



Managing Traumatic Stress: Evidence-Based Guidance for Organizational Leaders

A Compassion in Action Webinar
April 21, 2020



the schwartz center
FOR COMPASSIONATE HEALTHCARE



Your Moderator

Stephanie Adler Yuan, MS
Director, Education & Training
The Schwartz Center for Compassionate Healthcare





The Schwartz Center for Compassionate Healthcare

**Putting compassion at the heart of healthcare
through programs, education and advocacy**

*Through national and international partnerships, the Schwartz Center's coalition of caregivers, patients, families and other leaders work together to make **compassion a vital element** in every aspect of healthcare.*

Please Note

- This webinar is funded in part by a donation in memory of Julian and Eunice Cohen, whose generosity inspired others to give and to learn.
- You may submit your questions via the “Questions” pane to the right of your screen at any time.
- We appreciate your feedback! Please take a moment to complete our very brief survey following the webinar.



Today's Host

Beth Lown, MD

Chief Medical Officer

The Schwartz Center for Compassionate Healthcare





Today's Speaker

**Professor Neil Greenberg, BM, BSc, MMedSc,
FHEA, MFMLM, DOccMed, MEWI, MInstLM,
MFFLM, MD, FRCPsych**

Professor of Defence Mental Health
King's College London



Who am I?


- Psychiatrist and Professor at King's College London
- RC Psychiatrists Chair of Occupational Psychiatry SIG
- Served in the Royal Navy for 23+ years
- Managing Director of March on Stress Ltd
- Provide psychological clinical support, advice, training and assessments for organisations such as:
 - FCO
 - BBC,
 - Emergency Services,
 - PSCs



Intro

- Why is this topic important
- Type 1 and type 2 trauma
- Stigma and help-seeking
- Prevent
- Detect
- Treat
- Snake oil


Main Sources of www. Information



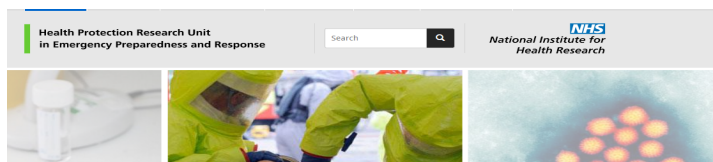
UK Psychological Trauma Society

Traumatic Stress Management Guidance

For Organisations Whose Staff Work In High Risk Environments



Produced in association with the European Society for Traumatic Stress Studies



Health Protection Research Unit in Emergency Preparedness and Response

Search

NHS National Institute for Health Research

<http://epr.hpru.nihr.ac.uk/>



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Trauma Risk Management (TRIM)

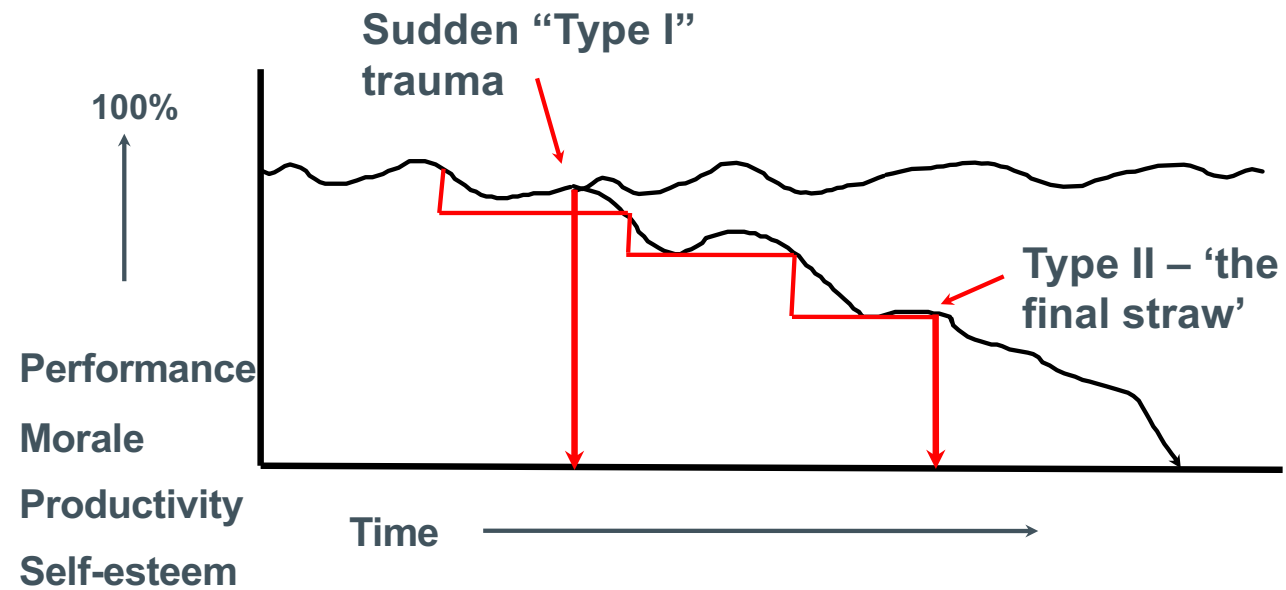
What is Traumatic Stress???



