

Modified Written Exposure Therapy Feasibility and Acceptability



in Mental Health Healthcare Providers

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Background

- Mental health care providers encounter difficult work conditions with unpredictable patients, risk of assault by a patient, heavy case load and time constraints
- With these stressful work conditions, providers have high rates of anxiety, depression, PTSD, and burnout syndrome (BOS)
- Increased prevalence of these mental health conditions comes with decreased quality of patient care, low staff morale, and high turnover rates in mental health staff
- Previous studies show higher levels of resilience in providers allows for application of coping strategies to stressful environments and have increased positive responses to stressful experiences
- It has been shown that resilience is a trait that can be learned and promoted through self-care
- Expressive writing is a self care exercise that can promote resilience and provide an avenue for coping with stressful experiences
- Written exposure therapy created based on principle that suppression of traumatic events inhibits personal coping, writing about the event prevents suppression and promotes coping

Methods

- Target mental health healthcare professions showing evidence of burnout syndrome (BOS)
- Inpatient and Outpatient providers at Denver Veteran Affairs Medical Center September 2018-November 2019
- Included social workers, licensed professional counselors and mental health nurses
- Modified written exposure therapy used as a form of expressive writing
- 5-weeks of 30-minute writing sessions
- In the first session, participants were asked to write about a traumatic work experience that continues to cause distress
- Confidential feedback was provided after the initial writing session by a mental health clinician responder trained in the written exposure therapy intervention through individualized single and double-sided reflections and challenge of cognitive distortions to build cognitive flexibility and resilience
- Participants encouraged to expand on portions based on feedback received in the next week's response
- Evaluated using Connor-Davidson Resilience Scale (CD-RISC), Maslach Burnout Inventory (MBI), Posttraumatic Diagnostic Scale (PDS), Hospital Anxiety and Depression Scale (HADS) and the Client Patient Satisfaction Questionnaire (CSQ-8)

Results

Of those 12 participants who began the WET protocol, 100% of participants completing the writing in weeks 1 and 2, 75% completing the writing session week 3, 66.7% completing the writing assignment week 4, and 75% completing the writing assignment week 5. The average number of writing sessions completed was 4.17 (range 2-5). 66.7% of participants completed all 5 sessions. 25% of participants completed only week 1 and 2.

Evaluative Measures	Pre-intervention Measures	Post-intervention Measures	P-Values
CD-RISC Score (mean/sd)	80.1/8.7	79.6/10.6	0.90
MBI EE-Subscale (mean/sd)	22.8/13.2	21.9/13.2	0.87
MBI DP-Subscale (mean/sd)	7.6/6.3	5.3/4.2	0.35
MBI PA-Subscale (mean/sd)	40.5/5.5	39.0/7.8	0.59
HADS-Anxiety Score (mean/sd)	5.4/4.0	6.3/5.3	0.65
HADS-Depression Score (mean/sd)	4.2/3.7	4.7/3.3	0.75
PDS Symptom Score (mean/sd)	11.5/15.4	9.78/11.4	0.78

Table 1- Measures of participant resiliency, burnout syndrome, anxiety, depression, and post traumatic stress disorder before and after the modified WET protocol intervention. Connor-Davidson Resilience Scale (CD-RISC), the Hospital Anxiety and Depression Scale (HADS), the Maslach Burnout Inventory (MBI), Emotional Exhaustion (EE) Subscale Depersonalization (DP) Subscale Personal Accomplishment (PA) subscale the Posttraumatic Diagnostic Scale (PDS).

CSQ-8 Questionnaire	Likert Score Mean (Range)
How would you rate the quality of the writing sessions?	2.78 (2-3)
Did you get the resources you wanted?	3.11 (2-4)
To what extent did the writing sessions meet your needs?	3.22 (2-4)
Would you recommend the writing intervention to another provider?	3.11 (2-4)
How satisfied are you with the amount of guidance you received for the writing intervention?	3.44 (3-4)
Did the writing session help you deal more effectively with the stress you have experienced at work?	2.89 (2-4)
In an overall, general sense, how satisfied are you with the writing session?	3.11 (2-4)
Would you participate in the writing intervention again?	2.89 (2-4)

Table 2- Results of questionnaire on participant satisfaction with the WET protocol based on Client Satisfaction Questionnaire (CSQ-8). Likert Scale 1 to 4: 4-excellent, 3-good, 2-fair, 1-poor.

Conclusions and Discussion

- The results of this study indicate that the modified WET protocol is both feasible with adjustments in future trials, and acceptable to mental health providers
- Mental health providers that participated in this protocol showed nonsignificant trends toward improvement in PTSD and BOS symptom
- The study was designed only to determine feasibility and acceptability of a modified WET intervention in mental health providers
- It was not powered to determine whether this intervention would be effective at increasing resilience or reducing symptoms of anxiety, depression, BOS, PTSD
- A larger powered, randomized controlled trial to determine effectiveness of the WET intervention is left for future research.
- Future studies could also consider a shortened 4-week intervention as this was the mean number writing sessions completed in this cohort.
- Participants may also be more likely to complete the full 5-week intervention with dedicated time during work hours to complete sessions, or if they received financial compensation
- The next step will be a randomized controlled trial that is sufficiently powered to address the effect of the modified WET protocol on improving mental health providers resilience and psychological symptoms such as anxiety, depression, PTSD, and BOS.

Disclosures

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