

Opportunities and Challenges

Proactive Training: Impact on PSP Mental Health and Well-being

Proactive v. Reactive Training

- Proactive programs are offered in advance of potentially traumatic events intend to mitigate the development of PTSI (often labeled “prevention” programs)
- Reactive programs respond to those who have had recent exposure to a potentially traumatic event

PROACTIVE	REACTIVE
Resilience Promotion	Peer Support
Mindfulness-based	- Peer-Enabled
Stress Management	- Peer Led
Emotion Regulation	Crisis-focused
Web-based psychoeducation	- CISD
Multimodal	- CISM

Proactive PSP Programs (2020)

Intervention category	Specific programs included
Emotion Regulation	1. Emotion Regulation Training
Mindfulness-based	1. Yoga 2. Mindfulness-Based Resilience Training 3. Mindfulness-Based Stress Reduction
Resilience Promotion	1. Resiliency Training Program 2. Online Resiliency Training 3. Imagery and Skills Training 4. Complementary Psychological Training 5. International Performance Resilience and Efficiency Program (iPREP)
Multimodal	1. Relation, mindfulness, CSD 2. ERASE-Stress intervention 3. Work-related gratitude diary 4. Eclectic group counseling 5. Stress Management (multimodal) 6. Integrated Health Program
Stress Management	1. Acceptance and Commitment Therapy
Web-based psychoeducation	1. Online Workplace Mental Health Intervention 2. Web-based stress management program 3. Road to Mental Readiness 4. Stress Management Mobile App

Proactive PSP Program Themes

Program themes included:

- Psychoeducation (n = 20),
- Resilience promotion (n = 17),
- Stress management (n = 15),
- Mindfulness (n = 13),
- Psychophysiology (n = 11),
- Building coping skills (n = 7),
- Emotion regulation (n = 4),
- Cognitive (behavior) therapy (n = 3), and
- Psychosocial support or counseling (n = 2).



General Comments

Meta analysis across 36 studies and 3182 PSP and FHC

Significant overlap across program themes that including mindfulness, psychoeducation, resilience promotion and stress management

Post program effect sizes were small (SMD < 0,5 to moderate (SMD < 0.8) for reductions in PTSI symptoms

Improvements in PTSD symptoms and coping were the only ones that lasted 18 months

Multimodal programs improved general psychological health

Resilience programs improved measures of depression, burnout, coping and resilience

Programming may produce **modest time-limited** reductions in symptoms of general psychological health, depression, burnout, stress, PTSD, and anxiety, as well as promoting well-being, adaptive coping, and resilience

Multimodal programs



- Psychoeducation
- Resilience promotion
- Stress management
- Mindfulness
- Psychophysiology
- Building coping skills
- Emotion regulation



