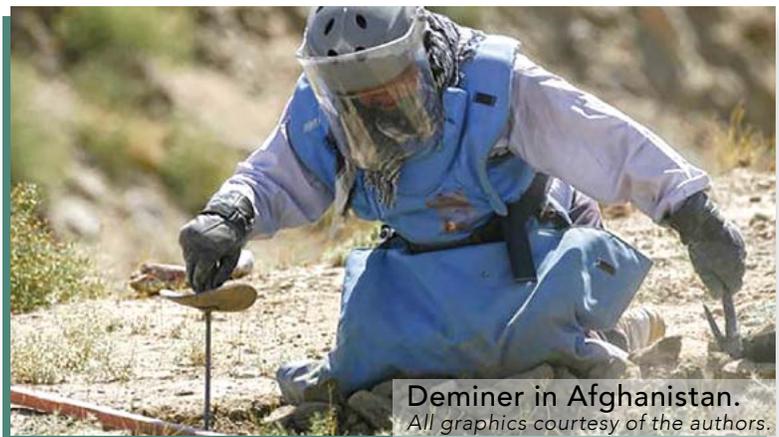


AN INNOVATIVE APPROACH TO THE MENTAL HEALTH NEEDS OF Humanitarian Mine Action Personnel

By Ken Falke, Bret A. Moore, Psy.D., ABPP, and Richard Tedeschi, Ph.D.
[Boulder Crest Institute for Posttraumatic Growth]

In the fields of humanitarian demining and explosive ordnance disposal (EOD), physical traumas related to blast and fragmentation injuries receive a great deal of research attention. In contrast, focus on the psychological health and wellness of humanitarian mine action personnel (HMAP) is lacking. Although research on the incidence of mental health disorders among HMAP is extremely limited, compared with the general population, this group likely suffers more from psychiatric conditions such as posttraumatic stress disorder (PTSD), depression, and anxiety. HMAP work in a high state of hypervigilance because at any given moment in a demining operation, there is risk of death and/or severe maiming. In addition to the inherent risk associated with searching for and working with live unexploded ordnance, deminers are exposed to the constant stress of conflict, which can include shouldering the psychological burden of responsibility for the physical well-being of innocent civilians exposed to explosive devices and witnessing the death and injury of others. Because of the multiple and unique stressors associated with this inherently dangerous work, HMAP likely experience trauma-related mental health conditions at a rate equal to, if not greater than, other high-risk professionals such as military personnel and first-responders (e.g., firefighters, law enforcement, emergency medical technicians). Although estimates vary, rates of PTSD for the latter groups range from 10 percent to over 30 percent depending on the study cited.^{1,2,3} Therefore, it is critical to identify effective strategies for mitigating the effects of psychological trauma in this high-risk group.



