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**Navigating the implementation of evidence-based treatments for trauma-affected populations: Insights from three front-line services**

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**Symposia Abstract**

The past two decades have seen enormous growth in the development and refinement of multiple evidence-based treatments (EBTs) for traumatic stress. Despite this, significant challenges remain in implementing these treatments in real-world settings. These challenges include complexities in choosing between EBTs, tailoring EBTs to specific populations, and therapist hesitancy in using EBTs. This symposium examines research from three front-line services on the implementation and translation of EBTs with diverse populations. The first presentation details a clinical case study on the treatment of complex PTSD in an Emergency Service Worker who failed to respond to a gold-standard EBT. The second presentation outlines a qualitative process evaluation on the implementation of an evidence-based mental health program tailored to police and emergency workers. The third presentation summarises a randomised case vignette study that was used to explore the therapist and client factors that influence the up-take of EBTs when working with refugee clients. The symposium will end with a discussion on the common challenges, and potential solutions, to the successful implementation of EBTs in specialised community-based services for trauma-affected populations.

**Abstract Author 1**

***Selecting between evidence-based treatments for complex PTSD: A clinical case study on the treatment of complex PTSD in an Emergency Service Worker***

Anna Toovey

**Abstract:**

Aim: To present a case of treating Complex PTSD in an Emergency Service Worker (ESW). Method: A 53-year-old male ESW presented with symptoms of anxiety, depression and post-traumatic stress. He had a formal diagnosis of Complex PTSD and Major Depressive Disorder. Previous treatment with a workplace clinician included 75 sessions of predominantly EMDR therapy with limited effect. Client reported that EMDR caused him to have "adverse reactions", including experiencing "horrendous nightmares". Given the predominance of his intrusive and avoidance symptoms, a trial of Prolonged Exposure (PE) was considered to be appropriate. PCL-5 score at commencement was 56. He initially engaged in nine sessions of PE resulting in a reduction of his PCL-5 score to 35 and anecdotal reporting of reduced intensity of his intrusions and arousal symptoms and improved wellbeing. He subsequently experienced a major depressive episode which resulted in a hospital admission and 20 sessions of TMS, during which he chose to continue with his imaginal exposure treatment. Results: Following his discharge from hospital, his score on the PCL-5 was 24. Discussion: PE is an effective treatment for Complex PTSD in ESW’s and the addition of TMS may enhance responsiveness. Issues around choosing the most appropriate EBT and adjunctive treatments will be discussed.

**Bio:**  Anna Toovey is a Clinical Psychologist currently working at Phoenix Australia as a Clinical Specialist. Anna provides psychological assessment and evidence-based treatment to emergency services workers. Anna previously worked at Brunswick Private Hospital and at the Department of Justice and Community Safety.

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**Abstract Author 2**

***Enhancing Mental Health Care for Police and First Responders: Insights from Service Users and Providers***

Abdullah Arjmand

**Abstract:**

Police and first responders experience mental health conditions at higher rates than the general population. To improve mental health care, it is essential to tailor services and treatment practices to their unique needs and preferences. Our research explored the treatment experiences of Australian police members and the needs of mental health providers working with first responders. Semi-structured qualitative interviews were conducted with 13 current or retired Victorian police members and 12 mental health providers. Interviews were transcribed verbatim and interpretative phenomenological analysis was performed. Findings highlighted the importance of cultural competence and understanding the unique identity of first responders. For police members, findings emphasized the need to increase awareness of treatment options, offer specialist mental health services, and reduce barriers to access. Improving treatment delivery through supporting providers to develop expertise in trauma-related symptoms was also noted. For mental health providers, the need for training in accurate assessment, differential diagnosis, and evidence-based trauma-focused treatments was emphasized. Additionally, professional networks and connections with first responder agencies were identified as crucial support mechanisms. These insights provide a foundation for refining and tailoring mental health services and training programs, ultimately enhancing the quality of care for police and first responders.

**Bio:** Dr. Arjmand is a post-doctoral research fellow at Phoenix Australia conducting research in trauma-exposed populations. His research focuses on improving treatment, exploring phenomenology of disorder, implementing qualitative research methods, and advancing trauma-related mental health research. He currently works within the Centre of Excellence for Emergency Service Worker Mental Health.

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**Abstract Author 3**

***Understanding the factors that influence treatment decisions with refugee clients: a randomised case vignette study.***

Philippa Specker,Guy Coffey, Kylie Scoullar & Angela Nickerson

**Abstract:**

The complex needs of refugee clients presents a significant challenge to mental health practitioners in front-line services who are tasked with determining what may be the most appropriate intervention for each unique client. While a number of evidence-based psychological interventions for refugee clients exist, significant challenges remain in delivering these treatments in real-world settings. Currently, very little is known about the specific client and therapist factors that influence treatment decisions for refugee clients. In this study, 95 practitioners working with refugee clients completed an online study to explore (1) the current therapeutic approaches used by professionals in Australia, and (2) the factors that influence how practitioners choose between different intervention options. The intervention approaches of interest were: trauma-focused exposure therapies, teaching transdiagnostic psychological skills, client-centred therapies and case management/ advocacy. We found that therapist factors (e.g., a practitioner’s training in, and perception of, specific interventions) were significantly associated with treatment decision-making. Additionally, we found that client characteristics (e.g., symptom severity and the presence of environmental stressors) significantly influenced treatment decision-making, particularly for the use of trauma-focused exposure therapies. Findings will be discussed in the context of barriers and facilitators to the implementation of evidence-based trauma-focused treatments with refugee clients.

**Bio:** Philippa Specker is a Postdoctoral Research Fellow and Clinical Psychologist at the Refugee Trauma and Recovery Program (RTRP), in the School of Psychology at UNSW. She conducts research investigating the mechanisms underlying mental health and service delivery for refugees, with the ultimate goal of informing policy and clinical interventions.

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**Abstract Author 4**

***Discussant***

Guy Coffey

**Abstract:**

The discussant will comment on the key themes explored in these presentations, and facilitate question time with audience members.

**Bio:** Guy Coffey has worked as a clinical psychologist for 30 years in public mental health and specialist psychological trauma services, including at the Victorian Foundation for Survivors of Torture and the Austin and Repatriation Medical Centre. Guy’s research interests include the development of culturally informed psychological treatments for refugee communities.

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