ACOTS – Trauma and Conflict: Globally, Locally

The 18th Australasian Conference on Traumatic Stress (ACOTS) was, in terms of programming, probably the most diverse ACOTS conference held to date. Co-hosted by ACPMH and the Australasian Society for Traumatic Stress Studies (ASTSS) and held in Melbourne from 11–13 September, the conference attracted a broad range of participants including an encouragingly strong student turnout.

The opening address was delivered by Julian Burnside AO, QC and set the scene for an extremely topical and challenging conference. Mr Burnside spoke eloquently and passionately about advocacy and trauma in the refugee population. Many of the issues he brought up are common to sufferers of all forms of trauma, and his address certainly validated the work of mental health professionals with trauma survivors.

Previous ACOTS had not dealt extensively with refugee and asylum seeker issues, and the topic was warmly welcomed by all present. In addition to the opening address, other speakers and sessions dealt with similar issues, including:

- Paul Bolton, Associate Scientist in the Center for Refugee and Disaster Studies and the Department of International Health at the Johns Hopkins Bloomberg School of Public Health - keynote on ‘Mental health problems of refugees and other survivors of violence & displacement’
- Dr Ida Kaplan, Direct Services Manager at Victorian Foundation for Survivors of Torture - tutorial on ‘Working with refugees and asylum seekers’
- Professor Zachary Steel, St John of God Professorial Chair of Trauma and Mental Health at the School of Psychiatry, UNSW, and Kuowei Tay, UNSW - tutorial on ‘Providing expert mental health evidence within the refugee determination process’.

Two of ACPMH’s research fellows, Dr Winnie Lau and Dzenana Kartal, also presented papers on their research with these trauma populations.

continued on page 2...
The conference also focussed on the issue of mental health in military populations, with the second day’s program commencing with keynote addresses from John Bale and Dr Charles Hoge.

John Bale outlined the work of Soldier On, a charity that he co-founded, that looks to build on, and address gaps in, the support offered by the Australian Defence Force and other organisations to Australia’s wounded servicemen and women.

Dr Charles Hoge is one of the world’s leading researchers in the area of PTSD and mild traumatic brain injury, and on the mental health impacts of the wars in Iraq and Afghanistan. For a decade, Dr Hoge directed the US military’s premier psychiatry and neuroscience research program at the Walter Reed Army Institute of Research.

Both spoke about key mental health issues facing the contemporary Defence community, particularly the improvements that have been made in addressing the mental health needs of current and ex-serving members, the issues of stigma and barriers to care, and the need to continue to work towards the provision of optimal care and support.

Both men also participated in a panel discussion alongside Dr Stephanie Hodson, psychology adviser to the Department of Veterans’ Affairs (DVA), and Colonel Nicole Sadler, Director of Mental Health, Defence, and chaired by Professor David Forbes, Director of ACPMH, titled ‘Mental health and military’. The panel addressed critical questions such as screening for mental health problems, stigma and barriers to care, improving access to and the nature of treatments, and assisting members to transition from military to civilian life.

In addition, while he was in Australia, Charles Hoge visited Canberra with Professors David Forbes, Meaghan O’Donnell and Richard Bryant, for an extremely productive private audience with a range of representatives from DVA and the Department of Defence regarding key issues in veteran and military mental health.

ACPMH was proud to have been associated with an event with such a strong, relevant program that received overwhelmingly positive feedback. We particularly thank our partner, ASTSS, and the members of the scientific and organising committees.
Supervision Service: a helping hand for practitioners

ACPMH recently commenced its Supervision Service which provides expert consultation and support to practitioners working with clients affected by trauma, PTSD, and other posttraumatic mental health problems.

Expert consultations are routinely offered to practitioners who attend ACPMH training and want to speak to an expert following training to help them build their confidence and skills when working with clients. The Supervision Service goes a step further by enabling a practitioner to develop a more enduring engagement with an ACPMH expert, usually with a focus on helping the practitioner to deliver evidence-based treatment or interventions.

ACPMH’s Associate Professor Darryl Wade explains why there is a need for such a service. ‘When practitioners are working with clients affected by trauma they are often worried that psychological treatments may re-traumatise the client or that the client’s symptoms will get worse. Sometimes they also have concerns that clients will reject evidence-based treatment to the point of withdrawing from treatment altogether. These concerns are quite understandable from the point of not wanting to harm clients, but they’re not well-founded. They do, however, point to the need for practitioners to feel supported when they’re learning and applying trauma-focused treatments so that they do use them, and hence clients receive the benefits.

The Supervision Service is suited to practitioners working in medical, allied health, counselling, rehabilitation, case management, and related roles who are working with clients who have been adversely affected by trauma. Sessions are available for both individuals and groups. Typically, the sessions are one hour and are facilitated via telephone, teleconference, Skype, or in person (in Carlton, Victoria). However, the length and frequency of sessions are flexible.

The service is already being used effectively by a number of individuals and organisational groups working with military, veteran, and emergency service clients, as well as clients in the general community affected by accidents, assaults, and other trauma.

ACPMH’s Dr Richard Cash notes that one of the issues that confronts practitioners is that treatment protocols often have to be adapted to be applied in the real world. ‘Many clients present with a range of quite complex mental health problems and with multiple service providers involved. It’s those clients that practitioners are particularly keen to discuss and get some assistance with from an expert in the area.’

ACPMH’s Supervision Service consultants are expert practitioners and supervisors who have extensive experience working with children and adults affected by trauma and posttraumatic mental health problems. They have expertise in clinical psychology, counselling, neuropsychology, forensic psychology, psychiatry, and organisational issues, and are backed by ACPMH’s world class research, policy advice, and training.

