



Improving your quality of life, one step at a time

Issue #06:

PTSD IN THE WORKPLACE: SOLUTIONS AND SUPPORT



Post-traumatic stress disorder (PTSD) is most often linked to combat occupations and first responders. So you wouldn't think of your everyday co-workers as prime candidates to encounter PTSD related symptoms. In most instances, our co-workers have always lived an ocean away, and then some, from an armed conflict. As day to day employees, we may never witness a crime scene or a deadly car crash.

So what could or does happen?

Although research has mainly focused on combat, rape and other types of assaultive violence as causes of PTSD, the sudden, unexpected death of someone you care about is often a leading cause of PTSD within the community, accounting for nearly one third of all PTSD cases.¹

So yes, there is more to each of us as employees than meets the eye. Maybe someone has lost their mother, their best friend, or their partner / spouse. Or maybe it's something else they have lost, such as a work and/or occupation related

event. Trauma can manifest and surface in very different ways. The mind can become a conflict zone. How can one escape?

In this article, we'll be looking at:

- What is PTSD and what are its symptoms and signs?
- What are the occupational effects of PTSD?
- What solutions and supports have proven most effective?

To help shed some light on those issues, we've asked the expert advice of Dr. Sandra Primiano, a psychologist who serves as Homewood Health's Senior Director for the Homewood Clinics.



Redefining trauma

In terms of high-risk occupations, we immediately think of the military and first responders such as police, firefighters and paramedics. But, even if less frequent, many public facing positions are vulnerable to potential trauma. Assaults are not uncommon for occupations such as retail or bank clerks and taxi drivers, for example.

PTSD occurs in response to the direct experience of extremely traumatic/stressful events or being witness to people involved in them. The very concept of trauma has expanded drastically since being first introduced in the DSM-III in 1980. To meet the criteria, people no longer need to be survivors of life-threatening events or even be present on the scene. The clerk who hears about a colleague being held at gunpoint on the night shift can qualify as a trauma survivor just as much as the victim whose life was at risk.² Vastly more people qualify for the PTSD diagnosis than in the past.³

For example, 60% of participants in a study on causes of PTSD in the Detroit community experienced the sudden death of someone they cared about. More than 14% of the participants developed PTSD. The conditional risk of PTSD following exposure to trauma, independently from the source, was 9.2%. In comparison, the highest risk of PTSD prevalence resulted from a person being physically assaulted (20.9%).¹

PTSD is to mental illness what concussion is to physical health

The vast majority of people subjected to trauma will not develop PTSD.

Depending on sources, it can be said that between three and five percent of the population is affected by PTSD, and approximately nine percent of people will be diagnosed with PTSD in their lifetime. Women are significantly more at risk of developing the disorder than men, by a two-to-one ratio.⁴

"What makes people more vulnerable than others? We know that one factor is having a childhood with a history of adverse experiences, like abuse (psychological, physical or neglect)", says Dr. Primiano, whose area of expertise is trauma and stress-related disorders and anxiety disorders.

"When you exercise, you feel pain at first but your body gets stronger, with PTSD it's the reverse. The more trauma you experience, the more vulnerable you become. The more you've experienced, the more susceptible you are to experience even more, as you've been primed to experience the world in certain ways, and then it accumulates. When you experience early trauma, you become more vulnerable towards developing trauma, stress and anxiety related disorders as you are pre-conditioned to similar triggers or traumatic events."

PTSD is a mental illness that needs the fulfillment of certain criteria for a minimum duration of one month before being diagnosed. It is not associated only with feelings of sadness, anxiety or shock after the traumatic events.

The list of symptoms fall under four categories:

- **Intrusive memories:** Can include recurring, unwanted, distressing memories of traumatic events. "The person is reliving the trauma event like it's happening right now through flashbacks or nightmares. There can also be emotional or physical distress reactions when something triggers the recollection of the events."
- **Avoidance:** One tries not to think about the events by avoiding certain places, persons or activities that bring the traumatic event to mind. "Some will also forget really important parts of the events."
- **Hyperarousal:** It involves being on guard, feeling angry, irritable, aggressive and impulsive. "It can lead to self-destructive behaviours, trouble to concentrate or being easily startled."
- **Negative thoughts and moods:** Self-blame, fear, guilt and distorted negative feelings about oneself, others and the world. "People will also tell you they don't feel anything anymore or that they're hopeless about the future. Some can socially withdraw and lose interest. It becomes hard to connect with people."

The disorder can develop immediately after experiencing or witnessing the event, or surge months, and in some cases even years, after the event.