What is a Potentially Traumatic Event (DSM-5)

- Being exposed to:
 - Death
 - Threatened death
 - Actual or threatened serious injury
 - Actual or threatened sexual violence
- By
 - Direct exposure
 - Witnessing in person
 - Indirectly learning of a close relative/friend's trauma
 - Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties

Type 1 and type 2 traumas

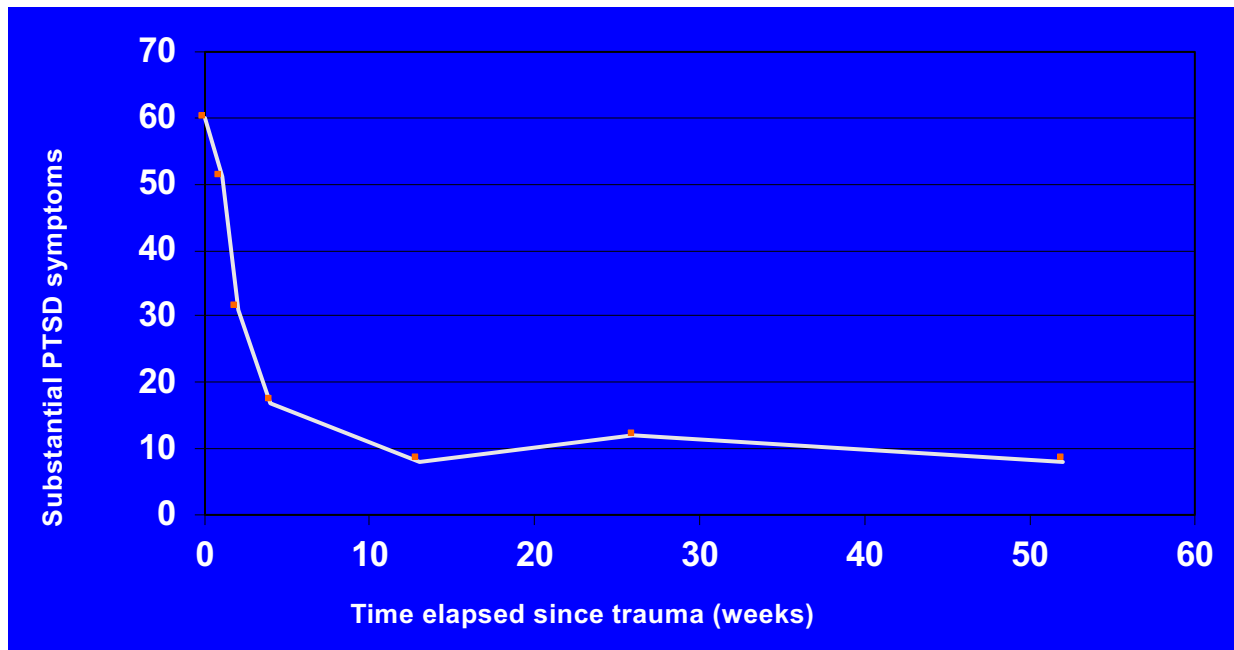




The PTSD Diagnosis

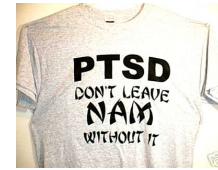
- Experience a Potentially Traumatic Event
(often causing intense helplessness, horror or fear)
- Symptoms (for more than a month)
 - Intrusion symptoms
 - Avoidance
 - Negative alterations in cognitions and mood
 - Alterations in arousal and reactivity
- Symptoms must be functionally significant

What is the natural history of PTSD?



PTSD 'caseness' of patients directly involved in a raid over time. Data from Richards (1997) The Prevention of PTSD after armed robbery: the impact of a training programme within Leeds Permanent Building Society.

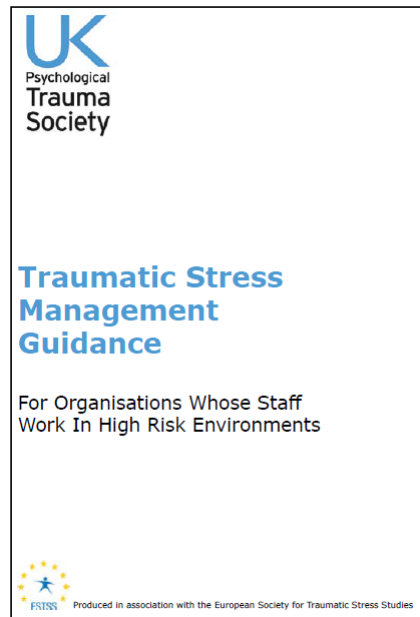
Important Caveat



- PTSD is not the only post incident psych health problem related to trauma
- Depression, anxiety, adjustment disorders and substance misuse also common
- NICE refer to “clinically important Post Traumatic Stress Symptoms”