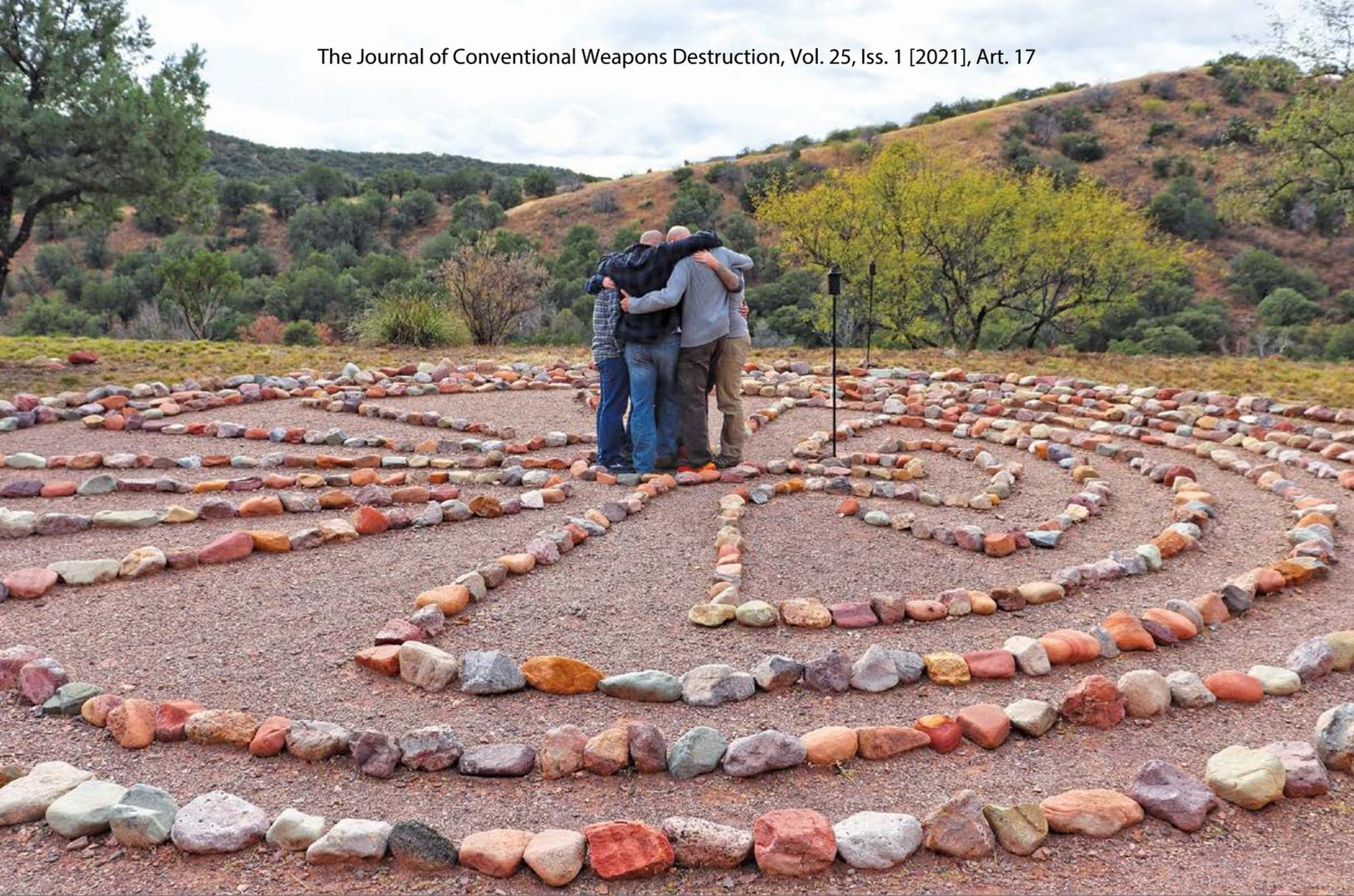
Deminer in Afghanistan.
All graphics courtesy of the authors.

Conventional Approaches to Addressing Psychological Trauma

Although there are a number of psychiatric conditions that can manifest following exposure to a traumatic event, PTSD is the most notable. Symptoms of PTSD vary among individuals, but most experience some combination of problems related to intrusions (e.g., nightmares, flashbacks), avoidance (e.g., avoid thinking or talking about past traumatic events), mood (e.g., depression, negative thoughts), and arousal/reactivity (e.g., insomnia, being easily startled, irritability). The primary approach to the treatment of PTSD is psychotherapy. The overarching goal of psychotherapy is symptom reduction. In fact, if

treatment is successful and enough symptoms are eliminated, the person no longer technically meets the diagnostic criteria for the disorder and is considered “cured” from a medical model perspective.

There are several psychotherapies commonly employed in the treatment of PTSD. Two have gained considerable popularity in recent years—Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). PE and CPT are trauma-focused, manualized therapies, which are stepwise, scripted interventions that require the person to confront the trauma through talking or thinking about the traumatic event.



Research shows that psychotherapy is beneficial for some individuals who develop PTSD as a result of working in high-risk occupations (see Moore and Penk, 2019 for a review of PTSD interventions for active-duty military members and veterans).⁴ However, trauma-focused therapies like PE and CPT have high dropout rates due to the increased distress that often arises when a person actively confronts past traumatic events. There is also concern about the overall effectiveness of these psychotherapeutic interventions. Studies show that

up to two thirds of individuals who receive treatment with trauma-focused psychotherapies show only modest improvements and continue to meet the diagnostic threshold for PTSD.^{5,6,7} Limited access to psychotherapy services must also be taken into consideration when addressing the psychological needs of HMAP. Moreover, the availability of psychiatric mental health professionals is significantly limited in countries where demining operations occur.

