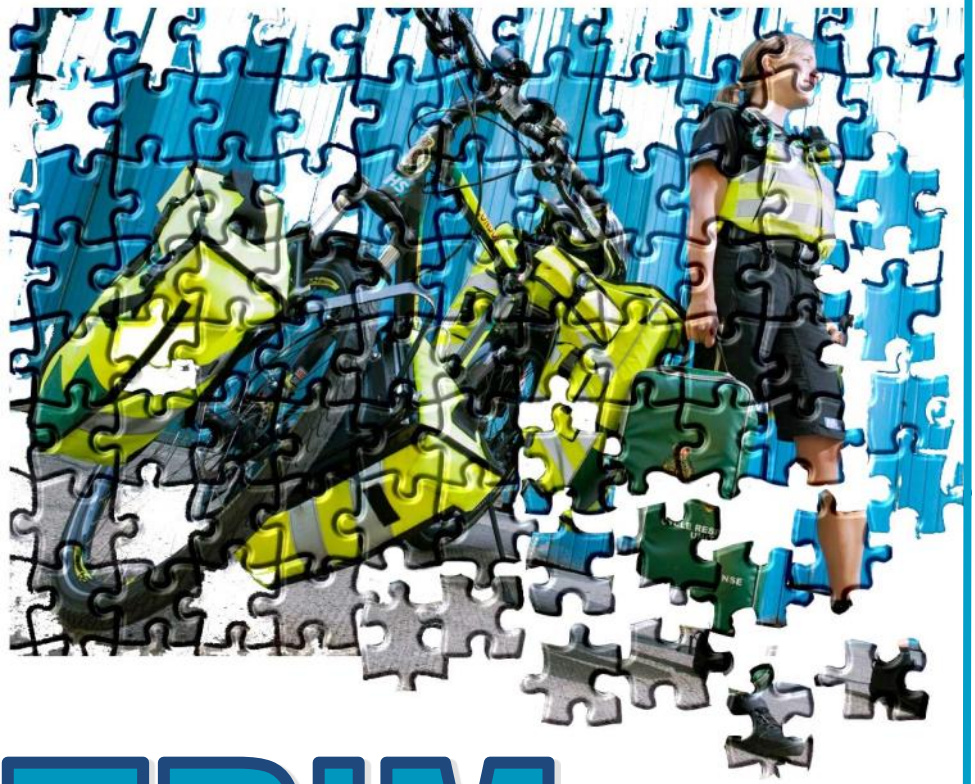
London Ambulance Service NHS
NHS Trust

BESPOKE AND ENHANCED



TRiM

Consultations

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Hello Everyone,

"The worst part of holding the memories is not the pain. It's the loneliness of it. Memories need to be shared."

The Giver (1993)

Lois Lowry

We put together this **Major Incident Trauma Information Pack (MiTip)** to give you a little taster of the varied and integrated London Ambulance Staff Support Services we have available which include our award winning LINC Network. Throughout my career as a Psychotherapist, specialising in trauma, what I repeatedly come across is individuals who have suffered and struggled on their own for extended periods of time because they perceive asking for help is a weakness. They also hope that things will just 'sort themselves out'.

The Giver is an American young-adult dystopian novel by Lois Lowry. The novel follows an 11 year old boy, Jonas, who lives in a world that has eradicated pain and emotional depth and replaced it with 'Sameness'. In his Community, which is under extreme control, there is no suffering, hunger, or war, but also no colour, music, or love. Jonas becomes the Receiver of Memory, the person who stores all the past memories of the time before Sameness and, for the first time in his life, he experiences memories that induce feelings of true happiness and love.

He is also given the painful memories of the Community's past before they engineered 'Sameness' and he begins to understand the tremendous loss he and his people have endured by having had their memories deleted. Personally, as long as I retain the capacity to feel intense love as well as pain, then I'm truly alive – and that is an amazing thing!

