Psychological Treatments for PTSD and Depression: What EMS Providers Should Know

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There is a Lack of Focus on Mental Health in EMS

FOR EMS workers.

We often don't have any mental health services at all.

<50% of agencies provide any sort of mental health support.

(NAEMT, 2016)

The services we do have may be inadequate.

EAP is by far the most common service (86%).

(NAEMT, 2016)

Paraprofessionals and Peers?

Code Green, etc.

We're at Risk

PTSD

≈20% (4%-40%) of EMS providers have probable PTSD.

(Hegg-Deloye,2013; Rybojad,2016)

Depression

6% of EMS providers were depressed.

(Bentley, 2013)

Suicidality

Rates of contemplating (37%) or attempting (6.7%) suicide are ≈10X higher than the general population.

(NAEMT, 2016)

Look around.

This is us.

But…

There are effective non-pharmacological treatments for PTSD and depression.

No one has to live with either.

What I'm going to Cover Today

1. The scope of the problem
2. Effective psychological treatments for PTSD
3. Effective psychological treatments for depression

1. The Scope of the Problem

The Scope of the Problem

1. Rates of trauma exposure
2. Rates of PTSD
3. Implications for risk and treatment

Do you know someone in EMS who suffers from PTSD or depression?

Elevated rates of PTSD, depression, and suicidality.

Just a reminder…

But is EMS unique?

(focus on PTSD)

1. Trauma Exposure

Trauma?

- Disaster
- Accident/ Fire
- Exposure to hazardous chemicals
- Combat or warzone exposure
- Physical or sexual assault
- Witnessed physical/ sexual assault
- Witnessed dead bodies/ parts unexpectedly
- Threat or injury to family or close friend due to violence/ accident/ disaster
- Death of family/close friend due to violence/ accident/ disaster
- Work exposure

≈100% of EMS providers have been exposed to a traumatic situation.

Duh.

But…

90% of the general population has been exposed to a traumatic situation.

An average of 3 of them.

(Kilpatrick, 2013)

Why is this important?

What's our unique risk?

But isn’t this normal?

Exactly.

Resilience is the norm.

For some people, resilience doesn't happen.

2. Rates of PTSD

≈20% for EMS

≈10% for the general population.

2X the risk. That's not good.

But…

Rates of burnout, PTSD, and depression in nurses & physicians

Up to 2X rates in EMS.

(That's not good either.)

What can we learn from this?

Clues about risk factors and treatment

So EMS isn't unique?

Maybe. But not as unique as we may think.

3. Risk Factors and Treatment

What puts us at increased risk AND impairs treatment response?

Common across professions

Insufficient Recovery

- Multiple exposures without time to process them
- Poor sleep and physical recovery
  - Shift work
  - Multiple jobs
- Cultural obstacles: “Suck it up.”

Isn’t this the nature of EMS?

Exactly.

Some of this is inevitable, but we should change what we can.

We're breaking providers.

If someone is broken, can we fix them?

2. Effective Psychological Treatments for PTSD

Hundreds of studies on the psychological treatment of PTSD

But…

Only 2 well-controlled studies (RCTs) in first responders

NONE in EMS.

Zero.

So I'll be generalizing.

But that's probably okay. Our treatments are robust.

Effective Psychological Treatments for PTSD

1. What is PTSD?
2. Misconceptions about PTSD & treatment
3. Treatments that work for PTSD
   - Prolonged Exposure
   - Cognitive Processing Therapy

Post-Traumatic Stress Disorder

What counts as trauma?

