Psychological harm

Jane Mowll PhD, BSW (Hons.)
University of NSW
School of Social Sciences
We are all healers who can reach out to offer health, and we are all patients in constant need of help.

Henri Nouwen
What is psychological harm?

http://www.shauntan.net/about.html
Methodological and other limitations

• Rely on correlations
• Cross-sectional (rather than longitudinal)
• Lack control group
• Dose – response
• Not sufficiently powered
• Poorly defined terms / constructs and variability in measures
• Not specific to roles
• Don’t include strengths/adaptations/ growth
• Don’t include qualitative experiences
• Focus on individual /symptomology rather than structural change
Traumatic stress

- ASD, PTS, PTSD

- **Re-experiencing** – intrusive memories, flashbacks/nightmares, physical symptoms- panic

- **Avoidance** - of places, thoughts, feelings, conversations related to event

- **Numbing** - loss interest, detached from others

- **Hyperarousal** – hypervigilance, sleep difficulties

- Depersonalisation (ASD) recent changes broad symptom cluster

- Time

- Intensity

- Australian guidelines for the treatment ASD/PTSD Phoenix Australia
Vicarious Trauma
Secondary traumatic Stress
compassion fatigue
Burn out

Branson, 2018
• Anxiety, depression...
• Shame
• Substance abuse
• Physical health
• Family/ relational issues
(Why) **Are** Forensic pathologists or others at particular risk of Psychological harm?

- Job specific
- Systemic
- Psychosocial
Job specific - Duality
Job specific

Death & Mourning

Role

- Body exam
- Scene exam
- Reports/photos/videos
- Giving evidence
- Peer review
- families

ME Work → PTS/ depression
   - ve cognitions → alienation distress intolerance → maintain/exacerbate MH symptoms
- Moral injury
- Experience

See Brondolo, et al 2012, 2018

Responsibility
Systemic

- Cultural change
- ‘Managerialism’ and workplace reorganisation
- Structural / environmental - workplace
- Doing more with less
- Workplace Conflicts
- Not enough or the right auxiliary staff
Psychosocial

Coping style

Personality

Concurrent stressors

Psychological flexibility

Balanced distancing
e.g.
minimizing (or distancing) the event and positive re-appraisal appear to be adaptive while avoidant coping strategies and the assignment of blame have consistently been related to poorer outcomes (Norris 2002; Devilly, et al 2006)
Disaster Victim identification... Disastrous outcomes?
Extra ordinary roles - multiple deaths, DVI, Mass casualty, scene
• DVI team members are at increased risk PTS

• But are also psychologically resistant to extreme stress comparing to the general population

• However they are also increasingly exposed

Vymetal et al 2011; Brondolo, Wellington et al 2008;

• (Un)predictable,
• (un)controllable
• And threats (opportunities).

• Preparation,
• Training
• support
How protect/prevent Psychological Harm

Initial safety, access to support, opportunity to talk if wish

Positive feedback on role

Formalised and group psychological ‘Debriefing’ Not effective and may do harm

Peer support- (may not be helpful)

(low key) screening

access to focussed psychological help :- TF- CBT ; EMDR (Therapeutic alliance)

Cautions..

• ‘I didn’t think of myself as sick until you sent for a remedy’ (Gist, 2002).

Devilly, et al 2006, Australian guidelines treatment PTSD
Preventing Psychological Harm

• (radical) acceptance

• Find ways to process the work—supervision, reflection

• Understand your strengths and capacities

• Develop emergency coping techniques – breathing, rituals
• Stress management

• Recognise your ‘stress signature’

• your formula/recipe for staying well

Shaun Tan
Preventing Psychological Harm?

• How to prevent harm
• Increase psychological health
  • Rich, full and meaningful (work) life
  • Philosophical/value position
• Meaningful relationships
• Sustain your inner life

Shaun Tan
References