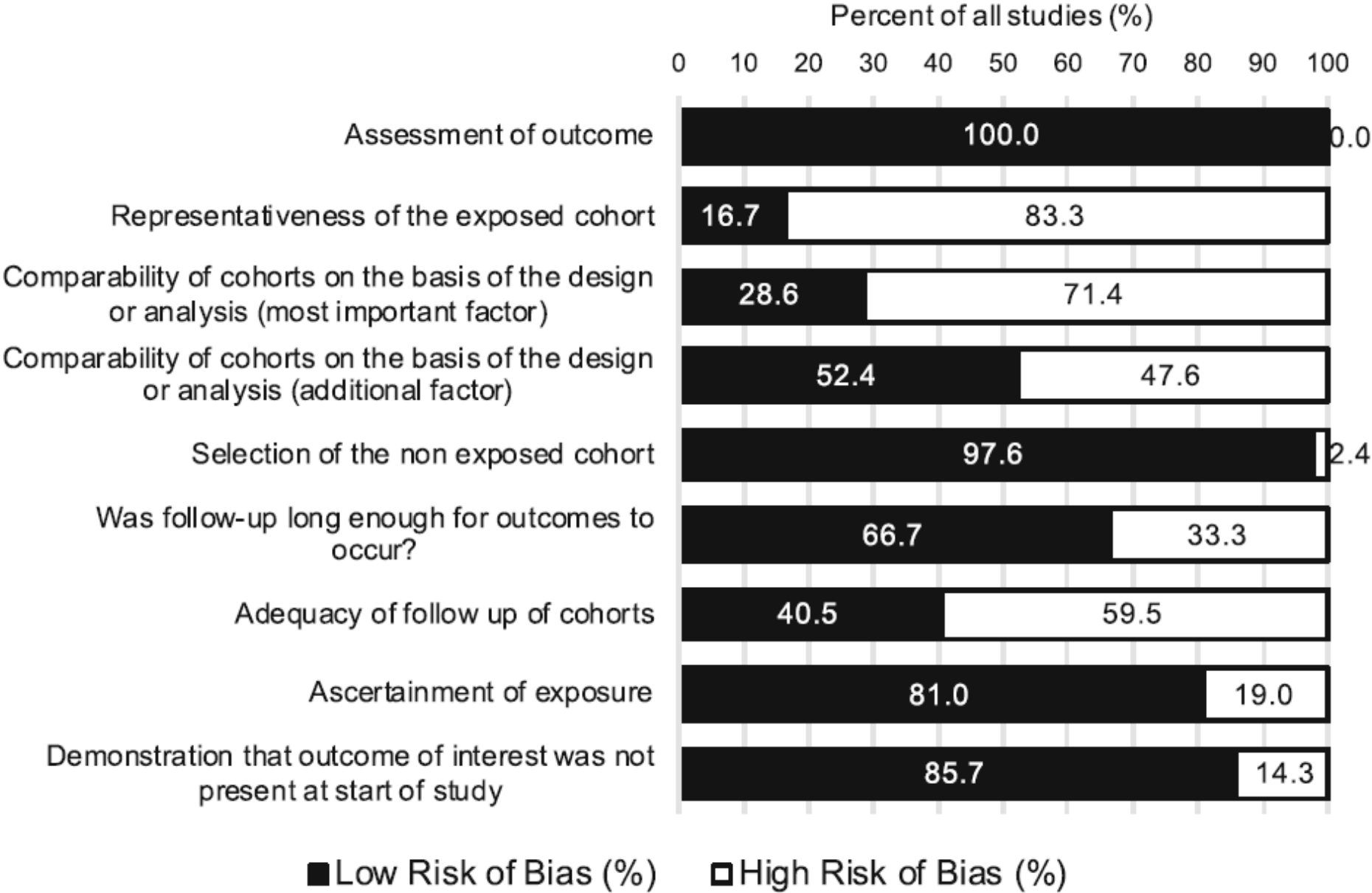
Research Design

Heterogeneity across studies precludes identifying a proactive PTSD mitigation program type that is superior to others and effective for diverse PSP, FHP, and other at-risk workers exposed to PPTTE.

- Program theme
- Program duration
- Study design
- Follow-up periods
- Match between training and measured outcomes
- Different measures for same item (such as resilience, coping, etc)



Quality
assessment
using
Newcastle-
Ottawa Scale.
Full sample (n
= 36 studies)
summary of
strength of
evidence from
systematic
review
and meta-
analysis



Bias and Quality

42 RTC or prospective cohort studies— 36 with data reported

83% had high risk of reporting bias for sample representativeness

71% had high risk of reporting bias for:

- controlling for mental health disorder symptom severity at baseline
- reporting PPTE exposure following program onset and before follow up evaluation

