

EVIDENCE INFORMED APPROACHES TO
OCCUPATIONALLY ENGENDERED PTSD IN
RAILROAD WORKERS

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There are more than 850 fatalities recorded each year from collisions with railroad trains and persons on railroad tracks. The operators and conductors of trains involved in these incidents are exposed to devastating impacts that they are generally powerless to avert. Moreover, these collisions often occur in areas where significant time may be required for first responders to access the scene and where definitive assistance may require substantial and anguishing waits. Such exposures prove discomfiting to even experienced and emotionally stable employees.

A significant minority of these employees (4-17% of those exposed in reported studies) develop clinically significant PTSD. Many more might benefit from efficacious approaches to management of subsyndromal reactions. A number of railroads have some form of response in place but there is little evidence for consistency or efficacy respecting commonly deployed interventions. Some interventions commonly utilized (e.g., variations of critical incident stress debriefing models) have been shown in a range of controlled studies in other contexts to be inert or even counterproductive. Trauma focused variants of Cognitive Behavior Therapy (CBT) have demonstrated efficacy in multiple trials but are often limited in availability among providers and locations most accessible to exposed railway employees.

The project being reported has been initiated to determine reasonable estimates of potential prevalence and to recommend, as indicated, evidence based and evidence informed best practices for prevention or mitigation of clinically significant reactions; evidence based and evidence informed early intervention approaches to help foster resiliency and assist in natural resolution; timely and empirically efficacious screening practices for early detection of clinically significant reactions; and mechanisms to ensure appropriate referral for evidence based treatment of clinically significant cases. Also considered will be protocols and pragmatics required to facilitate change in sometimes dormant and often entrenched response systems that have typically developed outside medical direction and close clinical supervision.

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