Organisational Traumatic Stress Management

- Prevent
- Detect
- Treat



<http://www.ukpts.co.uk>

Prevent

- Robust operational stress policy
 - Philosophy of the organisation
 - *“they have to know you care, before they care what you know”*
 - Duties of individuals and managers
 - Especially important in safety critical roles

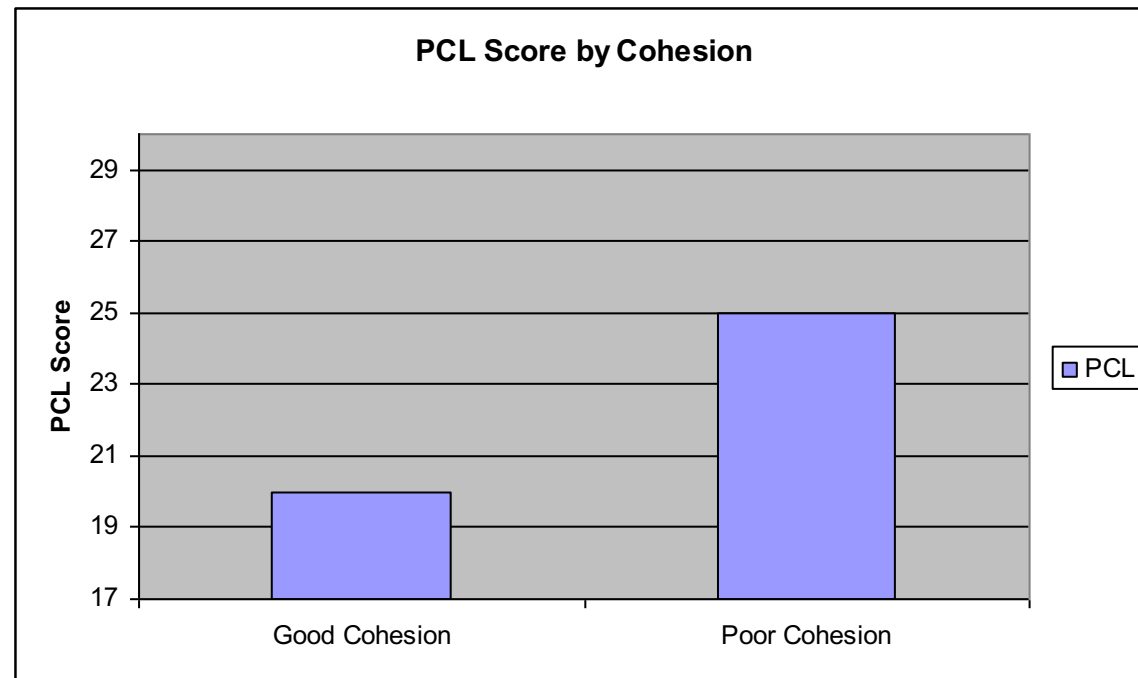
Prevent

- Robust operational stress policy
 - Philosophy
 - Duties of individuals and managers
- ‘Build’ supportive teams and ensure effective (caring) supervisory level leaders

Cohesion – Iraq 2009

High cohesion: 3+ of:

- a. 'sense of comradeship with others in my unit'
- b. 'able to go to most people in unit with personal problems'
- c. 'my seniors are interested in what I do or think'
- d. 'I feel well informed about unit matters'



Supervisory leadership and PTSD – Afghanistan 2010

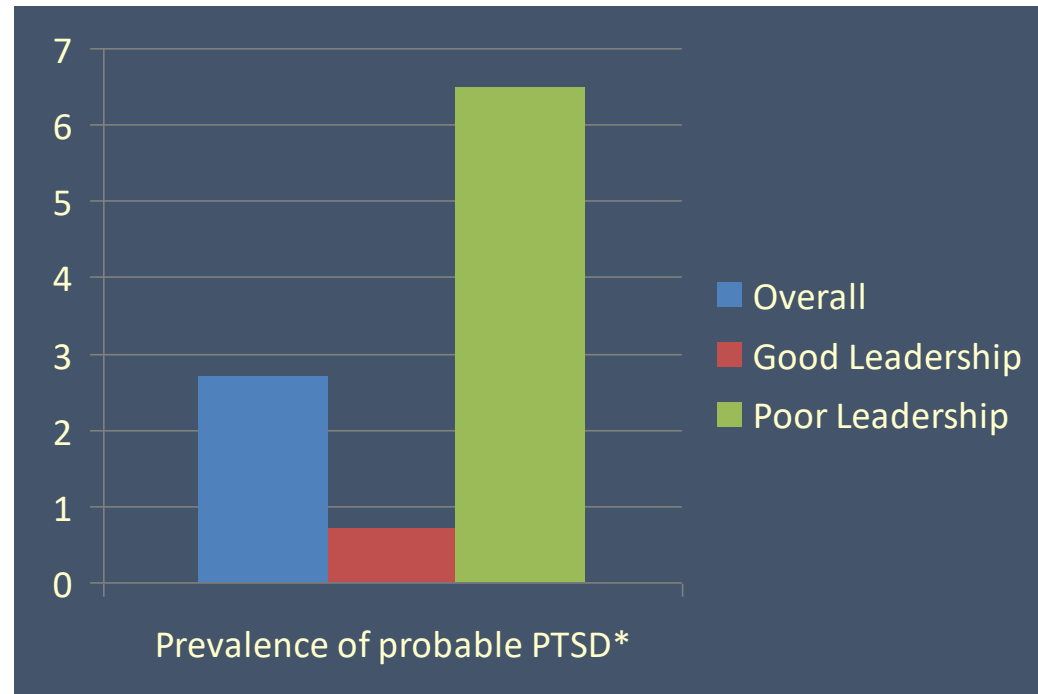
Good leadership 3+ of:

