

# Complex PTSD, vicarious traumatisation and vicarious moral injury



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# The ripple effect of trauma and moral injury

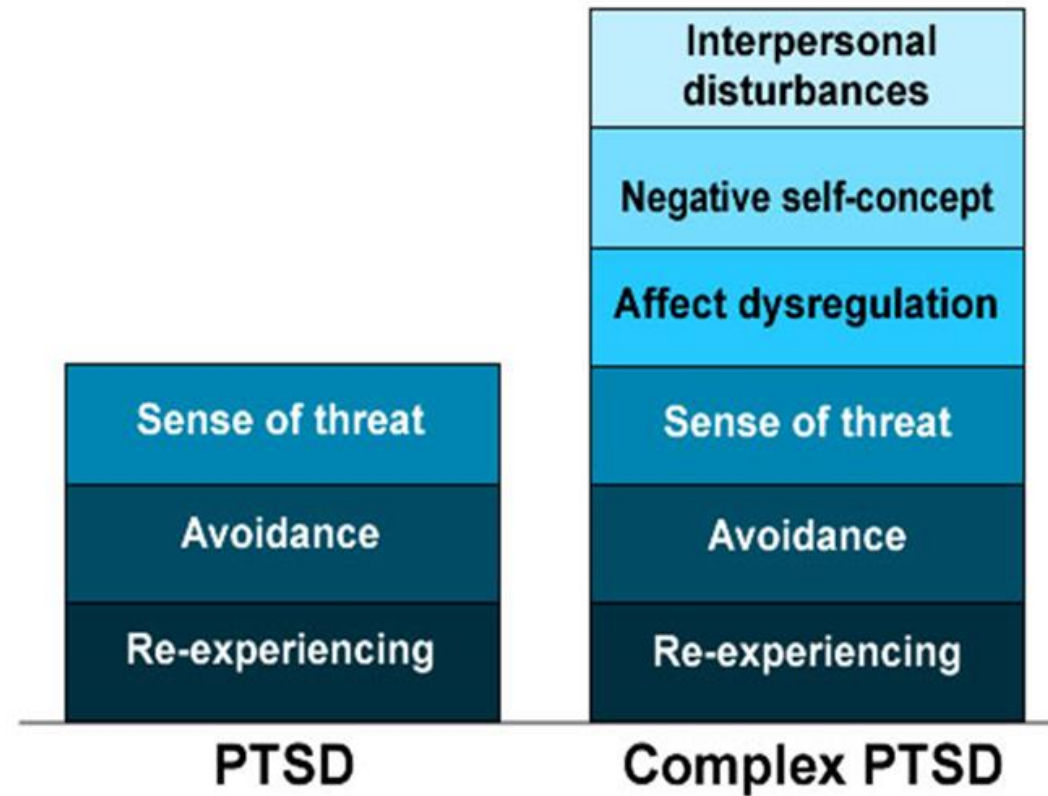
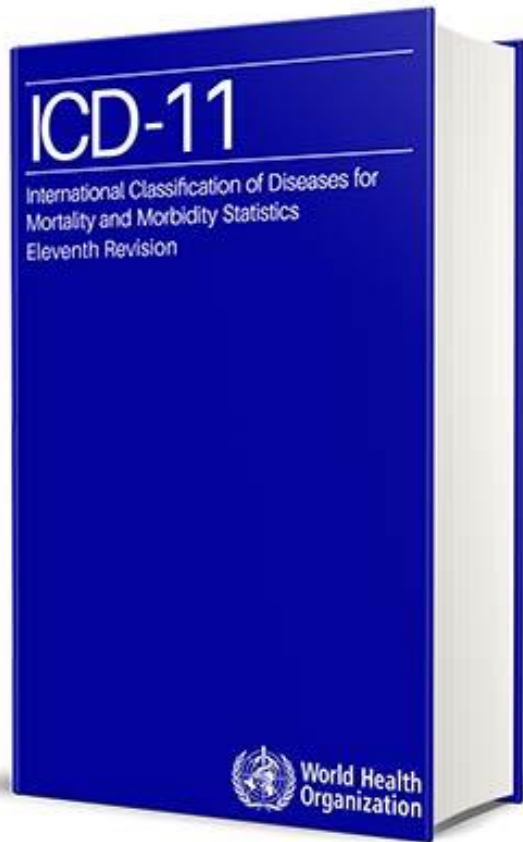
- ❑ Trauma and PTSD
- ❑ CPTSD and moral injury
- ❑ Vicarious traumatisation
- ❑ Vicarious moral injury



# The ripple effect of trauma and moral injury



# PTSD and Complex PTSD (CPTSD)



# Moral Injury

The psychological distress caused by perpetrating, failing to prevent, or witnessing acts that violate an individual's moral code.

