Trauma & Resilience: Exploring Resilience

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Host (00:01):
Hi there. Welcome to Mental Health Professionals' Network podcast series. MHPN's aim is to promote and celebrate interdisciplinary, collaborative mental health care.

Professor Mark Creamer (00:18):
Hi, my name's Mark Creamer, and in this final episode in the three-part series, I want to explore the idea of psychological resilience, what it means, how it works, can we teach it, and so on. And we'll finish up looking at the idea of prevention in traumatic stress. Are there things we can do to prevent people developing post-traumatic mental health problems like PTSD? When I'm doing talks on this subject, I often joke that when I become king of the world, I'm going to ban the term resilience altogether, because it means so many different things and is used in so many different ways. And yet, at the same time, I think we can all agree that there is something very important there. And I think that most people do share some kind of common understanding of what it might mean to be psychologically resilient.

Joining me to explore the issues raised in this episode are two of the leading clinical researchers in the field of resilience and early intervention. Sam Harvey is Professor of Psychiatry at the University of New South Wales and chief psychiatrist at the Black Dog Institute in Sydney. Patricia Watson is a psychologist at the American National Centre for PTSD. As I was saying in my introduction there, Sam, the word resilience carries many different meanings and encompasses multiple kind of processes. So, I'd like to explore some of those concepts with you and Patricia in this episode. But let me start off with a basic question of whether you think resilience a useful concept. Is it a term that we should be hanging onto

Associate Professor Sam Harvey (01:52):

I think it's a useful concept. I do have some problems with the term, because I think the way in which everybody uses the term is now to think about resilience as being something that an individual either has or doesn't have. And I think that leads to all sorts of problems. But I think the core concept of thinking about why some people are able to tolerate certain circumstances or even thrive in them is one that we should look at and we can learn a lot from.

Professor Mark Creamer (02:25):

Sam seems to be cautiously saying yes there. Patricia, what do you think, is the idea of resilience a useful concept?

Dr Patricia Watson (02:33):

So, I actually think that the idea of resilience is a useful concept, in part because it allows us to look at a full spectrum of different ways that people respond to stress and adversity, and different ways that they get through life and adapt to circumstances. So, in that sense, I think it's a useful concept, but I do think that we have a long way to go to really understand how we talk about it, because there are so many definitions of resilience in the literature. Some people think of it as an ongoing process of change and adaptation. Some people think of it as just an outcome, in terms of stable functioning, non-ad adverse effects, and other people talk about it as a broad collection of abilities. So, I think we just still have a long way to go.

Professor Mark Creamer (03:23):

Yeah, we absolutely have a long way to go, I think. But of course, hopefully we can answer at least some of the questions today. What do we think about whether resilience is a stable trait? Is that what we find?

Dr Patricia Watson (03:34):

What you'll typically see are trajectories of resilient recovery to events in people's lives that go up and down. And you also see that some people are resilient in some areas of their life and not in others. I mean, we've all worked with people who look super resilient at work, but when you scratch the surface on their home life and their personal life, maybe not so resilient and vice versa.

Professor Mark Creamer (03:58):

Yeah, absolutely. What do you think, Sam? Is resilience a stable trait?

Associate Professor Sam Harvey (04:03):

No, I don't think resilience is a stable trait. And I think, I say that for a number of reasons. I mean, I think each individual probably has a range of resilience that they move between depending on what else is happening in their life, what other supports they've got. I think the other reason we can say it, apart from that observation, is we know that we can teach people some skills that can increase their resilience, and equally we know we can put them in situations, such as a bullying, an unhelpful boss, extreme fatigue, when we dramatically decrease their resilience. So, I think we've got abundant evidence that it moves over time.

Professor Mark Creamer (04:45):

Do you have a kind of working definition of resilience?

Associate Professor Sam Harvey (04:48):

Yes, I do. Although I do find that I keep giving a slightly different definition each time I'm asked about it. And that probably speaks to some of the problems with the concept. But, if you had asked me that question a few years ago, I think what I would've said is resilience is what defines why one person becomes unwell and one person doesn't become unwell following a situation. I think now, what I would say is it's a much more broader construct and it's really about what is it that allows some people to bounce back from adversity. And I think it's that ability to bounce back is the closest to a definition I can get that I'm comfortable with.