'my leaders never or seldom...'

- a. 'embarrass unit members in front of others'
- b. 'accept extra unit duties in order to impress their seniors'

'my leaders often or always...'

- c. 'treat all members of the unit fairly'
- d. 'show concern about the safety of unit members'



Prevent

- Robust operational stress policy
 - Philosophy
 - Duties of individuals and managers
- ‘Build’ supportive teams and ensure effective (caring) supervisory level leaders
- Training
 - On the job training is important
 - E.g. Iversen et al, Psych Med, 2008

Prevent

- Robust operational stress policy
 - Philosophy
 - Duties of individuals and managers
- ‘Build’ supportive teams and ensure effective (caring) supervisory level leaders
- Training
 - On the job training is important
 - Psychoeducation/mental health training

Psychoeducation/mental health training

- Evidence that it has an effect for those on the job
 - [e.g. troops on deployment; Mulligan et al. BJPsych 2010]
- No evidence that it has a sustained long term impact
 - [post Iraq maritime study; Sharpley et al. Occup Med (Lond). 2008 Jan;58(1):30-4.]
- May be useful in helping to shift attitudes over time
 - [stigma change; Osório et al. Mil Med. 2013 Aug;178(8):846-53]
- Benefits from training managers
 - [£1 for £10; Milligan-Saville, Lancet Psychiatry, 2017]

NEWS

House Passes New Recruit Mental Health Screening



Stars and Stripes | May 23, 2014 | by Travis J. Tritten

WASHINGTON -- New mental health screening that supporters say could help stem the high rate of military suicides or even stop shooting rampages passed the House on Thursday as part of the massive 2015 defense budget.

The House bill, sponsored by Rep. Glenn Thompson, R-Pa., orders the National Institutes of Health to create a universal mental health evaluation for potential recruits that would catch past suicide attempts and psychiatric disorders. The data could be used by the services to weed out candidates with potentially dangerous mental health issues.



TROOPS

Army Mental Health: Better Screening Yields Better Results

By Mark Thompson @MarkThompson_DC | April 17, 2011



Just how closely should the nation be screening its troops for mental fitness before they're shipped off to war? We are seeing, again and again, that bad things — depression, divorce, suicide, murder — can happen in combat's wake. If there is a way to weed out — that may not be the right word — the folks who might be driven to such ends by war, is it the government's job to keep them at home?

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You bet, say five Army mental-health experts in the April issue of *The American Journal of Psychiatry*:

This predeployment screening process was associated with a decreased need for clinical care for combat stress, psychiatric and behavioral disorders, and suicidal ideation...this systematic program evaluation provides the first direct evidence to support the use of a service-wide program



Defense bill mandates yearly mental health checkups for troops, changes to discharge review process

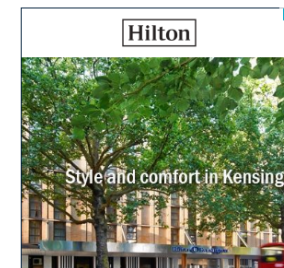
By: Patricia Kime, December 11, 2014 (Photo Credit: U.S. Army)