For more information please contact Associate Professor Darryl Wade or Dr Richard Cash on 03 9035 5599.

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ACPMH develops mental health screening framework for ADF

Over the past decade, the Australian Defence Force (ADF) has paid increasing attention to the issue of screening for mental disorders.

With evidence showing that such conditions are just as prevalent in non-deployed personnel as those who have been deployed, the ADF’s Directorate of Strategic and Operational Mental Health (DSOMH) contracted ACPMH to develop an enhanced mental health screening framework that would be able to respond to changes in operational tempo and also take into account the demands of operational and non-operational environments for maritime, land and air forces.

To develop the mental health screening continuum framework, ACPMH undertook the following activities:

- review of existing ADF mental health data reports
- international consultations
- review of recent literature
- review of screening measures
- stakeholder consultations
- review of recent ADF reports.

The process included consulting with 49 leading organisations and experts, including Dr Charles Hoge and Dr Amy Adler from the Walter Reed Army Institute of Research, US; Dr Mark Zamorski, Head, Deployment Health Section, Department of National Defence, Canada; and Professor Neil Greenberg, Defence Professor of Mental Health, King’s College, UK.

Three potential mental health screening frameworks were developed by ACPMH and proposed to DSOMH. They all met the ADF’s aim of maximising the coverage of screening, while minimising the cost as well as the screening burden on ADF members. ACPMH’s Dr Lisa Dell stresses,

‘The frameworks we have developed provide the structure and process that is required to conduct consistent, regular and high quality psychological screening. They are flexible and will capture those who are currently not being screened. The idea is to optimise the chances of early identification of psychological problems and provide a stepping stone for pathways to appropriate early intervention and care for all members of the ADF’.

According to ACPMH’s Director of Research, Associate Professor Meaghan O’Donnell, ‘This project tapped into ACPMH’s expertise around mental health screening and used our translation expertise to develop the frameworks’.

ACPMH recognises the importance of this work and was pleased to work with DSOMH on this project.
Strengthening ties with China

In August, Professor David Forbes, Director of ACPMH, visited China to attend the 5th Association of Pacific Rim Universities (APRU) Symposium on Brain and Mind Research in the Asia-Pacific. Professor Forbes took the opportunity to also visit two key mental health institutions in China specialising in trauma and disaster to strengthen ties and develop some exciting collaborations.

The first visit was to the Guangdong Mental Health Center, the leading mental health service in Guangzhou. Professor Forbes met with Professor Jia (Director), Dr Hou, and a number of the clinical and research team. Amongst the broad range of issues discussed, potential collaborations in the areas of neuro-imaging research and training in post-incident support were progressed.

From Guangdong, David travelled to Beijing and visited the Peking University Institute of Mental Health. Together with Dr Sarah Whittle from Melbourne Neuropsychiatry Centre, David met with Professors Yu Xin, Ma Hong, and their team.

Their discussions addressed post-disaster mental health support and the potential for collaboration in neuro-imaging research.

ACPMH is grateful for the assistance of Asia-Australia Mental Health at the Department of Psychiatry, the University of Melbourne, for organising the meetings. The visit continues a strong and increasing collaborative relationship between the Department of Psychiatry, Guangdong Mental Health Institute, and Peking University.

Professor Forbes with Professor Jia (left) and Dr Hou (far right)

Dr Sarah Whittle, Professor David Forbes, Professor Ma Hong (middle) and Professor Yu Xin (2nd from right)

Guangdong General Hospital newsletter reporting the visit of Professor Forbes
Recent publications


This study examined the psychological outcomes 3–4 years after the Black Saturday bushfires. Participants included 1,017 residents of high-, medium-, and low-affected fire communities. The study concludes that several years following the Black Saturday bushfires the majority of affected people demonstrated resilience without indications of psychological distress. A significant minority of people in the high-affected communities reported persistent PTSD, depression, and psychological distress.


The study investigated the latent structure of the proposed ICD-11 criteria for PTSD. Confirmatory factor analyses were used to examine structured interview data from injury patients six years post-trauma. The study found that although the three-factor model implied by the ICD-11 diagnostic criteria fit the data well, a two-factor model (combining re-experiencing and avoidance) provided equivalent, if not superior, fit.


Economic modelling was used to assess the cost-effectiveness of three key recommendations from the Australian treatment guidelines for ASD and PTSD. The recommendations assessed were the use of trauma-focussed cognitive behavioural therapy (TF-CBT) and selective serotonin reuptake inhibitors (SSRIs) for adults, and the use of TF-CBT in children. The cost-effectiveness of these interventions was compared to current practice in Australia. TF-CBT was found to be highly cost-effective in both adults and children. The switch to SSRIs in people already on medication was also found to be cost effective, but uncertainty around the costs and benefits was reported.


After a traumatic event, many people experience problems with anger, which can lead to significant distress and impede recovery. Therefore, there is a need to measure anger as part of the routine post-trauma screening process. The Dimensions of Anger Reactions-5 (DAR-5) is a concise measure of anger designed to meet such a need. In a sample of 163 male veterans with a history of PTSD, the psychometric properties of the DAR-5 were assessed. The measure demonstrated excellent internal reliability along with convergent, concurrent and discriminant validity against a variety of established measures.


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This study examined the degree to which compensation-related stress predicted long-term disability, and the mental health factors that contributed to this relationship. In a longitudinal, multi-sited cohort study, 332 injury patients (who claimed for compensation) were assessed during hospitalisation, and at three and 72 months after injury. A significant direct relationship was found between levels of compensation-related stress and levels of long-term disability.