



# Psychological harm

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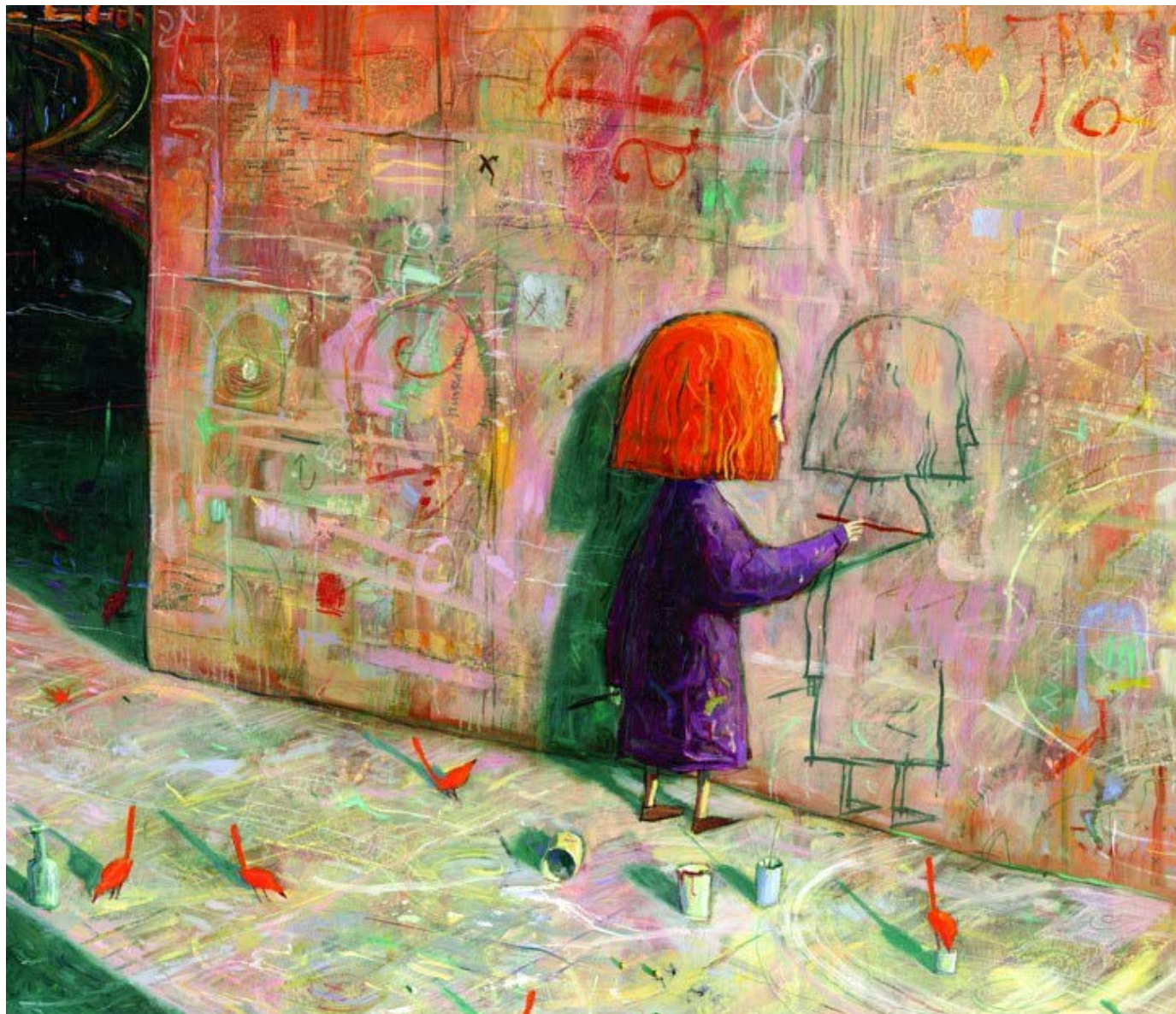
acknowledgement

*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?

