals should be sent by an appropriate clinician (Consultant Psychiatrist of a CMHT or clinician with delegated responsibility) enclosing an up-to-date, detailed, psychiatric assessment. It is useful for us to know as much as possible regarding presenting difficulties and symptoms, traumatic experiences, personal history, current and previous psychiatric/medical history and current circumstances (including, if a refugee, asylum status). Please give details of whether the client requires an interpreter and if clients would prefer a male or female clinician. If possible, please include the individual's mobile/landline telephone number.



The assessment and treatment of PTSD requires detailed discussion of traumatic events, which is, naturally, distressing. This often increases psychological symptoms in the short term and where there is a significant risk of harm to self or others, we would recommend a period of stabilisation before we would consider offering an assessment. PTSD treatment also requires that clients are able to focus on their traumatic experiences. Where people are preoccupied by current psychosocial stressors like homelessness or their asylum status, we may recommend referral once these issues have been resolved.

As we require that the referring CMHT retain CPA responsibility, we do ask to be sent a copy of the client's current CPA form and any risk assessment documentation if relevant. We also ask referrers to keep us updated if the client's circumstances (eg address, telephone number) or treatment plan changes whilst they are awaiting assessment or treatment. Our policy is not to accept referrals until the RIO data required by the Trust (such as social inclusion data, and risk assessment) is completed.

Consultation, supervision and training

We offer consultation, treatment advice and supervision for colleagues in the Trust. We can also offer training in the psychological assessment and treatment of PTSD and associated conditions.



Contact details

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How to find us

The nearest tube station to Springfield Hospital is Tooting Bec (Northern Line), a 12-15 minute walk.

Bus G1 serves Springfield Hospital itself. On nearby Trinity Road there are buses 219 and 319. On Upper Tooting Road there are buses 57, 155, 219 and 355. On Tooting Bec Road there are buses 249 and 319.

Parking is available on the hospital site but you need to collect a parking permit from the Gate House.