It is important to remember that the majority of people recover fully and actually become stronger and more resilient than before the potentially traumatic incident; this is referred to Post Traumatic Growth. And, the sooner they access help the quicker they can recover. It is not about deleting a potentially traumatic incident or wishing we could return to the person we used to be before the incident, because that is denying and avoiding the reality and the truth of our personal narrative. It is about recognising that we need time to process the experience so the intense pain subsides so we can learn from the experience. And no it isn't easy – but why should it be easy?!

Many of the people I see for psychotherapy will often talk about how they feel 'broken' as if it's a bad thing; making the assumption that they are supposed to be indestructible and resistant to everything and everyone around them. If that was the case, life and living wouldn't be worth a damn. If we were truly indestructible and fiercely independent we would never experience the intensity of falling in love or feeling passionate about Van Morrison and single-malt – and be too cowardly to admit that we want and need others – even if it's only once in a while! Being broken means the sun shines through the cracks and illuminates the people and things in our life that are important and meaningful to us. Or, ultimately, we can use the trauma experience as an opportunity to bravely acknowledge that we all need to have close and trusting relationships in our life, which takes a lot of work. Such experiences are often a golden opportunity to reflect on why, perhaps, we avoid forming close relationships?

Managing traumatic symptoms takes time, is hard graft and occasionally requires us to ask for professional help because it will not sort itself out and in the long run it can become increasingly more painful for us. Truthfully and bluntly, things never sort themselves out – we sort them!

Fátima

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The London Ambulance Service Enhanced and Bespoke TRiM Consultation

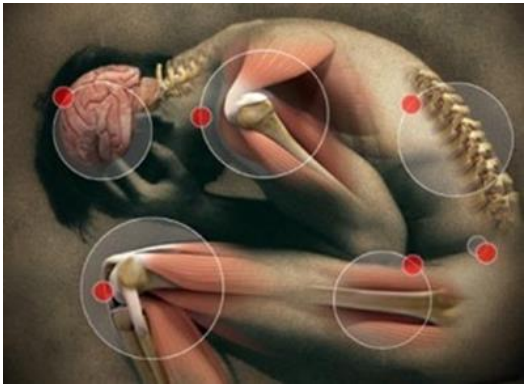
We are the busiest Ambulance Service in the UK, based at over 70 sites with over 5000 staff working London-wide. We operate over an area of approximately 620 square miles, from Heathrow in the west to Upminster in the east, and from Enfield in the north to Purley in the south. Within this area we provide Emergency Healthcare for over seven and a half million people living in London, as well as visitors and commuters. Ambulance staff work daily with distressing and potentially traumatic incidents and have developed person-specific effective strategies to manage these incidents. However, there are occasions, for varied reasons, when these strategies and resilience levels are challenged and aren't sufficient to effectively enable individuals to process the potential psychological and emotional impacts. This is one of the reasons why London Ambulance Service (LAS) employs the Trauma Risk Management (TRiM) System which is included in the Incident Response Plan and the Stress Management Policy.

After delivering the standard TRiM System for a number of years in her previous job and later gaining a more in-depth understanding of ambulance work in London and the personality types of our operational staff, Fátima Fernandes (Head of Staff Support Services and a Psychoanalytic Psychotherapist) devised a Bespoke and Enhanced version of TRiM which responds more effectively to the needs of our staff. That is, in the London Ambulance Service we use an enhanced and bespoke version of the TRiM System which takes into consideration the operational demands of an Ambulance Service working London-wide as well as the personality types of individuals who are drawn to work in such an unremittingly challenging and rewarding sector.

TRiM originated within the UK military as an evidence-based alternative to delivering the reactive single session models of post incident intervention such as Critical Incident Stress Debriefing. Single session debriefing has been subjected to scientific scrutiny and shown to lack effectiveness and also have the potential to exacerbate symptoms. Professor Neil Greenberg, Founder and Director of March on Stress, the foremost provider of TRiM training, was at the forefront of developing this impressive peer-led traumatic stress support package within the UK military. TRiM has been successfully employed in the UK Armed Forces for over 10 years but is equally effective in non-military sectors. Many organisations, such as, Police Forces, Ambulance and Fire Services, security services, and media services like the BBC have successfully implemented the TRiM System. The TRiM training delivered by the March on Stress Team is designed to allow an organisation to develop an in-house bespoke TRiM System, if necessary.

