



Intervention

Section 2: Just Getting Started with Intervention



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Intervention

An important part of developing intervention strategies when you are *Just Getting Started* is anticipating possible traumatic exposures, and then planning how these things might be addressed in your organization. Here are a few things that you may need to consider:

- How managers and supervisors should respond to signs and symptoms of PTSD.
- Early Intervention and Screening Protocols.
- How to respond to a crisis situation.
- Knowing how to access treatment and support options in the community, through Employee Assistance Programs (EAP), benefits program or OHIP.
- What the processes are to report traumatic incident exposures and PTSD diagnosis to WSIB to access workers compensation.

How to Respond to Signs and Symptoms of PTSD in a Worker

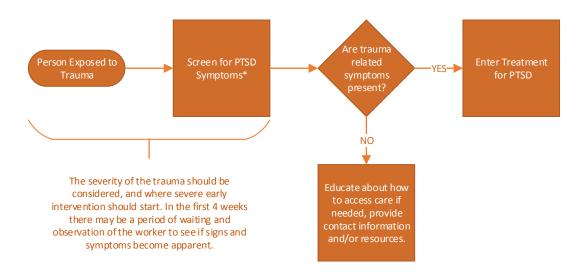
Senior Leadership, Managers and Supervisors are expected to know how to recognize and respond to signs and symptoms of PTSD in a worker or fellow Manager, Supervisor or Senior Leader. If signs and symptoms are found to be presented it is expected that the Senior Leader, Manager or Supervisor will:

- Keep the communication lines open with the worker and ask how they or other team members can provide support to the worker. If the worker is not ready to talk wait for them to open up. If they do start to share, do not interrupt, it is often difficult for people with PTSD to ask for help, particular if there is a concern about stigmatization.
- Deal with signs and symptoms directly and as soon as possible. If signs and symptoms are recognized it is best to open the dialogue and provide support so that the worker knows they are supported in the workplace.
- Provide information about the options the worker has to address PTSD. Help the worker access support and help resources, if they request or need assistance.
- Encourage the worker to talk to someone they trust about what has happened, this could be team members identified in the workplace to provide peer support, family members, friends, or a manager/supervisor.
- Share with the worker that what they are experiencing is a normal reaction. Provide information about signs and symptoms and when they should speak to a professional or seek additional help.

Early Intervention and Screening Protocols

While some people may recover from an exposure to a traumatic event, others may develop chronic problems over many years. Your workplace may want to implement regular screening protocols based on the type of work or exposures your workers may be experiencing. First Responders, as part of their job, are exposed to traumatic events. Many individuals in these environments may suffer both short and long term effects as a result of their exposure to the traumatic event.

Screening protocols can help identify workers who are potentially at risk of developing PTSD. For individuals who are exposed to a traumatic event, some evidence suggests that screening should be given at 1 month following the event. Early intervention is important for effective treatment and the severity of the initial traumatic event should be considered when determining the need for early intervention. Below is a sample screening protocol that you may want to consider for your organization: (National Institute for Health and Care Excellence, 2005).



*this includes observation of work related or intrusive memories, avoidance, or hyper-arousal signs and symptoms and/or self screening methodology

Figure 1: Sample Screening Protocol

After the Event, Minimizing Stress for the Worker

An important part of managing the crisis is helping your workers minimize their stress when they return to work. You may want to consider the following actions when you are developing your Prevention Plan:

- Allowing time off for workers who have been involved in the traumatic event.
- Transitioning workers back into the workplace by initially assigning them to less-demanding jobs.
- Developing protocols to provide workers with stigma free counselling so that workers can address the emotional aspects of what they have experienced.
- Instituting debriefing sessions that focus on helping workers put their experiences in perspective and validate what they have seen, done, thought and felt.
- Providing ongoing education or workshops that provide information on PTSD, stress management and actions workers can take to take care of themselves.
- Offering group peer support activities.