Professor Mark Creamer (05:34):

Yeah, okay. Fair enough. So, what about you, Patricia? Do you have a working definition of resilience?

Dr Patricia Watson (05:40):

So, because of the work that I do, and I work in the realm of working with people who either are working at high stress jobs, or people who've been exposed to traumatic stress in disasters or other settings, typically the way that I would define resilience is that people can recover or adapt to challenging or adverse circumstances, and that they can do it in a way that allows them to function, more, I guess, to get back to being able to function in a quicker way than other people maybe. So, I would probably define it in that sense.

Professor Mark Creamer (06:23):

Yeah. So, do you think we're talking about a return to pre-trauma functioning?

Dr Patricia Watson (06:29):

I'm actually not sure I would call it pre-trauma functioning, because what I would say is that I think people tend to integrate events in a way that sometimes they never return to pre levels, and actually in other ways, they actually return to higher levels of functioning, because they've grown and they've gathered strength and wisdom from their experiences. So, I don't know if I like the term pre-trauma function levels, I like adaptive levels, whatever those might be.

Professor Mark Creamer (06:59):

Yeah, it's a very good point actually. It's an important point to make. But can I just pick up on really, something that you said before, that the concept kind of encompasses stuff about what perhaps I was like before the incident hit, something about what I did perhaps during my experiences, and also something about what I do afterwards or whatever, as well as being some kind of outcome measure of how I ended up it. It's a kind of complex mix of all those, is it?

Dr Patricia Watson (07:30):

Yes. I believe that it is a complex mix of before, during, and after. And yeah, interesting to think about it that way. In fact, I've just been looking at an interesting video where a person talks about a life-changing diagnosis in their life, and I find it very interesting the way they describe it as a kind of flipping back and forth between overreacting and underreacting until they finally get to a place where they can call their life a new normal.

Professor Mark Creamer (08:01):

Yes, absolutely. I like that idea of resilience as being something about the ability to adapt.

Dr Patricia Watson (08:08):

Yeah, I find it really, really interesting that people are so adaptive, and that the road to that adaptation is often a kind of back and forth, flipping back and forth between different reactions.

Professor Mark Creamer (08:20):

Sure. So, you are both clearly agreed on the fact that this is not some stable trait that's there all the time, either you've got it or you haven't. Although having said that, I wonder whether genetics does play a part.

Dr Patricia Watson (08:33):

Yeah, if you look at some of their resilience literature, the people that are the top researchers, like Ann Masten would say that she believes that some people actually are born with this drive towards mastery that's higher. It's sort of like intelligence quotient, but some people have this sort of drive for mastery that may be genetic, who knows what it is, but that the vast majority of people tend to achieve resilience through some factors that are related to resilience, such as the type of social support they've received across the course of their life, such as a sense of self-efficacy, a feeling that, okay, I can get through this because I have been able to get through other things, that type of thing.

Professor Mark Creamer (09:21):

Exactly, exactly. So, the environmental influences are critical, and of course we can't underestimate or forget the importance of the childhood years, that developmental period when so many of these skills will be learnt, or of course in some cases not learnt. Anyway, let's move on. I guess, people who are at the highest risk of exposures to potentially traumatic events are often those in high risk occupations. We are thinking of the military, and the emergency services, and these people tend to work in teams. And that raises the question for me about whether we should be thinking of resilience only as an individual kind of construct, or is it helpful to think about kind of team levels of resilience?

Associate Professor Sam Harvey (10:07):

I absolutely think we need to think about resilience as not just residing in the individual. I think sometimes the way I imagine it in my mind is, the individual is at the centre, but then you have these layers of Zorb Balls around them, and I don't know whether you've ever been Zorbing, but you're put inside a large inflatable ball and rolled down the hill. And I think, in a way, we can think about resilience as being a bit like that, that you have these different layers of the Zorb Ball around an individual as they bounce down the, whatever, the hill of all the life events that they go through. And actually, it's the things that surround the individual are what really have an impact on their resilience.

Professor Mark Creamer (10:58):

I should just say that I have seen people in Zorb Balls and I have no desire to put myself under such risk to be honest, but I do really want to come back to that later, I think that the idea of working with teams, or organisations, or communities is so important when we're thinking about building resilience. But first I want to look at the idea of measurement. If I am going to measure it or if I'm going to get some idea of how resilient a person is, for example, or even a team, is it something I measure before they experience a traumatic event, if you like? Is it something I measure during their exposure or something I measure

afterwards, or some combination of those? Where would you be putting your bang for the buck in terms of measurement?