In 2012 the LAS made the Enhanced and Bespoke TRiM Consultations mandatory because it was identified, through an in-depth analysis of the anonymised data collated from the delivery of a variety of staff support services, that our operational staff wait until they are metaphorically hanging off the edge of a cliff before accessing support! Consequently, we have aimed to adopt a more proactive early intervention approach. Research has shown that the TRiM System can mitigate the potential development of PTSD or related symptoms. Also, the level of perceived support available to individuals following an incident can play an important part in their recovery. Emerging evidence shows that the first four months after an event may be a critical window of opportunity in which action needs to be taken.

That is, individuals who have problems that persist, unidentified and untreated, for more than four months are likely to have a much poorer long-term outlook than those who access support and guidance shortly after the incident. Therefore, our Wellbeing message is to proactively encourage individuals to access upstream interventions to ensure recovery. Also, embedded within all the staff support services we deliver is the attempt to combine an ethos of 'learning through experience' and an open systems theory approach which means that we aim to deliver fit for purpose services by recognising that it is necessary to constantly evolve and adapt to the needs of a changing staff population and organisation which, like a living organism, operate in constant interchange with a changing environment - all of which are complex and interrelated and therefore need to be regularly analysed so that changes and improvements can be designed, implemented and measured.

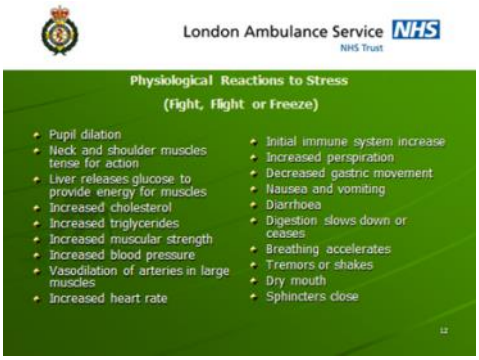


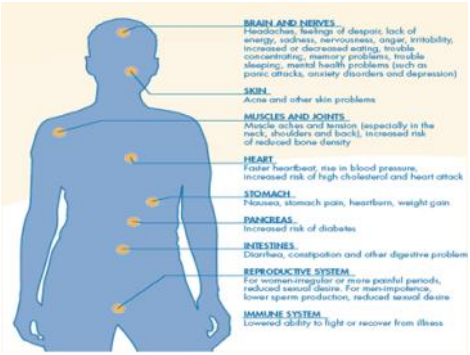
TRiM complies with the National Institute for Clinical Excellence (NICE) Guideline 26, (The Management of PTSD in Adults and Children in Primary and Secondary Care), and mirrors the over-arching ethos in our Wellbeing Strategy - "The London Ambulance Service has a vision that all staff members enjoy the greatest possible state of Wellbeing and our goal is to help staff stay healthy longer".

TRiMs are implemented when staff are required to manage any incident which may be potentially traumatic: "any incident which overwhelms the normal coping mechanisms of an individual or group". It is important to recognise that incidents are only potentially traumatic. The interpretation an individual gives the incident, informed by his or her personal experience, personality type, gender, existing stress levels, will determine whether it is experienced as traumatic.

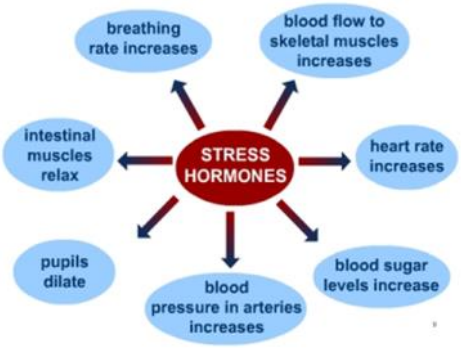
The London Ambulance Service's version of the TRiM Consultation enables the individual to begin processing and consolidating the experience, enhances resilience and facilitates the individual in regaining control. Research has shown that appropriate information given before and reinforced after potentially traumatic incidents can help to decrease levels of distress and build resilience to better equip us to manage future potentially traumatic incidents; this is why we include relevant and proven psycho-educational elements within our bespoke and enhanced TRiM Consultation delivery model.