Occupational effects of PTSD

When PTSD develops, it can become very difficult for employees to engage in work.

"Getting to or being at the workplace for the employee could be a trigger, says Dr. Primiano. It becomes too disturbing, stressing. Employee's may call in sick often, or just not show up and no one knows why."

In situations where an employee manages to make it into work, she says, co-workers maybe witness to occupational effects, such as:

- Having trouble concentrating or remembering things they're supposed to be doing because they're anxious and hyper-aroused.
- Taking more time to complete tasks than before. Managing time and scheduling can be an issue.
- Looking very tired. PTSD often comes with certain sleep-related issues, such as insomnia, because of nightmares and hypervigilance.
- Coming to work under the influence, as nearly half of individuals with PTSD use substance abuse as a coping mechanism and more than one-in-five also meet criteria for substance addiction.⁵
- Having angry outbursts because they're on edge and are easily startled, which can cause the amicable co-worker you knew to easily get into arguments.
- Having increased difficulty coping with stress.

When the red flag behaviours listed above manage to somehow stay under the radar, they most often come with a decrease in performance that, in many cases, will be noticed.

Solutions and support

What kind of help?

Talking about how you're feeling simply might not be enough. Depending upon the severity of the disorder, Dr. Primiano advises to seek evidence-based psychotherapy for PTSD, essentially meaning any therapy that uses cognitive, emotional, or behavioral techniques to facilitate processing a traumatic experience and in which the trauma focus is a central component of the therapy.⁶

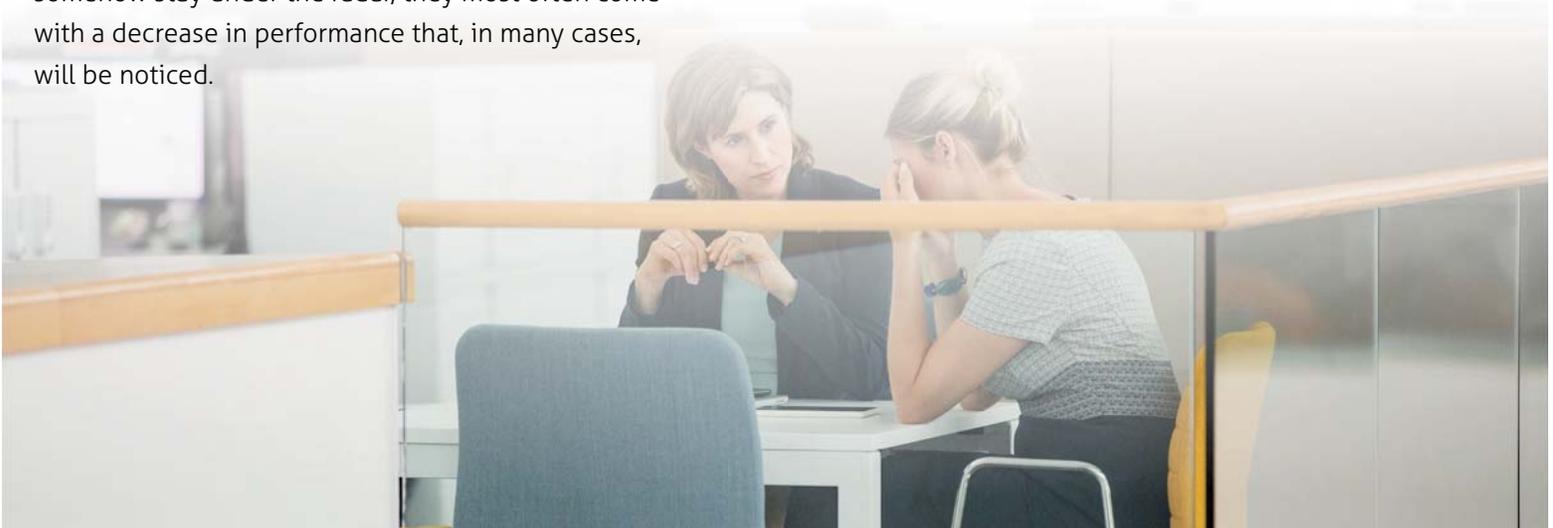
"The reality is, some employees get better on their own with the passage of time, while other employees will not. It can be very difficult to return to your previous level of functioning, more so than with depressive episodes or having panic disorder, because PTSD really does change the perception of one's self, of the world, and of others including your co-workers."

Dr. Primiano, adds that the prognosis is more complex for employees who have experienced many traumatic events and/or have suffered from PTSD for a long time.

"It changes things about who you are, the way you think and interpret things. It's really hard to change that."