60% had high attrition rates at follow-up

33% collected post-training measures immediately after training

Di Nota et al. Systematic Reviews (2021) 10:126

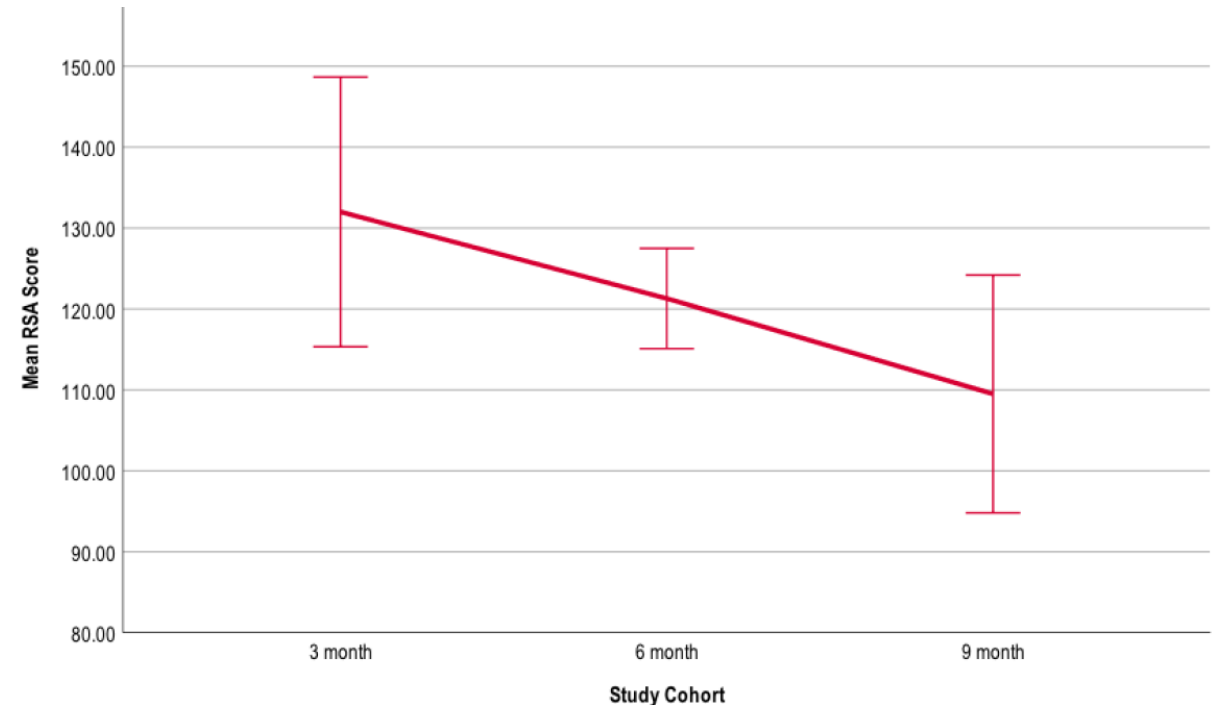


Skill Decay (Resilience Score Decline)

Between the baseline and 3-month follow-up tests, results indicate that self-report resilience scores showed a slight improvement.

However, as time increased to 6 or 9 months, a statistically significant decrease in resilience scores in comparison to the baseline was observed.

One-off training has time limited effects



Paramedic students: Building resilience and subsequent skill decay. Australasian Journal of Paramedicine: 2020;17

Opportunities

Standardizing nomenclature (like peer support)

Research with comparable methods

Standardization of PSP assessment tools

Impact of skill refreshers

- frequency
- methods (email, mini session...)

Multimodal - Which combination of pieces have largest impact

Challenges

Agreement on terms (e.g. resilience) and best measurement tools for each in PSP (e.g. Connor-Davidson Resilience Scale, Resilience Scale for Adults, or Brief Resilience Scale)

Reduced potential bias

pre-intervention MH

PPTE exposure after baseline

Follow-up measures at multiple points and examination of skill decay without huge attrition

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Google Scholar:

<https://scholar.google.ca/citations?user=Ge4CVBMAAAAJ&hl=en>