Associate Professor Sam Harvey (11:40):

Yeah, and I guess the place where this question has a really pointy real world application, is some of the work we do with first responder agencies where they sort of say to us, well, we've got a thousand people that want to apply for a hundred new spots. We've got, as trainee firefighters, how should we choose which ones are most resilient and are going to be less likely to become unwell, based on what we're exposing them to? And that's where a lot of the research has happened. There is some indication that some of the simple self-report measures of resilience, things like the Connor-Davidson Resilience Scale, where essentially you ask people to reflect back on their life experiences, and to what extent they've been able to bounce back from things, that certainly does predict their ability to bounce back in the future. And I guess that's not surprising, that sort of past experiences does predict what happens again in the future.

(12:44):

But the reality is, trying to use those things in a real world setting to predict who's likely to become unwell or not has not proved to be very successful, that even though these things might be associated with increased or decreased risk over time, at an individual level trying to predict who's going to become unwell or who's not just doesn't work, and you end up having to deny far too many people opportunities based on those measures. You get slightly more accurate prediction of people's vulnerability by placing them in simulated situations. So, if you get first responders who are in training and you make them watch very unpleasant videos of motor vehicle accidents and you can measure their physiological and emotional response to what they witness, that is better than any of those sort of self-report things. But again, I think what it doesn't capture is the way in which that's individual's resilience will change over time. And I think any attempt to try and predict the future with these types of things have always turned out to be rather disappointing.

Professor Mark Creamer (13:54):

Quite, quite. And I think there's a danger with the kind of measures that we tend to use, and even perhaps something like the Connor-Davidson, that really what we are measuring is an outcome, effectively the person's scoring low on a symptom measure so that it's almost a self-fulfilling prophecy kind of thing.

Associate Professor Sam Harvey (14:11):

Absolutely. And I think the mistake that we make is that we think that because we've got a way of measuring resilience in a way that sort of stands up to some of the associations we look at, that that means then we've got a way of measuring where that individual falls on this sort of fake spectrum of stable resilience. I think the only reason for measuring it like that is to understand a bit about how you can move it, and to think about what are the interventions you can do to shift everyone's resilience in the direction you want.

Professor Mark Creamer (14:43):

But I do really want to come back to that later. I think that the idea of working with teams, or organisations, or communities is so important when we are thinking about building resilience. But first I want to look at the idea of measurement.

Dr Patricia Watson (14:58):

Yeah, I think it's worth continuing to try to define outcomes and to define measures of resilience. Lots of different ways to think about it, but I think it's worth continuing to refine those. I don't think we're there yet.

Professor Mark Creamer (15:11):

No, quite, quite. Okay, let's go on then. And so,, we are striving to measure it. We're striving to define it, we're striving to measure it. The next question then is, can we teach it? And of course, you've done a lot of work in areas related to resilience training around your combat stress, first-aid work and your disaster work and so on. So, with that experience behind you, and I confess that I'm a bit sceptical about this, but with that experience behind you, do you think we can teach someone to be more resilient?

Dr Patricia Watson (15:41):

I think that we can teach people to be exposed to resilience in others, and by being exposed to what it looks like in others, they themselves can become more resilient. So, I do believe that you can enhance the environment around people to maximise the possibility that they'll have good role models for resilience. Good leadership, for instance, all of us have had leaders and bosses in our life who have taught us by virtue of their example, how to be more resilient, how to handle stress. I think we get it from our parents as we grow up, but I think that the people around us in our jobs, and in our personal life role model for us all the time, what it looks like to get through events and to build skills that will help you become more resilient. So, yes, I do believe that you can enrich a person's environment to the degree that it'll maximise the likelihood that they will become more resilient.

Professor Mark Creamer (16:48):

And you'd go along with that, I guess, Sam, in terms of modifying the person's environment, and perhaps as we were saying earlier, by working with teams?