PTSD Self Assessments

The PTSD Association of Canada has a couple of PTSD checklist that may be useful for your organization, however it is important to note that only a trained mental health professional can provide you with a valid diagnosis of any mental health condition.

http://www.ptsdassociation.com/assessment/

Important Messaging for Workers about What to Expect

Traumatic events can be very difficult to understand. You can use the following tips to help communicate with all Workers, Supervisors and Managers about how to manage their own feelings before, during or after a traumatic event. These tips come from SAMHSA's (Substance Abuse and Mental Health Services Administration) National Mental Health Information Centre and are designed to help civilians who volunteer during disaster releif, however the tips are relevant to all traumatic events. (Occupational Health and Safety Administration, 2016)

- No one who sees a traumatic event is untouched by it.
- It is normal to feel sadness, grief and anger about what happened and what you saw.
- It is natural to feel anxious about your safety or the safety of those who are important to you.
- Achnowledge your feelings, it will help you move forward more quickly.
- Everyone have different needs and different ways of coping. This is normal.
- It is healthy to reach out for, and accept help if you need it.



Self-Assessment: Do I have PTSD? When to Call a Doctor

The assessment below is another option which aligns with the "When to call a Doctor" information provided in the Section 1: Just Getting Started with Prevention

<u>Directions:</u> Read each of the statements below. If you have been experiencing these symptoms for more than on month mark the box at the beginning of the statement. When you are done you can print this off and take it to your doctor, or share with your supervisor so that they can help you access the support you need. You should call a doctor if you have been experiencing the symptoms for more than one month and you are experiencing at least:

- One intrusive memory symptom
- Three avoidance symptoms and
- Two hyper-arousal symptoms

Intrusive Memory Symptoms

	ect ($oxtimes$) all that apply. In the last month have you $oxtimes$	expe	rienced any of the following intrusive
	Recurring, unwanted distressing memories of the traumatic event. Reliving the event as if it were happening again.		Upsetting dreams about the event. Severe emotional distress or physical reactions (heart racing, hands sweating) to something that reminds you of the event.
Sel	oidance Symptoms ect ($oxtimes$) all that apply. In the last month have you onptoms:	expei	
	Trying to avoid thinking about the event avoiding places, objects, activities or people		Feeling hopeless about the future. Losing interest in activities that were enjoyable in the past. Feeling strong guilt, depression or worry. Memory problems including not remembering important aspects of the traumatic event. Difficulty maintaining close relationships.
	that remind you of the event. Increased negative feelings about self or others.		
	Feeling emotionally numb or inability to experience positive or negative emotions.		
Sel	rper-arousal Symptoms ect (⊠) all that apply. In the last month have you on nptoms:	expei	rienced any of the following hyper-arousal
	Irritability, feeling tense or "on guard." Difficulty sleeping. Angry outbursts or aggressive behaviours. Being on constant guard for danger.		Feelings of overwhelming guilt or shame. Self-destructive behaviours. Trouble concentrating or sleeping. Being easily startled or frightened.

How to Respond to A Crisis Situation

Peer Support: Just Getting Started

Having a peer support program in place is a recognized, evidence based practice used in organizations. It is important to remember that while peer support is an important part of dealing with PTSD, it is not a substitute for professional medical support. This section reviews some of the basics of peer support and how to get a program started in your workplace, recognizing that when you are starting out with your PTSD Prevention Plan and Program you may not have the resources to establish a full peer support team.

Peer support is an intervention that leverages shared experience to foster trust, reduce stigma and create open channels of communication for seeking help, sharing information and seeking support resources. The focus of a peer support program is to establish positive coping strategies, using common language which fosters trust and credibility between team members.