Senators want to strengthen military mental health screenings

BY JORDAIN CARNEY - 03/05/15 06:26 PM EST

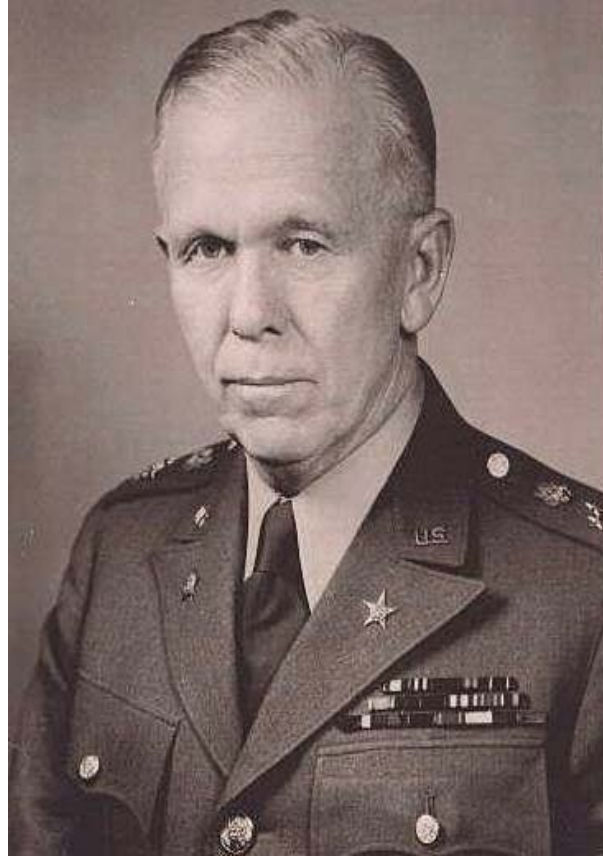
29 COMMENTS

219 SHARES



Psychological 'Pre-' Screening

- Seductive
- Psychometric, personality, 'lie detecting'/validity scales..... (e.g. MMPI)
- Grandmother test is good



King's College London – Screening research





Post incident screening

- Survey and/or face to face to identify MH problems
- For those with problems – advisory or mandatory MH referral
- Many forces (US, CAN, ADF, NLD) routinely use post deployment screening
- BUT worrying 2009 JAMA paper (US focused)

Post Operational Screening Trial (POST)

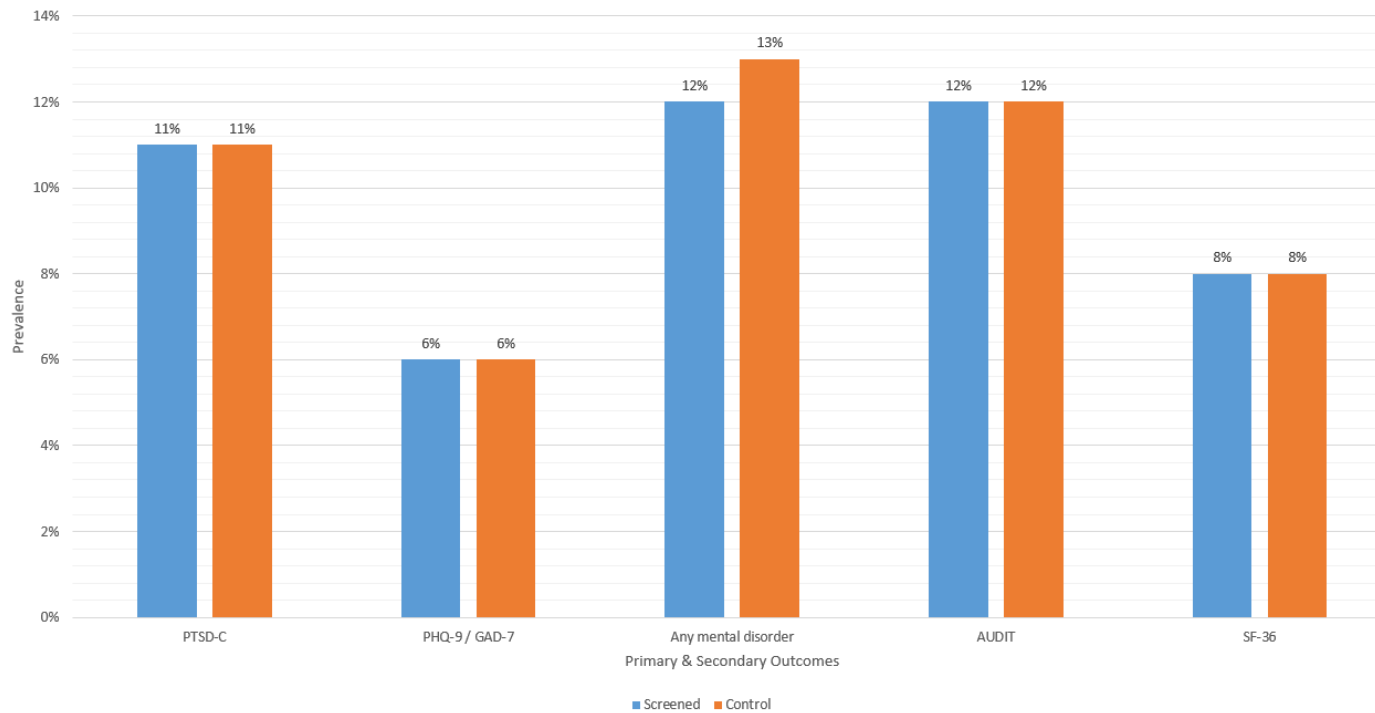
- Part of the 2010 Murrison Report on MH; US funded ~ \$3M RCT
- Involved ~9000 troops returning from Afghanistan (Herrick 14-16)
- Computer based screening vs. control group
- Tailored feedback offered to screened troops
- 6-12 weeks (initial); 10-24 months (follow up; mean 15 months)
- Outcomes: Primary: Mental Health; Secondary: Help-seeking