Alternative to Traditional Interventions: Posttraumatic Growth and Expert Companionship

Considering the significant limitations and availability of psychotherapy treatments for PTSD, examining other interventions for mitigating the negative effects of this relatively common and chronic psychiatric condition is imperative. One such approach is applying the principles of posttraumatic growth (PTG) as a means to assist people who are managing the negative effects of trauma yet also trying to thrive and grow in the aftermath of trauma.

PTG is defined as positive psychological changes that occur as a result of the struggle with traumatic events. Instead of thinking of trauma as a specific type of event and subsequent dysfunction, the concept of PTG considers trauma as life experience that can produce

transformative change due to reconsideration of previous held beliefs. Research identifies five domains of growth following trauma: appreciation of life, new possibilities, personal strength, relationships, and spiritual/existential change.⁸

The facilitation of PTG is accomplished through the process of Expert Companionship, which is a novel approach based on sound psychological principles and includes education, distress management, emotional disclosure, creation of a new life narrative, and mission/service (see Tedeschi & Moore, 2020 for a detailed review of Expert Companionship).⁹ An application of this approach is found at Boulder Crest Foundation, a community-based, nonprofit, multisite

organization that focuses on improving the psychological health of veterans and first responders, including active and former EOD personnel. Boulder Crest's flagship program is a seven-day residential program called Warrior PATHH (Progressive and Alternative Training for Healing Heroes) and utilizes a variety of complementary and alternative interventions (e.g., mindfulness/meditation, yoga, equine therapy) and traditional psychotherapeutic techniques (e.g., psychoeducation, distress management, relationship building, goal setting). This initial part of the program has a follow-up component that lasts eighteen months through online resources and interpersonal connections. As part of an evaluation of the program, forty-nine combat veterans who completed Warrior PATHH were followed for eighteen months. Results showed reductions in psychiatric symptoms associated with PTSD, depression, and anxiety as well as increases in the ability to manage stress and psychological growth.¹⁰

A unique aspect of Warrior PATHH is that it is peer-delivered and is not run or managed by mental health professionals. This is an important component of the program as those working within Warrior PATHH are veterans and first responders who understand the unique needs and professional culture of those who attend the program. *This peer-delivered, expert companion approach would be serviceable within mine action, as HMAP engage in work and function within a professional and organizational culture that few people truly understand.* Moreover, attending a program provided by people who can speak directly to the everyday work experiences and shared psychological challenges of demining work can rapidly produce trust and open disclosure, facilitating the healing process. Although participants in Warrior PATHH point to specific program elements as impactful, they commonly refer to the way they are treated with respect and understanding by all the staff as a crucial element in allowing them to engage in the learning that takes place during the program.

HMAP, whether they are local individuals within their respective communities or former EOD professionals, would benefit from an interventional approach that focuses on education about common responses to trauma, strategies for managing distress, and methods for integrating traumatic experiences into a future-oriented framework that promotes psychological growth. This is especially true if these strategies are not part of a traditional mental health approach to wellness. International nongovernmental organizations and nongovernmental organizations that are involved in actual demining activities, as well as training others in the skill of demining, are well-positioned to deliver posttraumatic growth-based programs. These organizations and individuals share an understanding of the dangers associated with their work and the psychological challenges that are tied to their experiences. Moreover, the need for common sense and culturally-specific interventions is great across multiple areas of operations. HMAP not only work in active combat environments, they also work in post-conflict settings that are also extremely dangerous (e.g., demining work in legacy minefields). Indeed, as seen in the recent killing of ten HALO deminers in Afghanistan, danger is ever-present regardless of location and circumstances. Posttraumatic growth-based programs can be tailored to the specific needs of the individuals performing mine action work and to the environments in which the work is being done. Although the precipitants of psychological stress vary between settings, there is considerable overlap between the responses individuals have to the stress. There is also a relative uniformity in how individuals overcome significant psychological distress, which includes education, distress management, and focus on psychological growth and strength as opposed to psychological symptoms and deficits.