The TRiM System consists of two Consultations. The initial TRiM Consultation is delivered a minimum of 72hrs after the incident because providing earlier interventions can cause more harm than good due to the fact that the individual may still be in shock and will not be able to process any new information. Also, in the first 72hrs after an incident, the individual's natural and automatic healing processes are activated and if interventions are provided too early, this healing process can be seriously destabilised and possibly impaired.





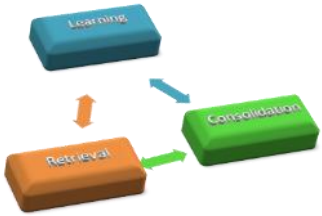
PHYSICAL	THINKING	EMOTIONS	BEHAVIOUR
Feeling shaky or muscle tension	Preoccupation with the incident, going over what was done and whether it was right	Feeling more jumpy and irritable, with difficulty in relaxing	Changes in sleeping or eating patterns
Upset stomach or nausea	Memories of the incident intruding during waking hours or causing distressing dreams	Feeling more sensitive and tearful	Increased smoking or alcohol use
Headache, extreme tiredness and lethargy	Poor concentration and memory	Feeling isolated, withdrawn or numb	Avoiding other people or work situations
Racing heart and breathless	Difficulty in making decisions	Feeling more worried, sad or guilty	Behaving more aggressively or erratically



A selection of slides from our in-house Wellbeing Training Programme

A one-month follow-up Consultation is booked to monitor progress and to identify whether Trauma Therapy is required. The importance of the 1-month follow-up assessment is threefold. First, some exposed staff may develop psychological problems after a delay and a stand-alone interview will not detect these. Secondly, some individuals continue to experience psychological distress following the initial interview and are at risk of developing long-term psychological problems. Lastly, an individual's adjustment to the potentially traumatic event can be gauged by comparing their initial psychological and behavioural state (and risk-assessment score) with that assessed at the 1-month follow-up

The Enhanced and Bespoke London Ambulance Service TRiM Consultations aim to:



- Identify individual trauma risk factors and traumatic stress risk levels
- Initiate and activate a cycle of learning, consolidation and memory retrieval of the experience and provide robust and safe psycho-educational elements for emotional 'scaffolding'
- Normalise and explain stress reactions via the inclusion of psycho-educational elements
- Provide and reinforce traumatic stress personal management strategies
- Provide essential Wellbeing Information Packs and raise awareness of Staff Support Services available
- Allows the TRiM Practitioner to identify and monitor those who may be at risk of developing psychological problems so an appropriate referral can be made.

Information from the Initial and Follow-up Consultations is securely stored in the Staff Support Services Department and is kept separately from other staff and health records. Unless there is a clear risk to self or others, in accordance with established Confidentiality Protocols, this information cannot be shared without the informed consent of the interviewee. It must be stressed that the TRiM Consultations are separate to any investigation that might examine why the incident occurred in the first place.

For further information on the LAS Bespoke and Enhanced version of TRiM please contact Fátima Fernandes (Staff Support Services Manager) via phone 07917 201 676 or email: fatima.fernandes@lond-amb.nhs.uk
Learn More: www.marchonstress.com

STAFF SUPPORT SERVICES

The People Asset Management (PAM) Group provide all Occupational Health (OH) services, including counselling, physiotherapy and the Employment Assistance Programme (EAP). The EAP is a 24hr Confidential Helpline offering telephone advice and support on a range of personal and work issues. It also provides counselling for staff.