POST Screening outcomes - MH

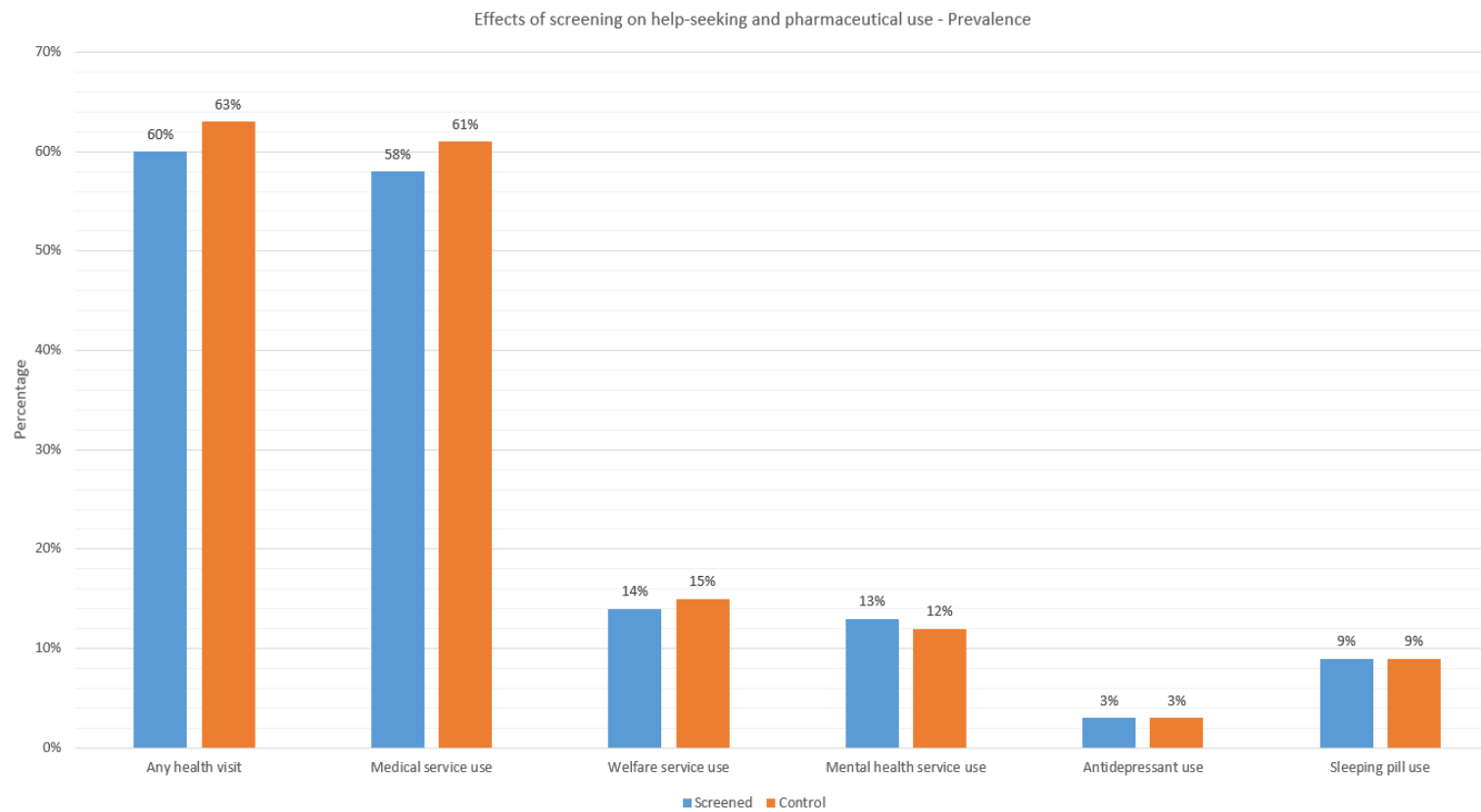
Post-deployment screening for mental disorders and tailored advice about help-seeking in the UK military: a cluster randomised controlled trial

Roberto J Rona*, Howard Burdett*, Mizanur Khondoker, Melanie Chesnokov, Kevin Green, David Pernet, Norman Jones, Neil Greenberg, Simon Wessely, Nicola T Fear

Outcome comparisons of those screened and controls



POST Screening outcomes - behaviour



So....