HMAP, whether they are local individuals within their respective communities or former EOD professionals, would benefit from an interventional approach that focuses on education about common responses to trauma, strategies for managing distress, and methods for integrating traumatic experiences into a future-oriented framework that promotes psychological growth.

Conclusions

It is incumbent upon those within leadership positions in humanitarian mine action to identify novel and effective strategies for addressing the mental health needs of their staff, especially those working in high-stress environments. For mental health professionals, our experience with combat veterans and first responders can be a source of ideas about how to help traumatized HMAP. Not only do these groups have similar traumatic work experiences, but many individuals involved in demining also have engaged in their work as a way to be of service to others, and to act as protectors. One of the reasons why the PTG intervention model of Expert Companionship resonates with people

in these professions is because there is an emphasis on developing a mission of service as part of the healing.

Logistically, implementation of mental health programs within organizations involved in demining work will need to be championed by those within leadership positions. However, the delivery of novel psychological interventions similar to the ones noted in this article can be peer-managed for reasons already noted. This will likely resonate within the HMA community as peer-support programs have historically been a critical part of addressing the varied needs of HMA personnel. ©

It is incumbent upon those within leadership positions in humanitarian mine action to identify novel and effective strategies for addressing the mental health needs of their staff, especially those working in high-stress environments.

BIOGRAPHIES

Ken Falke

Founder & Chairman

Boulder Crest Institute for Posttraumatic Growth



Mr. Ken Falke is a twenty-one-year veteran of the U.S. Navy Explosive Ordnance Disposal (EOD) community and retired Master Chief Petty Officer. During his career, he made over 1,000 parachute jumps and the same number of underwater military dives. He led thousands of high-risk operations to include rendering safe unexploded ordnance, landmines, and improvised explosive devices (IEDs) and is highly respected around the world as an innovative and forward thinking thought leader on the subjects of counterterrorism, military training, innovative technology development, wounded warrior care, and military to veteran transition.

Falke's passion is taking care of his fellow combat veterans and their family members and is chairman and founder of Boulder Crest, an organization focused on the teachings of posttraumatic growth. He spends the majority of his time educating the public and private sectors on the issues surrounding the long-term care of our returning military personnel and their families from the last twenty years of war.

Falke is a serial entrepreneur. He founded two for profit and two nonprofit companies. As the Founder and CEO of his first company, A-T Solutions, the company is a recognized international expert and valuable global asset in combating the war on terrorism. At the forefront of providing training and consulting services in the Counter-Terrorism industry, A-T Solutions was named four consecutive years to the Annual Inc. 500 fastest growing privately held companies in the United States. Also recognized in *Entrepreneur Magazine's* Hot 500 List, the Washington Technology "Fast 50", Smart CEO's "Future 50", and the winner of the Greater Washington Area Government Contractor Award in the category of companies \$75M-\$100M. In 2010, Falke was named as the Entrepreneur of the Year for the Fredericksburg, Virginia, Regional Chamber of Commerce and selected as a finalist in the prestigious Ernst and Young Entrepreneur of the Year program.

Bret A. Moore, Psy.D., ABPP

Vice Chair

Boulder Crest Institute for Posttraumatic Growth



Bret A. Moore, is Vice Chair of the Boulder Crest Institute for Posttraumatic Growth and a clinical and prescribing psychologist based in San Antonio, Texas. He is a former active-duty Army psychologist and completed two tours (twenty-seven months) in Iraq as a Clinical Psychologist and held the positions of Chief of Clinical Operations and Officer in Charge of Preventative services while deployed. He is the author and editor of twenty-two books, including *Handbook of Clinical Psychopharmacology for Psychologists*, *Handbook of Clinical Psychopharmacology for Therapists*, *Child and Adolescent Clinical Psychopharmacology Made Simple*, *Treating PTSD in Military Personnel: A Clinical Handbook*, *The Posttraumatic Growth Workbook*, *Wheels Down: Adjusting to Life after Deployment*, and *Taking Control of Anxiety: Small Steps for Overcoming Worry, Stress, and Fear*. In addition to writing dozens of book chapters and journal articles, Dr. Moore has written feature articles for a number of popular press publications to include *Scientific American Mind*, *The New Republic*, *Psychology Today*, and *Military Times*. Dr. Moore is a Fellow of the American Psychological Association and recipient of the Charles S. Gersoni Military Psychology Award and the Arthur W. Melton Award for Early Career Achievement in Military Psychology from Division 19 and the Early Career Achievement Award in Public Service Psychology and the Peter J. N. Linnerooth National Service Award from Division 18 of APA. His views on clinical and military psychology have been quoted in *USA Today*, *The New York Times*, and *The Boston Globe*, and on CNN and Fox News. He has appeared on NPR, the BBC, and CBC.