For further information please access: https://thepulseweb.lond-amb.nhs.uk/about-me/staff-support-services/occupational-health/

1. Managers can make **TRiM referrals** for staff who have attended a Potentially Traumatic Event by emailing : **TRiM Consultations-DG@lond-amb.nhs.uk**
2. **Counselling can be accessed via the following methods:** Individuals can self-refer via the PAM Assist Helpline: 0800 882 4102 Managers can refer staff by emailing referral to **counselling@pamassist.co.uk**
3. **In an Emergency please call the 24/7 SENIOR LINC On-Call:** 0207 922 7539
4. **For further information, please email** **Jackie.phipps@lond-amb.nhs.uk** or call **020 7783 2015**

Understanding and Managing
TRAUMATIC STRESS

Potentially traumatic incidents can be defined as "any incident which overwhelms the normal coping mechanisms of an individual or group". It is important to recognise that incidents are only potentially traumatic. The interpretation an individual gives the incident is informed by a number of inter-related elements. For example, current and past experiences and whether they have been adequately processed; current stress levels; existing physical and mental health status; personality type, gender, age, religious or spiritual beliefs, cultural background, existing support network; approaches to nutrition and general self-care. In simple terms, we interpret every event autobiographically which is why individuals can interpret the same incident in a variety of ways. Also, it is recommended that assumptions are not made about how individuals should or shouldn't react because such stigmatising assumptions can impact how we interpret an incident, whether we feel confident accessing support when required and therefore, how we recover and enhance resilience after the experience.

An individual who interprets an incident as traumatic may feel physically and cognitively engulfed and overwhelmed because the intensity of the unexpected 'emotional storm', which also includes emotional, behavioural and physiological responses, disrupts his or her capacity and ability to rationally process or mentally digest the experience. As a consequence, this sense of engulfment puts us under the sway of the Fight / Flight mechanism, enables us to automatically access learned responses so we can effectively do the job we've been trained to do. However, to conserve energy and to enable us to survive the perceived real or imagined threat, we lose the ability to process new information because the brain determines that the priority is dealing with present situation and not planning for the future.

Also, a particularly distressing event can call into question, in a fundamental way, the belief system, known as schemas, which individuals unconsciously employ, irrespective of gender and culture, to make sense of the world. This can lead to an initial disruption or 'stalling' of our capacity to think about or process the incident and it also weakens our sense of trust, security, predictability and controllability. These schemas are only rarely thought about consciously but exert a powerful influence over us. Schemas can be seen as the equivalent of decoders which have always helped us to interpret the world. However, when we are faced with an incident which does not tally with our established decoder and therefore does not make sense to us, we can feel lost and out of control. Schemas have a tendency to remain unchanged, even in the face of contradictory information and as a consequence can significantly hinder an our ability to process extremely distressing experiences and leave us feeling as though the event didn't happen in the real world as we attempt to avoid thinking about it and deny that such an incident could happen in our world.

The three schemas are:

1. A belief in one's own safety, 'invulnerability' – "Nothing can harm me".

2. A belief that the world is fair, just and predictable. "Good things happen to good people, bad things happen to bad people and "No one should hurt women and children".

3. A belief that one will act in the best interest of others and cope with difficulties. "I would help people in trouble". "I would protect the weak".

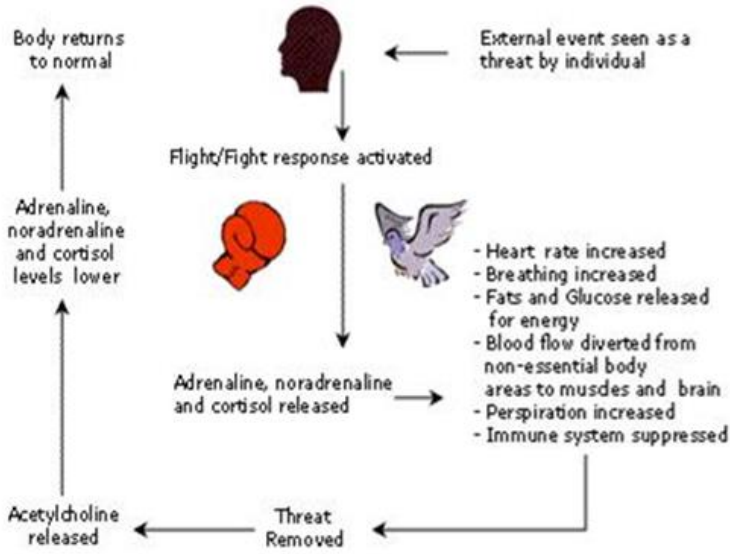
Experiences that are perceived as threatening or distressing trigger a series of approximately 1,500 biochemical reactions within the body. Stress chemicals (such as adrenaline and cortisol) are dumped into the bloodstream and trigger the Fight / Flight response. For example, sharp increases in the levels of stress chemicals such as adrenaline and cortisol lead to an increased heart rate and changes in blood flow as the brain prepares the individual to deal with the perceived threat. An elevated heart rate means that more blood is being pumped to our muscles and brain so that we can assess the threat and either fight, or run away faster.