Associate Professor Sam Harvey (16:57):

I think in terms of bang for buck, if you are going to try and enhance the resilience of a group of individuals, workers, military personnel, then doing it at the level of the team is a lot easier than trying to do it at the level of the individual. And we know, from the big studies that were done of when military personnel deployed to some of the recent conflicts in the Middle East, if you looked at what predicted rates of PTSD or other mental health problems when they came back, one of the strongest predictors was the level of group cohesion within the units that deployed. It was the leadership within the units, it was the level of training that those individuals got and that those teams got. And I think that's what I mean when I talk about resilience residing at the level of a team or a group of people. And we see exactly the same in first responders, that those team level variables about leadership, and cohesion, and joint understanding of what the mission and purpose of what they're doing is, they're hugely important, and they are things that we can influence and we've shown that we can influence with relatively simple training interventions.

Professor Mark Creamer (18:21):

Yeah, absolutely. And certainly, I am on the same page as you there, I think things like leadership and cohesion and team morale and so on and levels of conflict are critical. And a lot of your work is consistent with that of course, Patricia, you would see the value of working with teams, I'm sure.

Dr Patricia Watson (18:39):

Yes, I very much believe that, and I'll tell you why. Because, as we've adapted, we have this five-factor framework that we use to build peer support models. And the five factors are things that are supported by a very broad literature base, that show that people can get through times of adversity better if they have these factors in their life; being able to get to a greater sense of safety, calming, social connectedness, this sense of self-efficacy, and a sense of hope, which is a broad term, but we use that framework to develop a peer support model and a self-care model. But what I want to say about that is, we've taken that framework to different cultures and the way that we adapted in those different cultures is to have focus groups where we talk, we pick the people that seem to be the best leaders, or the people that people like to talk with, and we ask them questions, what does this look like for you?

(19:41):

How do you calm yourself and how do you calm others, for instance? And by years of now doing this in several different cultures, I've seen that people have this way of enacting some of these strengths, and that one of the ways they've described that they've become stronger and more resilient is by what Richard Gist, one of my mentors, would suggest is called the one up model, where if you've got somebody who's a step up from you, if they're slightly more advanced than you in one way or another, or maybe even more than one step up, but they've gotten through things in their life and they've gotten to another level or a better place, for instance, those are the people that are going to affect you and help you to be drawn towards recovery or to getting more resilient. And I've had so many interviews with people at this point that I've seen it over and over and again, and firefighters and police officers, they model from people who they respect, and actually they won't listen to anyone else other than people they respect.

Professor Mark Creamer (20:46):

And I think that highlights the importance of having champions for resilience and good mental health within the organisation. And as you say, those people may not necessarily be high up in the organisation, although I think that's always good. But the important thing, as you say, is that regardless of their level, they are respected. So, the team stuff, the modelling, the environment is obviously very important. But let's come back to the individual, Sam, and what do we know about individual factors?

Associate Professor Sam Harvey (21:18):

We know that one of the things that defines someone's ability to bounce back or be resilient to a situation is the extent to which they're able to cope with the stresses and demands that's put on them. And we can teach people different ways of coping in situations. I mean, that's what we as clinicians do when we do cognitive behavioural therapy, or mindfulness based therapy with individuals, we are trying to retrain them and their brains to respond in different ways in different situations. So, I don't think it's surprising that we can do similar things around their coping skills, and therefore their resilience.

Professor Mark Creamer (21:56):

What would be the core elements of that kind of training? So, you're talking about coping skills, I suppose we're talking about things like arousal management, emotion regulation kind of skills, in part?

Associate Professor Sam Harvey (22:08):

Yes. I think there's a couple of different levels, and of course in a way, the natural way that we all develop resilience to situations is that kind of exposure, and learning from it. What happened to all of us when we were younger is that you were kind of put in situations that you didn't handle wonderfully well, but that didn't totally overwhelm you, and then you learned from that and you responded slightly

differently next time. So, actually I think one of the best ways of increasing resilience for these at-risk groups we've been talking about, like firefighters and military personnel, is just to make sure that their practical training is done in the right way, that they have an opportunity to make mistakes, learn from those mistakes, be gradually exposed to more difficult situations. Aside from that practical training, I do think that there are things around teaching people to manage their arousal. And also some of the research we've done with first responders is around teaching them mindfulness skills as a way of teaching them a really practical, I suppose hands-on strategy of how to deal with difficult emotions, and how to be able to step back from some of those overwhelming emotions that they may be feeling after particularly difficult incidents.