1. Transgressions carried out (or actions not carried out) by the individual themselves (perpetrator moral injury).
2. Transgressions carried out by others (witnessing moral wrongdoing).
3. A sense of being betrayed by others/those in authority.

(Litz et al., 2009)



**STRICTLY**

**NO VISITING**

DO NOT

ENTER 😊



# PTSD and CPTSD in Occupational Groups



Brewin et al. (2020) online survey of serving UK police officers (N=10,401) who had identified as having been exposed to at least one traumatic event. The prevalence rate of PTSD was 8% and CPTSD was 12.6%



Murphy et al., (2020) assessed rates of PTSD and CPTSD amongst treatment seeking military veterans in the UK and found that, of those seeking help for mental health problems, 14% met criteria for PTSD, whilst 56.7% showed signs of CPTSD.



Greene et al., (2023) Frontline COVID survey (N=1,056) Rate of probable PTSD was 8.3% and probable CPTSD was 14.2%

# Predictors of CPTSD in occupational settings



- Adverse Childhood Experiences (ACEs), emotional and physical bullying in earlier military career (Murphy et al., 2021)



- Cumulative impact of exposure to trauma (Brewin et al., 2020)
- Prior trauma history, higher work stress and lower management support (Steele et al., 2021)



- Moral injury – Betrayal, Moral injury – transgressions of others, being redeployed, not having reliable access to PPE (Greene et al., 2023)



**CPTSD**

# Treating CPTSD and MI in HCWs?

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## Brief trauma therapy for occupational trauma-related PTSD/CPTSD in UK police

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- NICE guidance for CPTSD?
- ‘Brief’ treatment for CPTSD in occupational context?
- Treating moral injury – esp betrayal related moral injury?

**Background** Police are frequently exposed to occupational trauma, making them vulnerable to post-traumatic stress disorder (PTSD) and other mental health conditions. Through personal and occupational trauma police are also at risk of developing Complex PTSD (CPTSD), associated with prolonged and repetitive trauma. Police Occupational Health Services require effective interventions to treat officers experiencing mental health conditions, including CPTSD. However, there is a lack of guidance for the treatment of occupational trauma.

**Aims** To explore differences in demographics and trauma exposure between police with CPTSD and PTSD and compare the effectiveness of brief trauma-focused therapy between these diagnostic groups.

**Methods** Observational cohort study using clinical data from the Trauma Support Service, providing brief trauma-focused therapy for PTSD (cognitive behavioural therapy/eye movement desensitization and reprocessing) to UK police officers. Demographics, trauma exposure, baseline symptom severity and treatment effectiveness were compared between police with PTSD and CPTSD. Changes in PTSD, depression and anxiety symptoms were used to measure treatment effectiveness.

**Results** Brief trauma therapy reduced symptoms of PTSD, depression and anxiety. Treatment effectiveness did not differ between CPTSD and PTSD groups. Police with CPTSD exposed to both primary and secondary occupational trauma had poorer treatment outcomes than those exposed to a single occupational trauma type.

**Conclusions** Brief trauma-focused interventions are potentially effective in reducing symptoms of PTSD, depression and anxiety in police with CPTSD and PTSD. Further research is needed to establish whether additional CPTSD symptoms (affect dysregulation, self-perception and relational difficulties) are also reduced.

**Key words** Complex PTSD; occupational trauma; police officers; PTSD; trauma therapy.



Who else is impacted...?

# What about HSCWs' families?

- Fear, anxiety and worry
- Sacrifice and practical burden
- What about me?
- Impact on physical health
- Exposure to workers' traumatic stories

\*Tekin et al., (2022). Experiences and views of frontline healthcare workers' family members in the UK during the COVID-19 pandemic: a qualitative study. *European Journal of Psychotraumatology*, 13(1)





# What about mental health professionals?

- Relatively little research into mental health and wellbeing of MHPs
- NHS retention and recruitment crisis
  - 26,836 mental health vacancies across NHS England in the first quarter of 2023, with mental health vacancies consistently higher than average vacancies for every region (NHS Vacancy Statistics, 2023)
  - 93% of newly qualified clinical psychologists join NHS workforce fulltime, but only 55% still fulltime NHS after 15 years (Palmer et al., 2021)

# What about mental health professionals?

- Stepping up (motivation and purpose, learning and growth)

... But at what cost?