Common Stress Symptoms

Physical	Cognitive	Emotional	Behavioural
Fatigue	Blaming someone	Anxiety	Change in activity levels
Nausea	Confusion	Guilt	Change in speech
Muscle tremors	Poor attention	Grief	Withdrawal from others
Twitches	Poor decision making	Denial	Emotional outbursts
Chest pain**	Heightened or lowered alertness	Severe Panic (rare)	Suspiciousness
Difficulty breathing**	Poor concentration	Fear	Change in usual communications
Raised blood pressure	Memory problems	Uncertainty	Increased alcohol consumption/ cigarette use
Rapid heart beat	Difficulty in familiar objects or people	Loss of emotional control	Inability to rest
Thirst	Increased or decreased awareness of surroundings	Depression	Antisocial acts
Headaches	Poor problem solving	Feelings of being overwhelmed	Intensified startled response
Visual difficulties	Disorientation	Intense Anger	Pacing
Vomiting	Disturbed thinking	Irritability	Erratic movements
Grinding of teeth	Nightmares	Agitation	Changes in sexual functioning/interest
Weakness	Intrusive thoughts or vivid memories of the incident	Apprehension	
Dizziness			
Profuse sweating			
Chills			
Shock symptoms**			
Fainting			

Individuals respond in a variety of ways. Most of these responses are made up of a mixture of physical and physiological effects, (pacing, sweating, trembling, diarrhoea, difficulties sleeping, increased heart rate and blood pressure, acceleration in breathing), cognitive effects (difficulties concentrating, difficulties making decisions, decrease in short term memory), and intensified or uncharacteristic behavioural and emotional effects (change in communication style, crying, angry outbursts, unusually silent or noisy, heightened suspiciousness and hypervigilance, feeling unable to cope, increase in paranoia, guilt, fear, withdrawal and isolation). These are all completely normal reactions to an event that may be considered extraordinary. Other effects may include traumatic stress symptoms such as, chronic anxiety, sleep disturbances, flashbacks, intrusive memories and feelings, numbing, irritability, depression, social withdrawal, and physical sensations. Usually these normal reactions are only experienced for a few weeks as the brain begins to mentally digest, consolidate and store the experience. If symptoms persist and escalate over a period of 4-6 weeks, individuals are strongly advised to access professional assistance from Staff Support Services which can enable individuals to learn from the experience so that personal resilience can be enhanced.

It is essential that we remind ourselves that PTSD or the corresponding symptomology isn't about what's wrong with us but what happened to us and what can we do about it. According to statistics released by NICE, immediately after a traumatic event some 60% of people experience a similar set of symptoms. Within 4-6 weeks, however, that figure falls to about 10%. Most people get better without any intervention. Understanding that most people will cope with even the most serious events is important. It is the minority who are likely to require extensive support, assistance and perhaps even referral to specialist services.