- People do not tell the truth in an organisational context
- Even when 'reassured' that no personal outcome will occur
- Thus, however well intentioned....psychological monitoring/screening is unlikely to work in organisational settings

Detect

- Screening?
- Peer led 'trauma awareness' training
 - 'Psychological first aid'
 - Available wherever incidents happen
 - Non medical therefore less stigmatising

Peer support

Journal of Traumatic Stress
April 2012, 25, 134–141
CE Article



Guidelines for Peer Support in High-Risk Organizations: An International Consensus Study Using the Delphi Method

Mark C. Creamer,^{1,2} Tracey Varker,^{1,2} Jonathan Bisson,³ Kathy Darte,⁴ Neil Greenberg,⁵
Winnie Lau,^{1,2} Gill Moreton,⁶ Meaghan O'Donnell,^{1,2} Don Richardson,⁷ Joe Ruzek,⁸
Patricia Watson,⁹ and David Forbes^{1,2}

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⁶Rivers Centre for Traumatic Stress, Edinburgh, Scotland, United Kingdom

⁷Parkwood Operational Stress Injury Clinic-St. Joseph's Health Care, London, Ontario, Canada

⁸National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA

⁹UCLA/Duke University National Centre for Child Traumatic Stress, Los Angeles, California, USA

Peer supporters should:

- (a) provide an empathetic, listening ear;
- (b) provide low level psychological intervention;
- (c) identify colleagues who may be at risk to themselves or others;
- (d) facilitate pathways to professional help.

TRiM – Trauma Risk Management

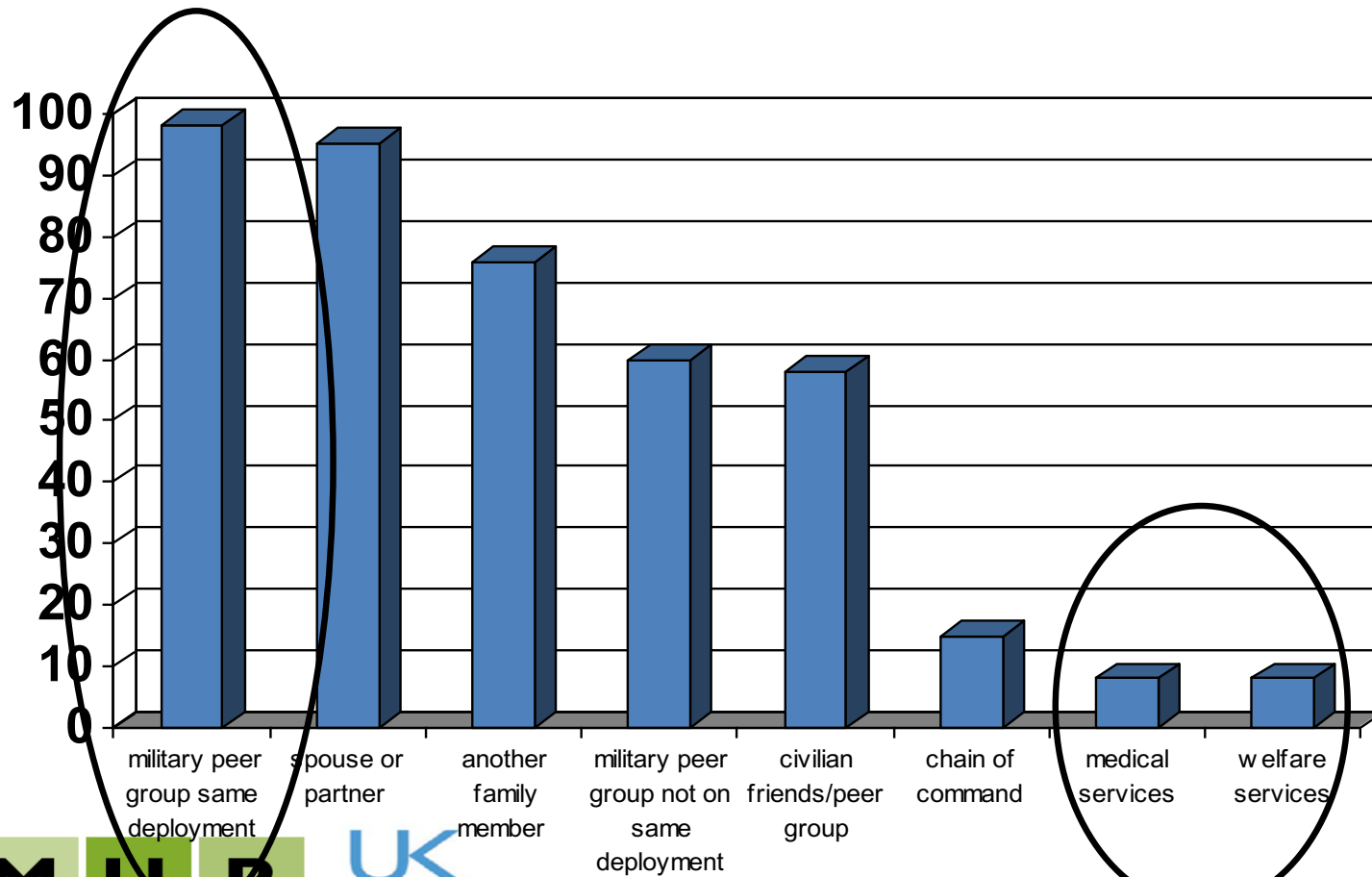




Trauma Risk Management (TRiM)- What is it?