- Additional responsibilities and increased workloads
- Self-sacrifice and subjugation of own needs (not for me)
- Isolation (remote working)
- Vicarious traumatising and vicarious moral injury

\*Billings et al., (2021) Experiences of mental health professionals supporting front-line health and social care workers during COVID-19: qualitative study. *BJPsych Open*, 7(2)

## Experiences of mental health professionals supporting front-line health and social care workers during COVID-19: qualitative study

Jo Billings, Camilla Biggs, Brian Chi Fung Ching, Vasiliki Gkoka, David Singleton, Michael Bloomfield and Talya Greene

### Background

The coronavirus disease 2019 (COVID-19) pandemic is having a well-documented impact on the mental health of front-line health and social care workers (HSCWs). However, little attention has been paid to the experiences of, and impact on, the mental health professionals who were rapidly tasked with supporting them.

### Aims

We set out to redress this gap by qualitatively exploring UK mental health professionals' experiences, views and needs while working to support the well-being of front-line HSCWs during the COVID-19 pandemic.

### Method

Mental health professionals working in roles supporting front-line HSCWs were recruited purposively and interviewed remotely. Transcripts of the interviews were analysed by the research team following the principles of reflexive thematic analysis.

### Results

We completed interviews with 28 mental health professionals from varied professional backgrounds, career stages and settings across the UK. Mental health professionals were motivated and driven to develop new clinical pathways to support HSCWs

they perceived as colleagues and many experienced professional growth. However, this also came at some costs, as they took on additional responsibilities and increased workloads, were anxious and uncertain about how best to support this workforce and tended to neglect their own health and well-being. Many were professionally isolated and were affected vicariously by the traumas and moral injuries that healthcare workers talked about in sessions.

### Conclusions

This research highlights the urgent need to consider the mental well-being, training and support of mental health professionals who are supporting front-line workers.

### Keywords

COVID-19; mental health professionals; qualitative research; front-line workers; psychosocial interventions.