It may take a while to recover from an incident and time is needed to process what the individual has experienced and also come to terms with and consolidate what has happened. Therefore, despite it being difficult and anxiety-provoking, the more we think about and talk about the incident with a trusted colleague, friend or a professional, the quicker we can recover. It is important not to underestimate the importance of talking and thinking about our experience – it is literally how we make sense of the incident and is an essential part of the recovery process because it significantly helps an individual integrate and incorporate the event into our established personal narrative or story. That is, prior to experiencing a potentially traumatic event we have existing narratives or stories about ourselves, our lives which inform the expectations we have about life and influences how we live.

These personal narratives, underpinned by schemas, provide us with structure, meaning and, quite literally, physically and spatially localise us. Our sense of ourselves and the world is very much informed and 'scaffolded' by our personal narrative.

When a potentially traumatic event occurs which contravenes our pre-existing narrative and the schemas which are the bedrock of how we live our lives, it is the equivalent of our bespoke narrative being destroyed into tiny pieces. When an incident is particularly intense, it can feel like our very own life has been destroyed.

I created the 'jigsaw analogy'© to help individuals understand how frightening and anxiety-provoking this can feel. Imagine our personal narrative is the equivalent of a 1000 jigsaw puzzle which has taken us hours to complete and then something or someone upends it and the pieces scatter across a wide area. This unexpected incident has not only completely dismantled our jigsaw but has also produced an extra 200 pieces which we have to integrate into our pre-event personal jigsaw puzzle. So, not only do we have to scramble around to find our original 1000 pieces but we also have to incorporate an extra 200 pieces so we can move forwards. It is this necessary processing work which enables recovery. It is important to remember that this critical thinking process is hard work and can initially feel exhausting and frustrating until we recognise that we are making progress. Taking the time to think through and talk about the incident with a trusted individual, re-establishing normal familiar routines, doing things that are enjoyable, exercising and eating food as close to its natural state as possible, and allowing ourselves to sleep when we feel exhausted are all essential elements of aiding recovery.

Learn More: For more information on any of the topics discussed in this MiTiP and any Wellbeing -related topic contact Fátima Fernandes

Exercise Helps Traumatic Stress Recovery

Physical activity significantly improves the chances of recovering from traumatic stress as long as we don't overdo it! That is, we have to be mindful of our existing levels of adrenaline and not over exert ourselves— which will produce yet more adrenaline. Physical exercise is an effective way of using up the accumulated production of stress hormones which can build up in our system and prevent us from sleeping, eating and thinking and it can also significantly improve our mental health. The key is to design a sustainable exercise programme, ideally across a 12-week period, which responds to our fitness levels as well as our current levels of energy and then gradually increase the intensity. The National Institute for Health and Clinical Excellence (NICE) recommends that individuals of all ages with depression should be advised of the benefits of following a structured and supervised exercise programme, typically up to 3 sessions per week of 45 minutes to an hour for between 10 and 12 weeks.

Slowly building the motivation to regularly carry out a bespoke exercise programme is a form of mastery or control and this also enables a person to regain control over her or his body and life after experiencing a distressing incident which often leaves us feeling as though we have little or no control.

Sometimes we are unaware that we are depressed. Anxiety on the other hand, usually has clearer physical symptoms that are often physically manifested. It is difficult when we are depressed or anxious to find the motivation to exercise; however, exercise will help to elevate mood and reduce fear and anxiety.

In particular, exercise leads to the release of certain neurotransmitters in the brain that alleviate pain, both physical and mental. Additionally, scientists have found that sustained exercise generates new neurons in the hippocampus, the center of learning and memory in the brain. Much of the research done in this area has focussed on running, but all types of aerobic exercise provide benefits.

Research has shown that physically active people recover from depression more quickly, and it is strongly correlated with good mental health as people age. Depression is related to low levels of certain neurotransmitters like serotonin and norepinephrine; exercise increases concentrations of these neurotransmitters by stimulating the sympathetic nervous system. Another factor to consider is endorphins, the chemicals released by the pituitary gland in response to stress or pain. They bind to opioid receptors in neurons, blocking the release of neurotransmitters and thus interfering with the transmission of pain impulses to the brain. Exercise stimulates the release of endorphins within approximately 30 minutes from the start of activity. These endorphins tend to minimise the discomfort of exercise and are even associated with a feeling of euphoria.