Professor Mark Creamer (23:27):

Yeah, exactly. Exactly. Okay. As well as the idea of practise, or inoculation, and good training in their roles, there are a whole lot of skills that we can teach individuals, and I guess we think about our three core domains. So, the first is physiological. This is going to be our arousal reduction strategies, maybe breathing, looking after yourself physically and so on. The second domain is going to be our cognitive emotional domain, being able to detach, being able to develop some control through techniques like mindfulness. And I think also here we've got some level of optimism as being very important. And then our third domain is going to be behavioural. And that of course might include life balance, and building in enjoyable activities and so on, but also, of course, accessing social support from colleagues and friends and family. And really, all of those things are going to come together and contribute to resilience. And I think in fact, if we come back to your five domains, Patricia, of safety, calming, connectedness, self-efficacy, and hope, they're really a kind of higher level representation, or a model of those skills that we've just been talking about, aren't they?

Dr Patricia Watson (24:54):

Yes. One of the things I like about the fact that this is a framework, and I call it a framework more than I call it a model, is that you can take those elements and that you can decide for yourself what it means to have good social connection in your life. You can decide for yourself how to calm yourself, or to calm others, because I've seen in too many places people come in with this prescription of how to do specific things, and that hits maybe a portion of the population, but I don't know about you, but I know many people that aren't going to ever master mindfulness. That's not their way, for instance, and their way of calming themselves is more physical, or they would rather not talk about things. They would rather work it out in a different way. So, I like the fact that we can give people this framework and say, look, if you can at all in whatever way works for you, try to work towards some of these things. You don't have to have all five of them, but if you can work towards some of them, then we've given people the ability to figure out for themselves what makes the most sense for themselves, not try to tell them exactly what to do.

Professor Mark Creamer (26:06):

Sure. And we tend to, at least, I tend to think of those five principles being incorporated in our immediate aftermath interventions. So, things like psychological first aid and so on, and other things we do there afterwards. But would you say also that these really could be the core of the preparation stuff, for people who we know are going into difficult situations, we can be teaching them these skills before they're exposed?

Dr Patricia Watson (26:32):

Yes. I do believe that we can teach people to learn skills that fit within these elements throughout their life, and that they form a good foundation for people in many different areas of their life. And as I said, you can teach different skills that fit within each. I absolutely believe that.

Professor Mark Creamer (26:51):

Yes, of course. And actually, that's a very good point you make there, that we're not simply talking about a single isolated event like a natural disaster or whatever. We are talking about a way of living, a way of dealing with day-to-day life stress and so on. So, that's a very good point. It's not as if resilience just applies to that event. So, Sam, if we take those broad principles and build our training around them and the interventions that work, we're saying we're going to get the biggest bang for our buck by working at the team or organisational level, but we should also be adding to that with our individual interventions.

Associate Professor Sam Harvey (27:28):

Yes. So, when I speak to some of these high-risk organisations, and if they ask me, what should we be doing to increase the resilience of our workforce, I say, well, the first thing you've got to do is you've got to make sure your managers and your leaders are trained. And this is not training them to understand what PTSD is, and what depression is, and all that kind of mental health awareness. What it is is training those leaders with practical skills about what they should be doing as leaders in difficult situations, what they should be doing when they notice people struggling. And that's, I think what we know is, the best way to improve that team level resilience. And then once you've got that type of stuff in place, if you've still got money, resources, time to do other stuff, then that's when you might think about trying to train those individuals with some additional skills for them to use.

Professor Mark Creamer (28:21):

Okay. So, we've definitely got some training strategies that might be helpful in enhancing resilience.

Associate Professor Sam Harvey (28:28):

I think though the caveat to that, and again, I don't think this is surprising necessarily, that it takes a bit of work to do that. And so, if someone's coming along and telling you that they can increase someone's resilience with a one-off training, I mean that's nonsense. And we've got evidence that that's nonsense. But if someone comes along and says, okay, this is a skill that you're going to have to train and learn and get better at, and over weeks and months, we can increase your skill capacity and therefore increase your resilience to these particular circumstances, then yeah, there's evidence that we can do that.

Professor Mark Creamer (29:08):

Well, I'm certainly glad that you're a bit cautious about it, because I'd have to say that my reading of the data is that we haven't got a lot of good research to demonstrate that we can actually get better outcomes, that people recover better after traumatic exposures if they've had some kind of resilience training. But I take your point, perhaps often that has been because the so-called resilience training has been a one-off two-hour lecture or something.