But trauma-focused (TF) psychotherapies do work.

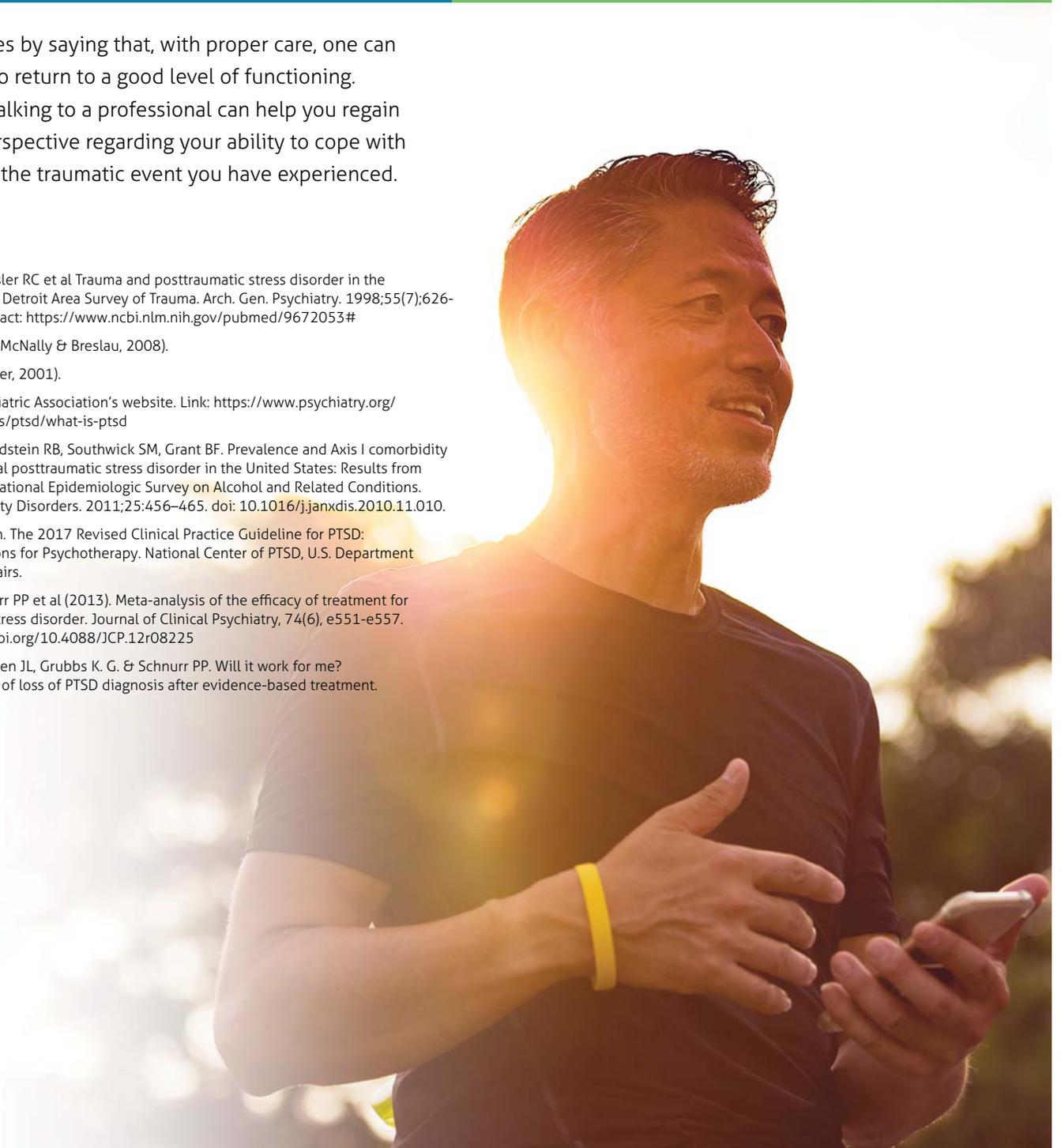
TF therapies are almost three times as effective as medication in treating the severity of PTSD.⁷ For every 100 individuals with PTSD, only nine percent will no longer have the disorder after three months without treatment but this figure rises to anywhere from 42% to 53% with TF treatment depending on the approach.⁸



She concludes by saying that, with proper care, one can really hope to return to a good level of functioning. Sometimes talking to a professional can help you regain a healthy perspective regarding your ability to cope with aftermath of the traumatic event you have experienced.

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 Send us your questions, comments, and suggestions — lifelines@homewoodhealth.com