Following are some of the benefits of using peer support to address PTSD in the workplace

- Peer support is focused on the person. It provides the worker with emotional and social support from others who share a common lived experience. The experience may not be specific to the traumatic event, but in relation to the job, emotional pain or mental health challenge that is experienced. It is important for those suffering from PTSD to maintain social relationships.
- Peer support can help workers cope with memories of the trauma through the process of sharing stories and learning how to deal with emptions such as anger, shame, guilt or fear.
- Peer support provides a focus on hope and recovery.
- Peer support can help the worker learn how to talk about what is happening to them and support them in seeking help.
- Peer support team members bring credibility of lived experience they can speak the same language, they understand the organization and how it operates and they know what services are available to the worker within their organization.
- Peer support builds trust with other people, which is important when addressing PTSD.

The Mental Health Commission of Canada has established <u>Guidelines for Practice and Training</u> of Peer Support which may be helpful for your organization.

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Just Getting Started with Peer Support

If you are Just Getting Started, here are some approaches you may want to consider:

- 1. Utilizing the Service Chaplain as a source of peer support.
- 2. Utilizing a volunteer Peer Support Mentor from the Joint Health and Safety Committee. This person should be provided training to help them fulfill their duties which includes:
 - a. basic skills to be a peer support mentor,
 - b. listening skills,
 - c. psychological first aid, and
 - d. referral options for workers within the organization.

The benefit of utilizing this approach is that this person is already familiar with your health and safety program and they are a member of team. When selecting this person they should be viewed as being a credible resource, are respected by peers and undergo a selection process.

It is important that the peer supporters are monitored so that they feel supported in their role and can also get the help they may need to deal with the trauma related experiences. This could include the provision of access to a behavioural health expert, opportunities to improve peer supporting skills, monitoring of their own health and wellbeing.

Below are links to some peer support and psychological first aid training programs:

Mental Health Commission of Canada: Mental Health First Aid

Mental Health Commission: Road to Mental Readiness (R2MR)

Heros are Human: The Tema Conter Memorial Trust: MANERS Program

Living Works Education Inc

BizLife Solutions: HEART Program

Accessing Treatment and Support Options

Understanding the Strengths and Limitations of your Service's Employee Assistance Program

An important part of developing your prevention plan is understanding the strengths and weaknesses of your service's Employee Assistance Program (EAP). While many organizations offer this to their workers, the employees of the EAP are not always equipped to deal with the traumatic events that first responders are exposed to. It is important that you understand the service strengths and limitations so that you can address any gaps in your prevention plan. You need to find out about the specific provision of service for your workers with regards to PTSD.

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Some of the items that you will want to check with your EAP Provider about include:

- How does the EAP provider screens the calls and if they are equipped to provide service in this area?
- How many hours of counseling they can receive and if this can be increased for PTSD cases?
- What qualifications do available counselors have to address PTSD symptoms?
- What knowledge and experience or training has been provided to the people who are taking employee calls have with regards to the signs and symptoms of PTSD?
- Is the service is available 24/7?
- What type of assistance is available to help you manage a critical incident?

- Does the provider provide training for managers on how to spot an employee in crisis and is this included in the package. If it is not included can we pay for it as needed?
- Does the provider provide peer support training, training for peer support mentors, is this included in the package, or can you pay for this as needed?
- Does the EAP have other clients in the first responder community?
- Is there an opportunity to improve the level of service if other members in the first responder were to access the EAP as a single account/client?

One you understand the strengths and limitations of your Employee Assistance Program provider, you will be able to identify the next steps you need to take to provide additional support to your workers. In some cases you may want to contact your colleagues in the first responder community to establish a more robust program.

Communicate the strengths and limitations of your EAP program to your workers so that they are aware of the services and/or processes they will have to go through if they utilize this as a support resource.

Understanding availability of Support within your Community

There are community supports available to your workers and when you are just getting started in developing your plan these resources can be a very valuable first step. There are a number of distress and crisis centres throughout Ontario and many of these centers offer services which would be beneficial to a worker suffering from PTSD.

You should reach out to your local distress centre and identify the services that they provide. Most of the centers are open 24 hours a day, 7 days a week.