- Peer group support and risk assessment strategy
- Set up within the Royal Marines in late '90s – now – all Services (since 2007). FCO, BBC, Em Serv, PSC etc.
- 'Human resource' initiative
- TRiM is not a cure - assesses psychological risk & suggests management and signposts
- Trained practitioners at all levels/grades

Who do deployed staff talk to?





TRiM risk factors checklist

1. The person thought that they were out of control during the event
2. The person thought that their life was threatened during the event
3. The person blamed others or what happened
4. The person is ashamed about their behaviour during the event
- 5.* The person experienced acute stress following the event
6. The person has been exposed to substantial stress since the event
7. The person has had problems with day to day activities since the event
8. The person has been involved in previous traumatic events
9. The person has poor social support, (family, friends, unit support)
10. The person has been drinking alcohol excessively to cope with distress

What Peer Practitioners are not!

- Counsellors
- Therapists
- Pseudo-psychologists
- Group Huggers
- Scented Candle users





Occupational Medicine Advance Access published April 16, 2015

Occupational Medicine
doi:10.1093/occmed/kqv024

Promoting organizational well-being: a comprehensive review of Trauma Risk Management

D. Whybrow¹, N. Jones¹ and N. Greenberg²

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www.kcl.ac.uk/kcmhr under Publications

What does the evidence show?

- TRiM may help spot people who are in need (FCO)
- TRiM may help mobile social support (RM/Infantry)
- TRiM may help with occupational functioning (RCT)
- TRiM appears acceptable to service personnel (RN)
- TRiM use associated with less sickness absence (Police)
- TRiM improves help-seeking (up to 3x; linkage)
- TRiM does not cause harm (RCT)

Treat

- National Guidelines
 - Evidence based
 - Delivered by trained, experienced mental health professionals

Psychological Debriefing





"Hard to tell from here. Could be buzzards. Could be grief counsellors."

How to deal with PTSD

What isn't recommended...

- “Psychological Debriefing”
- For PTSD, drug treatments NOT a first line treatment (different for depression)
- Not Benzodiazepines

What is recommended...

- “Watchful Waiting” / “Active monitoring”
- Checking in after a month
- Trauma-focused treatments (CBT and EMDR) for adults and children if unwell [EMDR slightly less evidenced than TF-CBT]

Novel treatment approaches

- Intensive CBT
- Remote delivery
- Training paraprofessionals
- Novel approaches (3MDR, MDMA, VR)
- Conjoint therapy
- ‘Early’ treatment before secondary losses occur!

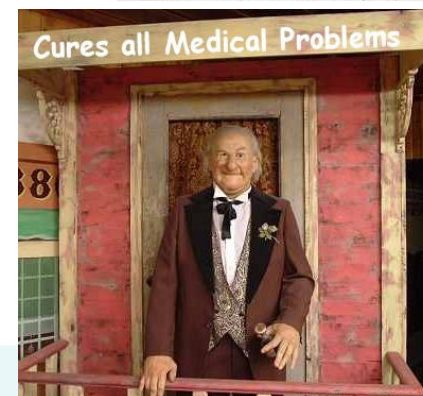
Training peers to treat Ebola centre workers with anxiety and depression in Sierra Leone

Samantha Waterman¹ , Elaine Catherine Margaret Hunter¹, Charles L Cole², Lauren Jayne Evans¹, Neil Greenberg³, G James Rubin³ and Alison Beck¹

International Journal of
Social Psychiatry
2018, Vol. 64(2) 156–165
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DOI: 10.1177/0020764017752021
journals.sagepub.com/home/isp



And sellers of *Bad Science* often will say they have 'the answer'



Summary

- Most people exposed to traumatic events will cope
- However, some will become ill and are unlikely to seek help
- Evidence based prevent, detect and treat options available
- Overall best early interventions approaches are to
 - i. improve support
 - ii. reduce pressure
- Post incident support ideally comes ‘from within’ organisations (peer support/good leadership & camaraderie)
- Within (most) organisations resilience does not lay within individuals but between them

Any Questions? Fire Away!

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www.marchonstress.com
www.kcl.ac.uk/kcmhr

Q & A



Dr. Neil Greenberg



Dr. Beth Lown

Please type your questions in the “Questions” pane on your screen.



Next Up

April 28

“Supporting Patients and Families in a Crisis”
Dr. Patricia Watson and Dr. Richard Westphal

May 5

“Communication in the Age of COVID”
Dr. Tony Back

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The background of the banner features a city skyline with a large body of water in the foreground containing several sailboats. The sky is clear and blue.

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