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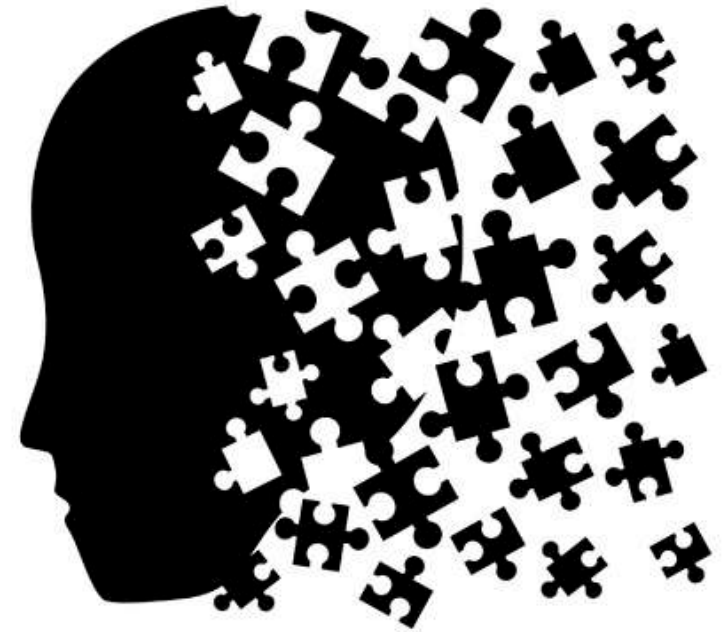
<http://www.shauntan.net/about.html>

# 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
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- Depersonalisation (ASD) recent changes broad symptom cluster
  - Time
  - Intensity
  - Australian guidelines for the treatment ASD/PTSD Phoenix Australia