Associate Professor Sam Harvey (29:33):

I think that's right. And of course, there aren't that many opportunities in our world to reliably predict when bad things are going to happen to individuals. Arguably, military deployment and some first responder work is really one of the few occasions that you can do that. And I agree, what we've been able to show is that you can improve individual's measures of resilience. In terms of whether that means

that in six months' time, when something traumatic or distressing happens to them, that you see significantly different mental health outcomes, that's really the next step that has to be taken, and it's a necessary step, because if you can't show that, then what's the point? But it is, I think, technically a difficult thing to try and prove.

Professor Mark Creamer (30:28):

It is, isn't it? It is very difficult. But I guess we do need to keep researching the best ways of providing this kind of training.

Associate Professor Sam Harvey (30:36):

Well, I think that's true, yes. And I think maybe, with time actually, we end up not having this dichotomy of, well, in the morning you are doing your physical training to be a police officer, in the afternoon we're going to do your resilience training, that maybe they begin to get merged together. And actually, we can find ways to, at the same time, these police trainees are doing some of the live ammunition work, we use that as a way to reinforce some of these resilience trainings rather than them happening in isolation, and then us leaving it up to the individuals to try and merge it all together.

Professor Mark Creamer (31:15):

Absolutely. And we're going to get much better transfer of skills into the real world, aren't we, if we teach those skills in real life kind of situations? So, yeah, absolutely agree. Okay, Sam and Patricia, you are perhaps a touch more optimistic than me, clearly, in terms of being able to teach resilience. Let's just move on to, I guess if we move, and it's a false dichotomy, but if we move beyond the idea of resilience to whether or not we might be able to prevent the development of post-traumatic mental health problems. And whenever I'm asked this question, my first response is always to say, well, we need to reduce the prevalence of trauma. Because if you do that, you're going to reduce the prevalence. And I kind of say it not only to be trite or simplistic, but also I think we should be really working towards that. But I wonder whether, either of you really, Patricia or Sam, have any ideas about what we can be, other things that we might be doing to prevent the development of post-traumatic mental health problems, PTSD, and others?

Dr Patricia Watson (32:15):

So, I would agree with Sam on many of the things that he said. I have also just recently written a review article titled PTSD as a Public Mental Health Priority. And I would agree with you, that the number one way to prevent PTSD is to reduce the amount of trauma. There's lots of different ways to think about prevention at the individual level, at the relationship level, the community level, and the societal level. So, you would be reducing anything that would expose somebody to trauma, for instance, including teaching young adults about alcohol use, and responsible driving, and relationships, bullying programs and school parenting programs, educating people about risk and protective mechanisms and how those might impact children and adults at all levels. And at the community level, we do disaster preparedness training, and we put lighting on college campuses. We try to reduce traffic risks, and we do neighbourhood watch, things like that. And then at the societal levels, obviously, we want more resources for people, both educationally as well as just all kinds of resources, physical resources, practical resources. So, I think prevention wise, we're trying to look in terms of factors at many different levels.

Professor Mark Creamer (33:42):

Yes. Okay. So, that's beforehand. What about during the event, while it's actually happening?

Associate Professor Sam Harvey (33:49):

I think, around the time of the event, I think a lot of what we're increasingly discovering is that what's most useful at that time is common sense from those in charge. So, it's about making sure individuals feel supported, looked after, get home safely after a terrible shift, rather than any type of psychological debriefing.

Professor Mark Creamer (34:16):

Well during, there's a bit of interest in the idea of being able to reduce arousal while people are in theatre, or dealing with a mass casualty, or whatever it is, whether by psychological means, that we might teach them arousal reduction, or even some people are talking about pharmacological approaches with things like beta blockers. Do you go along with any of that?

Dr Patricia Watson (34:38):

I think that we should always be doing that kind of research. I'm not sure that we're at the place now where we could advise use of things like beta blockers, but I'm very interested in this research. I think that it's a good idea to continue along those lines of taking a look at what's protective for people. And it could be things like beta blockers.

Associate Professor Sam Harvey (34:56):

I actually think where, perhaps, the best sort of traction you can get is then what happens after the event, in terms of the way in which individuals are supported. And there is this, there's increasing evidence that it is wrong to think that the die of PTSD is cast at the moment of the traumatic event. That's a really important thing, but it is what happens in those crucial hours and days afterwards that put the whole context around that traumatic event.