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Some of the questions you can ask your local distress centre include:

- Do you provide specific services in support of PTSD? If yes what are these services?
- What are the qualifications of available counselors to address PTSD symptoms?
- Are the help line staff equipped to recognize the signs and symptoms of PTSD and then provide appropriate support and direction for the worker?
- Do they provide training or resources for managers on how to spot an employee in crisis and is this included in the package. If it is not included can we pay for it as needed?
- Do they provide peer support training, training for peer support mentors, is this included in the package, or can you pay for this as needed?

As part of your Prevention Plan you should communicate the services available through your local distress centre. To find your local distress centre contact information visit this website: http://www.dcontario.org/. The Government of Canada also has a Mental Health Helpline. Information about this service can be found on their website: http://www.mentalhealthhelpline.ca/

PTSD Treatment Options Available through OHIP

It is important to understand the treatment options which are covered by OHIP, you will need to contact your local healthcare provider to understand the treatment options available to you in Ontario.



Information about OHIP

Some information is available on the Ministry of Health and Long Term Care website at the following link:

http://www.health.gov.on.ca/english/providers/program/ohip/outofcountry/us_preferred_providers/restreatment_facilities.html

The Ministry of Health and Long Term care has entered into preferred provider arrangements with US psychiatric hospitals to provide mental health services related to PTSD. Please note that these services require prior approval from the MOHLTC before it can be covered under OHIP.

The New Orleans Institute: Trauma-Based Disorders

River Oaks Hospital, New Orleans LA

http://riveroakshospital.com/programs/trauma-based-disorders/trauma-based-disorders/

Diagnoses: Post-Traumatic Stress Disorder, Dissociative Identity Disorder, Major Depressive Disorder, etc. with/without

Substance Abuse Gender: F/M

Level of Care: Residential

Typical length of Stay: 30 to 90 days

Partial Hospitalization Program for Post-Traumatic Stress Disorder Rogers Memorial Hospital, Oconomowoc WI and West Allis WI

https://www.rogershospital.org/treatmentservice/posttraumatic-stress-disorder-partial

Diagnoses: Post Traumatic Stress Disorder

Gender: **F/M**

Level of Care: Day Treatment
Typical length of Stay: 30 to 90 days

Reporting an Injury

Internal Reporting Procedures

As part of your organizational prevention plan you should establish reporting procedures for PTSD. When you are doing this it is important for your to consider existing accident and incident reporting procedures and explore if it can be expanded to include mental health concerns like traumatic mental stress or Post Traumatic Stress Disorder.

Following the notification of an injury/ illness, Section 51 and 52 of the Occupational Health and Safety Act(OHSA) requires notification to the Ministry of Labour, JHSC or H&S representative and trade union (if applicable) if an employee is critically injured, disabled from performing their own work or receives medical attention resulting from an incident.

The details required in these reports, and the parties who must be notified are based on the severity of the injury and are outlined in the OHSA and in Section 5 of the Industrial Establishment Regulation. Of particular importance is the necessity in S 5(2)(j) to include steps to prevent further illness.

Reporting to the WSIB

Reporting a Post Traumatic Stress Disorder through required channels is handled in the same manner as other injuries or illnesses. There are not special requirements set out by the WSIB at this time. When an injury or illness occurs, the employer must submit a Form 7 Report of Injury/Illness within three days.

In many cases an employee with PTSD will require time off from work, but in some instances, it may be possible to accommodate them with alternate work as they are receiving treatment. The same WSIB form 7 is used regardless of whether the ill/injured employee losses time from work(lost time injury), or only seeks medical attention(No Lost Time Claim). The employee will be sent a Form 6 by the WSIB for completion following the employers submission of the claim.

To report a PTSD injury on your Form 7 you will select "other" and then add PTSD or Post Traumatic Stress Disorder. You'll receive a confirmation number when you submit online, verifying that your form has been submitted. You can easily review all of the claims you've submitted online in the past 90 days. The online version will automatically complete over half of the form for you



WSIB: Employers Responsibilities

For a complete explanation of Employer Responsibilities when reporting an accident please visit the WSIB website and review Policy 15-01-02.





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