Learn More:
http://theconversation.com/working-out-ptsd-exercise-is-a-vital-part-of-treatment-34855
http://www.ncbi.nlm.nih.gov/pubmed/25189537
http://serendip.brynmawr.edu/bb/neuro/neuro05/web2/mmcgovern.html

SPRING INTO ACTION

1. Jumping jacks → 2. Wall sit → 3. Push-up

4. Abdominal crunch → 5. Step-up onto chair → 6. Squat

7. Triceps dip on chair → 8. Plank → 9. High knees running in place

10. Lunge → 11. Push-up and rotation → 12. Side plank

LINC

Listening

Informal

Non-judgemental

The TRiM System is most effective within an organisation when it is delivered by a peer support network. The London Ambulance Service has an award winning peer support network called LINC, which stands for Listening; Informal; Non-Judgemental and Confidential and it is a key part of the Staff Support Services Department. A Project Management Group was formed in September 2002 and an audit was undertaken of research studies relating to peer support schemes.

This was followed by a lengthy internal and external consultation process when the decision was endorsed to set-up a Peer Support Scheme in March 2005 consisting of 14 LINC Workers who received the standard TRiM training and, 4 months later, these 14 pioneer LINC Workers played a key role in providing support to colleagues during the London Bombings in July. In 2008 the LINC Network received a prestigious Commendation from the Health Professions Council (HPC) for best innovative practice and for the "exceptional" peer support structure. In 2010 the LINC Network was named runner up in the Healthcare People Management Association National Award.

The enhanced bespoke TRiM Consultations, introduced in 2012, are delivered by members of the Senior LINC Worker Team, the LINC Manager and the Head of Staff Support Services. LINC, now with over 100 volunteers was developed by staff for staff and sits within the Staff Support Services Department.

Individuals who apply to be LINC Workers undergo a demanding and rigorous Five Phase Assessment and Training Process and, if successful become qualified to support their colleagues on top of their relentlessly demanding and challenging 'day jobs'. In Phase Four, successful applicants are invited to attend an intensive residential weekend where they receive professional training on key mental health and Wellbeing topics, such as traumatic stress, depression, bereavement and suicide, confidentiality, communication, basic counselling skills and self-care and self-knowledge. We also have a team of Senior LINC Workers who receive enhanced training on PTSD and Post Traumatic Growth, and are responsible for the 24/7 ON-Call Service and delivering the Enhanced and Bespoke TRiM Consultations.

The aim of the LINC Network is to promote psychological and emotional Wellbeing and it exists to support any member of staff regardless of gender, age, ethnicity, disability, religion, culture, sexual orientation, role within the London Ambulance Service.

The LINC Network's solid reputation and continued expansion is predominantly due to the personality types of our of LINC Workers who, like their colleagues, hold the central belief that it is important to take care of others and make the world a better place and, I really love that which is why it is an honour and a pleasure to work alongside such kind and considerate people.

WHAT ARE SYMPTOMS OF PTSD ?

NUMBNESS	GUILT	ANGER
BAD MEMORY	HOPELESSNESS	SELF-DESTRUCTION
NIGHTMARES	NO FOCUS	SHAME
INSOMNIA	HALLUCINATIONS	FLASHBACKS
VIOLENCE	SUBSTANCE ABUSE	IRRITABILITY

PHYSICAL SIGNS:

- HEADACHES
- AGITATION
- DIZZINESS
- INCREASED CHEST PAIN
- HEADACHES

INTERESTING FACTS:

One of the first descriptions of PTSD was made in 490 BC when Herodotus described an Athenian Soldier going blind after witnessing the death of a fellow soldier.

Cases of PTSD were first documented during the First World War when soldiers developed shell shock as a result of the harrowing conditions in the trenches.

But the condition wasn't officially recognised as a mental health condition until 1980, when it was included in the Diagnostic and Statistical Manual of Mental Disorders, developed by the American Psychiatric Association.