Richard Tedeschi, Ph.D.

Distinguished Chair

Boulder Crest Institute for Posttraumatic Growth



Richard Tedeschi, Ph.D., is Professor Emeritus in the Department of Psychological Science at the University of North Carolina at Charlotte, and Distinguished Chair of the Boulder Crest Institute for Posttraumatic Growth, in Bluemont, Virginia, where he has been one of the developers of programs based on PTG principles to help combat veterans and first responders. He has published several books and numerous professional articles on PTG, an area of research that he developed while at UNC Charlotte. Dr. Tedeschi serves as a consultant to the American Psychological Association on trauma and resilience, is a Fellow of the Division of Trauma Psychology and the Division of Psychotherapy, and is Past President of the North Carolina Psychological Association.

ENDNOTES

An Innovative Approach to the Mental Health Needs of Humanitarian Mine Action Personnel

By Ken Falke, Bret A. Moore, Psy.D., ABPP, and Richard Tedeschi, Ph.D. [Boulder Crest Institute for Posttraumatic Growth]

1. Institute of Medicine. (2014). Treatment for posttraumatic stress disorder in military and veteran populations: Final assessment. The National Academies Press.
2. Lewis-Schroeder, N., Kathryn, K., Murphy, B., Wolff, J., Robinson, M., & Kaufman, M. (2018). Conceptualization, Assessment, and Treatment of Traumatic Stress in First Responders: A Review of Critical Issues. *Harvard Review of Psychiatry*, 26, 216-227.
3. Wisco, B. E., Marx, B. P., Wolf, E. J., Miller, M. W., Southwick, S. M., & Pietrzak, R. H. (2014). Posttraumatic stress disorder in the U.S. veteran population: Results from the national health and resilience in veterans study. *The Journal of Clinical Psychiatry*, 75(12), 1338–1346
4. Moore, B. A., & Penk, W. E. (2019). *Treating PTSD in military personnel: A clinical handbook* (2nd ed.). Guilford Press.
5. Kehle-Forbes, S. M., Meis, L. A., Spont, M. R., & Polusny, M. A. (2016). Initiation and dropout from prolonged exposure and cognitive processing therapy in a VA outpatient clinic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(1), 107–114.
6. Schnurr, P. P., Friedman, M. J., Engel, C. C., Foa, E. B., Shea, M. T., Chow, B. K., Resick, P. A., Thurston, V., Orsillo, S. M., Haug, R., Turner, C., & Bernardy, N. (2007). Cognitive behavioral therapy for posttraumatic stress disorder in women: A randomized controlled trial. *Journal of the American Medical Association*, 297(8), 820–823.
7. Steenkamp, M. M., Litz, B. T., Hoge, C. W., & Marmar, C. R. (2015). Psychotherapy for military-related PTSD: A review of randomized clinical trials. *Journal of the American Medical Association*, 314(5), 489–500.
8. Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 9, 455– 471.
9. Tedeschi, R. G., & Moore, B. A. (2020). Posttraumatic growth as an integrative therapeutic philosophy. *Journal of Psychotherapy Integration*. Advance online publication. <https://doi.org/10.1037/int0000250>.
10. Moore, B. A., Tedeschi, R. G., & Greene, T. C. (2021). A preliminary examination of a posttraumatic growth-based program for veteran mental health. *Practice Innovations*, 6(1), 42–54.