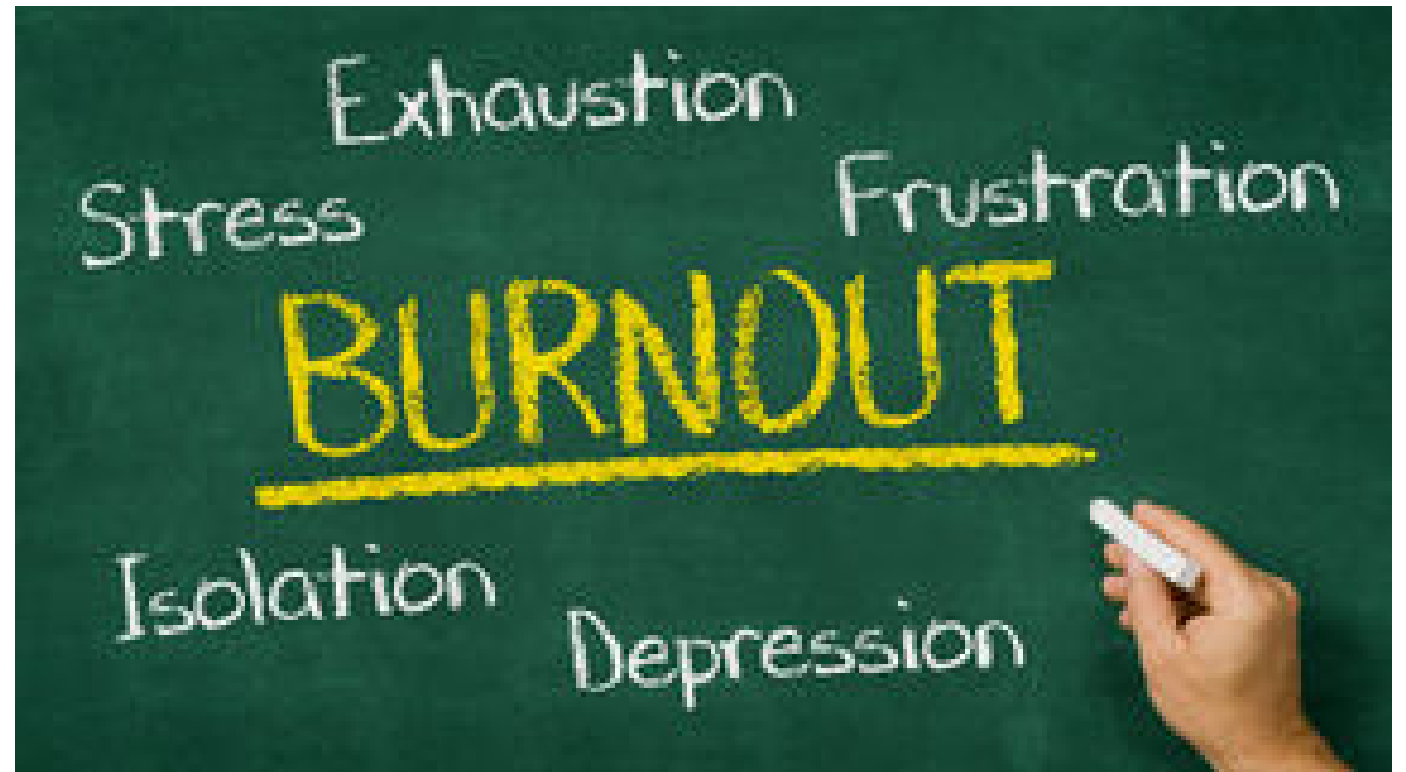
Vicarious Trauma

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

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# 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

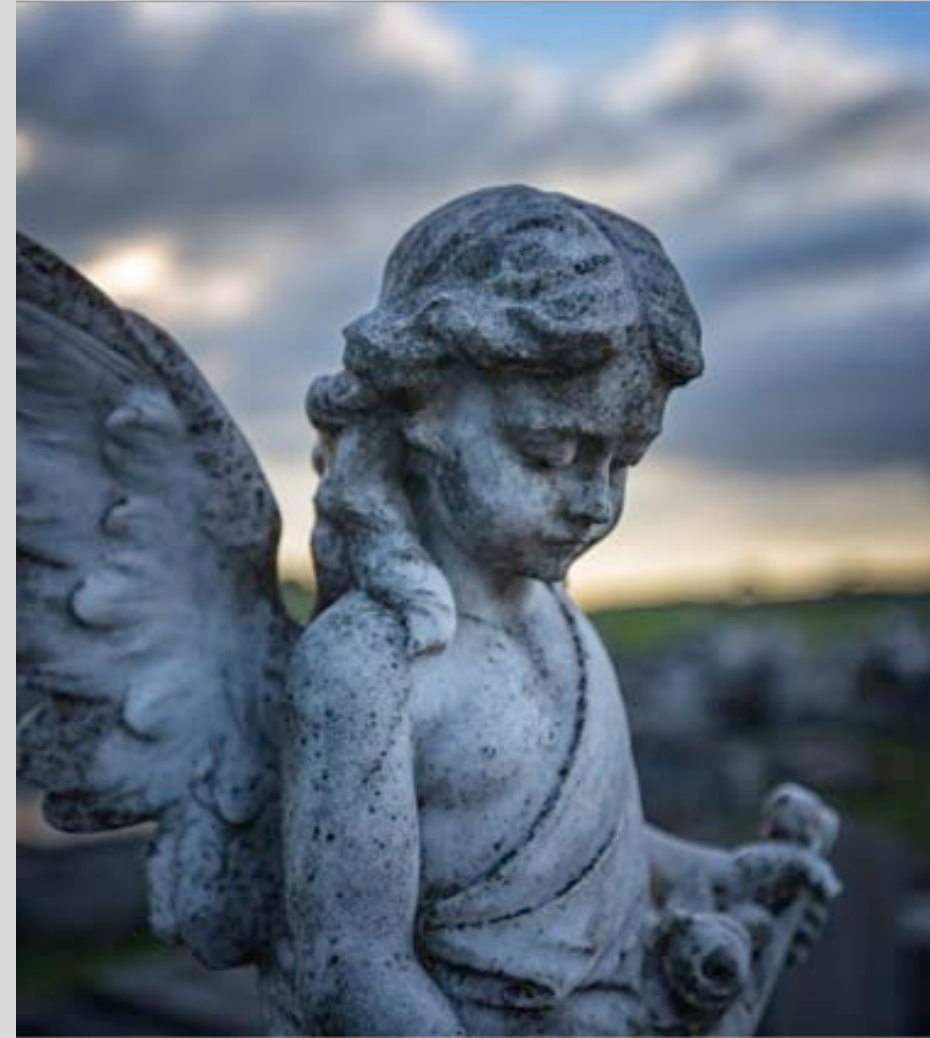
See Brondolo, et al 2012, 2018

Responsibility



# Systemic

- Cultural change
- 'Managerialism' and workplace reorganisation
- Structural / environmental- work place
- 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;  
Deville, et al 2006)

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Disaster Victim

identification...Disastrous  
outcomes?

Extra ordinary roles-  
multiple deaths, DVI, Mass  
casualty, scene

# DVI

- 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).

Deville, 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



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# 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



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