Trauma is a subjective experience

But there are commonalities

1. What is PTSD?

What is PTSD?
(A Summary of DSM-5)

1. Directly or indirectly experience a traumatic event
   - If indirect, it was violent or accidental
2. One or more intrusions
   - Dreams, flashbacks
   - Dissociation
   - Extreme distress to related cues
3. Avoidance of stimuli associated with the event

What is PTSD?
(A Summary of DSM-5)

4. Changes in thoughts and mood
   - Negative beliefs about oneself, others, or the world
   - Negative emotional state
5. Increased arousal
   - Anger
   - Hyperarousal
   - Sleep disturbance
6. Lasts > 1 month
7. Marked distress & impairment
8. Not due to anything else

Important Key Points

It’s impairing and it persists

2. Misconceptions about PTSD & treatment

Myth: Negative reactions are bad following a traumatic event.

Reality: Negative reactions are normal and expected.

But extreme reactions can signal problems.

Myth: Avoid thinking about the trauma.

"trigger warnings," etc.

Reality: Thinking about and processing the trauma are critical to recovery.

Myth: One has to learn to live with PTSD.

Reality: PTSD is very treatable.

“But that’s not what I’ve been told (or seen on Facebook) (or been told by my doctor).”

Well, they’re wrong.

So how do we treat PTSD?

3. Treatments that work for PTSD

1. Prolonged Exposure (PE)

Very strong evidence for effectiveness

Prolonged Exposure

- Repeated exposure to trauma-related thoughts, feelings
- Imaginal exposure
- Confronting avoided trauma-related stimuli in the real world
- “Scary movie” model

Prolonged Exposure

- 8-15 sessions
- Large treatment effects

2. Cognitive Processing Therapy (CPT)

Very strong evidence for effectiveness

Cognitive Processing Therapy

- Changing your thoughts about the trauma and what it means to you.
- Thoughts and beliefs about the self, others, and the world
- Includes exposure

Cognitive Processing Therapy

- 12 sessions
- Large treatment effects

But isn’t this difficult?

Absolutely.

PTSD is treatable

Quickly, but not always easily.

3. Effective Psychological Treatments for Depression

Thousands of studies on the psychological treatment of depression

But…

No well-controlled studies (RCTs) in EMS

So I'll be generalizing. Again.

But that's probably okay. These treatments are also robust.

Effective Psychological Treatments for Depression

1. What is clinical depression?
2. Treatments that work for clinical depression
   - Cognitive-Behavioral Therapy
   - Behavioral Activation

1. What is Major Depression?

What is Major Depression? (A Summary of DSM-5)

1. Depressed mood
2. Anhedonia
3. Physical symptoms
   - Weight, sleep, agitation, fatigue
4. Cognitive symptoms
   - Worthlessness, concentration, death/ suicide
5. Lasts >2 weeks
6. Marked distress and impairment
7. Not due to anything else

2. Treatments that work for depression

1. Cognitive Behavior Therapy/ Cognitive Therapy (CBT)

Very strong evidence for effectiveness

Cognitive Behavior Therapy

- Thoughts, behaviors, and emotions are interrelated
- Modify thoughts and beliefs about oneself, others, and the world
  - Cognitions and behaviors
- "Inside-out" approach

Cognitive Behavior Therapy

- 12-16 weeks
- Large treatment effects

2. Behavioral Activation (BA)

Very strong evidence for effectiveness

Behavioral Activation

- Withdrawal and avoidance worsens depression
- Re-engage with life and valued life domains
  - Fun, joy, pleasure
  - Achievement and mastery
- "Outside-in" approach

Behavioral Activation

- 2 versions
  - 8-16 weeks
  - 20-24 weeks
- Moderate to large treatment effects

But aren't these opposite approaches?

Yep.

Depression is also treatable.

What Have We Covered Today?

You tell me.

1. The scope of the problem?

2. Effective psychological treatments for PTSD?

3. Effective psychological treatments for depression?

Was any of this new?

If so, I need your help.

Change the culture of EMS.

Get out the word.

There is effective help.

No one has to live with PTSD or depression.

Become an advocate for effective treatments.

Talk to everyone- your agencies, your peers. Everyone.

Don’t let people suffer for lack of knowledge.

If you run into problems, talk to me.

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Thank you.