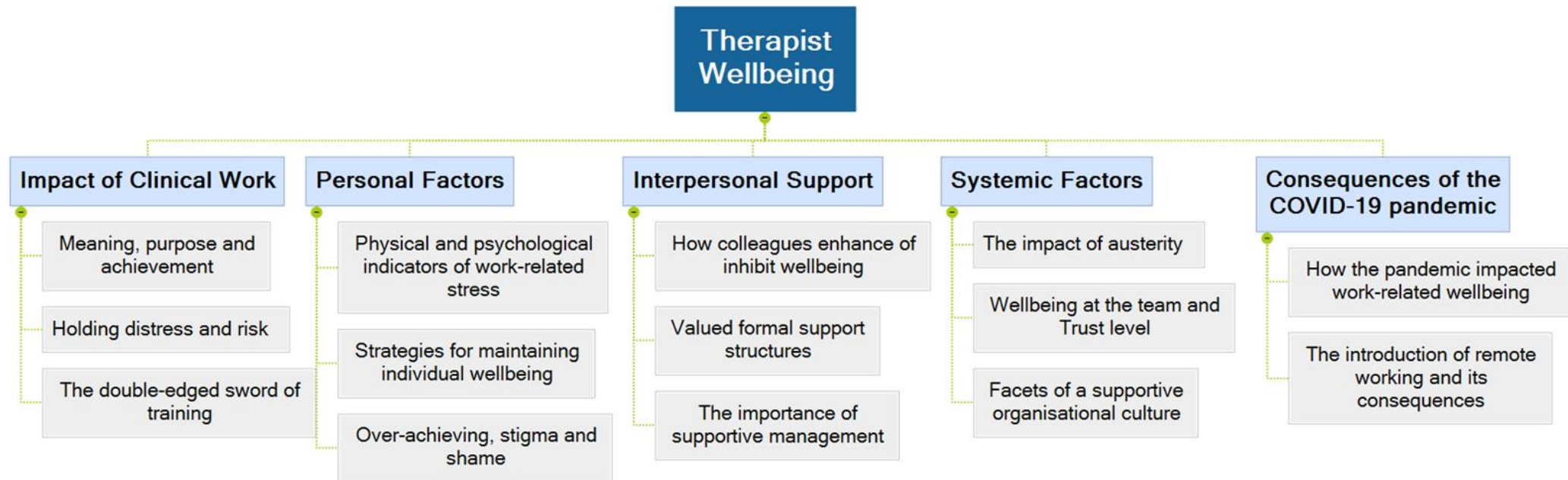
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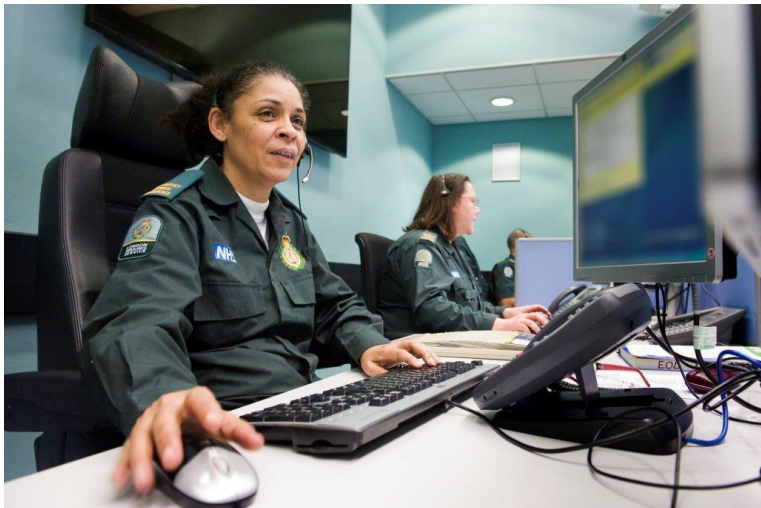
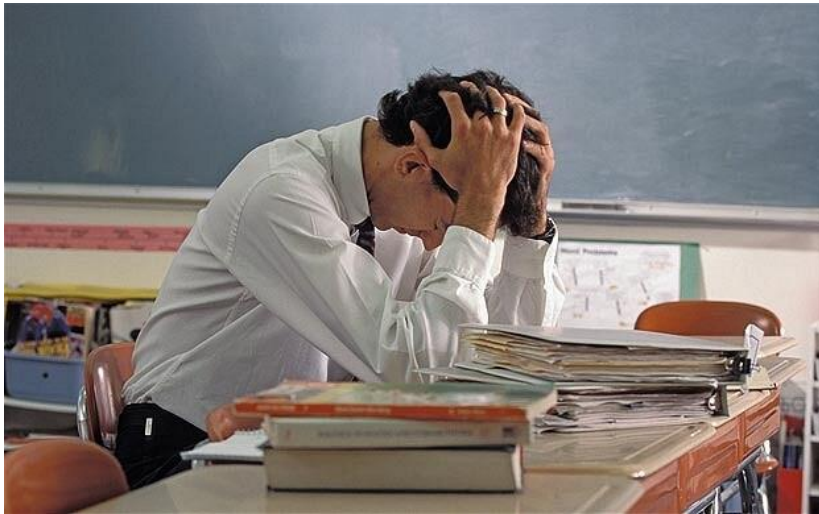
# What about mental health professionals?

- 14 interviews with psychological therapists from across the UK
- Semi-structured in-depth online interviews (August 2022 – Feb 2023)



\*Armstrong, Scior & Billings (in prep) Camaraderie, cuts, and COVID-19: Factors affecting the wellbeing of NHS psychological therapists

# What about other frontline workers?



Where now...?

# Where now...?

- Continued attention to the mental health and wellbeing of HCWs
  - Reparation of betrayal, ongoing support, evidence-based interventions, co-production
- Paying attention to partners, families and friends
  - Support and information for families, family friendly work cultures
- Paying attention to the mental health and wellbeing of MHPs
  - Mental health support for MHPs, increasing awareness and combatting stigma, systemic and organisational change
- Paying attention to other affected occupational groups
  - .....Learning lessons and applying lessons learned



# Thank you!

- All the HSCWs, their families and the mental health professionals who gave up their time to take part in our research programme
- COVID Trauma Response Working Group – Dr Talya Greene and Prof Michael Bloomfield
- UCL MSc, PhD and DClInPsych students who helped to support the work of our group – Sahra Tekin and Stephanie Armstrong
- ...and to you all for listening!

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**Methods:** Observational cohort study using clinical data from the Trauma Support Service, providing brief trauma-focused therapy for PTSD, cognitive behavioural therapy, trauma-focused counselling and exposure to UK police officers. Demographic, trauma exposure, trauma response, anxiety and depression outcomes were compared between police with PTSD and CPTSD. Changes in PTSD, depression and anxiety symptoms were used to measure treatment effectiveness.

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