

Intervention

Intervention research at Phoenix Australia includes evaluation of existing treatment programs, expert consensus studies, and high quality, real-world trials of a range of approaches to the prevention and treatment of posttraumatic mental health problems. We evaluate two types of interventions:

- Universal interventions are those administered in the early aftermath of a traumatic event, and focus on enhancing trauma survivors' natural resilience.
- Indicated interventions are designed to treat established mental health disorders such as PTSD, depression, or substance use, and can only be provided by trained mental health professionals.

Universal interventions

Psychological First Aid (PFA)

PFA is an evidence-informed approach which is intended to be used in the immediate aftermath of a traumatic event. It involves the provision of basic assistance such as information, emotional support, and instrumental support. Following the Victorian bushfires of 2009, we developed a phased PFA model and described the implementation of PFA within an organisational framework. We then implemented a PFA program for individuals living and working in bushfire affected communities, who were assisting other community members after the Victorian 2009 bushfires. Eighty per cent of individuals who participated in the program showed significant improvements in their ability to detect difficulty coping in others and to provide assistance. Similar results were found when we rolled out a PFA training program for managers in the Queensland Police Service who provide support to police members who have experienced a critical incident. These results indicate that PFA is a useful intervention for those providing assistance after a natural disaster or a critical incident.

Skills for Psychological Recovery (SPR) training

SPR is an evidence-informed program developed by leading experts in the aftermath of Hurricane Katrina in the US. Survivors learn simple and effective coping strategies such as problem solving, managing reactions, building social connections, and promoting helpful thinking. The SPR program was adapted for the Australian context with assistance of leading national experts, and was first implemented during the Victorian

bushfires of 2009. SPR consists of six core modules that can be deployed depending on the needs of the trauma survivor. Following the rollout of SPR in the wake of 2011 Queensland floods, we formally evaluated the SPR program after delivery to health practitioners rated the program as a useful and helpful intervention for disaster survivors, and patients also reported SPR as useful.

Peer support

There is currently no evidence base for the effectiveness of peer support programs, despite their increasing popularity and implementation across a range of high risk services. We conducted a Delphi study to achieve an international consensus of expert opinion on a range of issues in peer support. Delphi methodology recognises the value of expert opinions, experience and intuition when full scientific knowledge is unachievable. Eight key domains of recommendations emerged from the project findings, centring on the consensus view that all high risk industries should have a well-planned, integrated and tailored peer support program for employees. Each context, however, is different, and the project recommendations should be interpreted as appropriate to the specific needs of each organisation. Properly designed and controlled research trials are now crucial to inform our understanding of the effectiveness of peer support models.

Indicated interventions

Effectiveness of Cognitive Processing Therapy (CPT) for treating PTSD

CPT is a trauma-focussed treatment that is recommended in Australian and international guidelines for the treatment of PTSD. However, despite evidence of its effectiveness in specialist settings, there is still a need for highly controlled studies demonstrating its effectiveness when delivered in 'real-world' settings. In collaboration with the Veterans and Veterans Families Counselling Service (VVCS), we completed a multi-site treatment trial in which veterans seeking treatment for PTSD were randomly assigned to receive either CPT or usual care. Results indicate that CPT is an effective treatment for Australian veterans with PTSD attending community services, and provide evidence that CPT can be implemented in routine clinical settings. Given that real-world settings often include patients with complex presentations, we also conducted a study investigating the impact of comorbidities on PTSD severity after CPT treatment. Of depression, anxiety, alcohol use and anger, only anger levels pre-treatment were predictive of PTSD change over time, with higher anger levels predicting poorer treatment response. As such, anger levels should be targeted in conjunction with CPT, to improve treatment outcomes for individuals with comorbid PTSD and anger.

Stepped early psychological intervention following injury

While early assistance for emotional problems that occur post-injury can be helpful, the best method to treat a range of psychiatric symptoms post-injury has not been established. The stepped model offers a 'watchful waiting' approach that recognises people's capacity to naturally recover from traumatic events, while offering monitoring to those who continue to experience problems, and increasingly intensive treatments where the need for such interventions is determined. In this research, we screened injury

patients during hospitalisation, and four weeks later followed up those patients identified as having a high risk for developing psychological problems. Those with elevated symptoms were randomly assigned to receive cognitive behavioural therapy or usual care, and significant improvements to mental health were seen at 12 months. Furthermore, our intervention was successful in identifying 89 per cent of those who went on to develop a psychiatric disorder.

Telephone Administered Psychological Intervention Study (TAPIS)

Therapy is an impractical treatment option for patients who are unable to attend an inner city clinic, for reasons such as geographical distance or difficulty travelling due to their injuries. To meet the needs of these injury patients, we developed an early intervention study offering psychological therapy over the telephone for those with high symptoms of anxiety and/or depression. We also investigated the effect of telephone therapy on therapy acceptance and therapeutic outcomes. While there were significant symptom improvements to those who received the telephone administered therapy, the improvements were not significantly higher than controls who received usual care. We concluded that telephone delivered therapy may be a 'diluted' version of face-to-face therapy, and therefore, more therapy than usually administered may be required to facilitate the same treatment gains seen in face-to-face therapy.