Professor Mark Creamer (35:38):

Yeah, absolutely.

Associate Professor Sam Harvey (35:39):

And I think that sort of, in a way, it's almost like post-trauma resilience is one of the things that we should be thinking of,

Professor Mark Creamer (35:45):

And that has big implications for, if we're talking about organisationally, for the culture of the organisation, I guess, and the way in which they support their colleagues after the event.

Dr Patricia Watson (35:56):

I would like to say one more thing about the preventive stuff. So, when I was looking at the literature on interventions for PTSD, I noticed that in the methods sections of many of these studies, the average amount of time it took somebody to come in for treatment for PTSD was about 10 years. So, what I'd like to say is, when you look at some of the best preventive studies that Arieh Shalev and his group, and Jonathan Bisson have done in Israel and England, they did an amazing job trying to set up and make it easy for people to receive early intervention. What you find is that, many people are not ready to receive that until years later. So, I think we need to be very careful about the way that we talk about this, and try to offer services to people early on to support them, to buffer them, yes. But know that,

some people will not become open or able to receive treatment for this until years later. So, I just think that's an important point.

Professor Mark Creamer (36:50):

It's a very important point, isn't it? And we talked to Meaghan O'Donnell in the first episode. She didn't talk about this, but I know that she's done a study of exactly that, of going to people in hospital as they're first admitted to the emergency and so on, screening them and then offering them intervention. And less than half would say yes, even though it's a free intervention, it's all set up for you, still less than half will agree to do it. So, that is a real kind of public health challenge really, isn't it, how we engage people.

Dr Patricia Watson (37:17):

Absolutely.

Professor Mark Creamer (37:18):

Okay, so time is running out, and I'm going to let you have the last word, Sam. I'm wondering whether you would be willing to leave us on a note of optimism, as it were. We do see what look like rising rates of mental health problems among our first responders, and among our military. Do you think we're heading in the right direction?

Associate Professor Sam Harvey (37:38):

I think we are heading in the right direction, and I think what we need is just a little bit of fine tuning. If you look at, we were talking about the Vietnam experience. If we look at where we've moved from there to now, in terms of our understanding of PTSD and resilience and the impacts of trauma, they're massive steps in the right direction. I think the adjusting we need to do is, I think at the moment we have too much focus on this idea of individuals either being resilient or not being resilient. And I think a lot of the things that are done with good intention actually chip away at an individual's resilience. And so, I think what we're going to see over the next five years, is a much more nuanced approach to resilience and will be around saying, well, actually, yes, I'm going to do some mental health training, but I'm going to do the right type of training. The training that actually increases your resilience, and doesn't make you feel more vulnerable and just focus on the negatives. And I think we're going to see that right throughout society. I think we're also going to see things happening back in schools that actually enhance resilience, rather than reducing it, which is I fear what has happened over recent decades.

Professor Mark Creamer (38:50):

Good. So, I'm picking that up as a note of cautious optimism at the end there, Sam. Okay. We need to draw this fascinating discussion to a close. So, I'd like to thank you both very much indeed, Professor Sam Harvey and Dr. Patricia Watson, for sharing your insights with us in this episode.

Associate Professor Sam Harvey (39:08):

No worries, thanks. Bye.

Professor Mark Creamer (39:09):

To sum up what we've been discussing today, while we can't necessarily agree on exactly what resilience is, we are in agreement that the construct is tapping into something important, a set of skills, perhaps, a way of looking at the world that does help people to recover from adversity. We know that social support is very important, and that in occupational settings, this extends to things like leadership, team cohesion and morale. It seems like we might be able to train people to be more resilient, but that we're not going to achieve much in a one-off two-hour lecture. Rather, building resilience needs to be an ongoing process integrated with the person's routine experiences of stress and trauma in their work. And one of the most important aspects is going to be the recovery environment and the support that the person receives from colleagues and the organisation. That was the last episode in this three-part series. So, keep your eye out for more episodes in the future, when I hope we'll be able to look at some of the treatment options as well as the specific challenges faced by different traumatised populations. But for the time being, I'm Mark Creamer, and I hope you've enjoyed the series.

Host (40:23):

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