CLM 2021 Workers Compensation, Retail, Restaurant & Hospitality Conference
May 12-14, 2021
Chicago, IL
Narrative

Post-Traumatic Stress Disorder from First Responders to Front Line Workers

I. Foundation

Post-Traumatic Stress Disorder Explained

The National Institute of Mental Health defines Post-traumatic stress disorder (PTSD) as a disorder that develops in some people who have experienced a shocking, scary, or dangerous event. It is natural to feel afraid during and after a traumatic situation. Fear triggers many split-second changes in the body to help defend against danger or to avoid it. This fight-or-flight response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people recover from initial symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened, even when they are not in danger.

Signs and Symptoms

Not every traumatized person develops ongoing (chronic) or even short-term (acute) PTSD. Not everyone with PTSD has been through a dangerous event. Some experiences, like the sudden, unexpected death of a loved one, can also cause PTSD. Symptoms usually begin early, within 3 months of the traumatic incident, but sometimes they begin years afterward. Symptoms must last more than a month and be severe enough to interfere with relationships or work to be considered PTSD. The course of the illness varies. Some people recover within six months, while others have symptoms that last much longer. In some people, the condition becomes chronic.

A doctor who has experience helping people with mental illnesses, such as a psychiatrist or psychologist, can diagnose PTSD. PTSD is included in a new category in DSM-5, Trauma- and Stressor-Related Disorders. To be diagnosed with PTSD, an adult must have all of the following for at least 1 month: at least one re-experiencing

symptom; at least one avoidance symptom; at least two arousal and reactivity symptoms; as well as at least two cognition and mood symptoms. Re-experiencing symptoms include: flashbacks, which are a reliving of the trauma over and over, including physical symptoms like a racing heart or sweating; bad dreams; and frightening thoughts. Re-experiencing symptoms may cause problems in a person's everyday routine. The symptoms can start from the person's own thoughts and feelings. Words, objects, or situations that are reminders of the event can also trigger re-experiencing symptoms. Avoidance symptoms include staying away from places, events, or objects that are reminders of the traumatic experience; and avoiding thoughts or feelings related to the traumatic event. Things that remind a person of the traumatic event can trigger avoidance symptoms. These symptoms may cause a person to change his or her personal routine. To provide an example of this, after a bad car accident, a person who usually drives may avoid driving or riding in a car. Arousal and reactivity symptoms include: being easily startled; feeling tense or on edge; having difficulty sleeping; or having angry outbursts. Arousal symptoms are usually constant, instead of being triggered by things that remind one of the traumatic events. These symptoms can make the person feel stressed and angry. They may make it hard to do daily tasks, such as sleeping, eating, or concentrating. Cognition and mood symptoms include: trouble remembering key features of the traumatic event; negative thoughts about oneself or the world; distorted feelings like guilt or blame; as well as loss of interest in enjoyable activities. Cognition and mood symptoms can begin or worsen after the traumatic event, but are not due to injury or substance use. These symptoms can make the person feel alienated or detached from friends or family members.

It is natural to have some of these symptoms after a dangerous event. When people have very serious symptoms that go away after a few weeks, it is called acute stress disorder. When the symptoms last more than a month, seriously affect one's ability to function, and are not due to substance use, medical illness, or anything except the event itself, they might have PTSD. Some people with PTSD don't show any symptoms for weeks or months. PTSD is often accompanied by depression, substance abuse, as well as one or more of the other anxiety disorders.

Risk Managers Must Take Notice

In May of 2018, the Substance Abuse and Mental Health Services Administration released a Supplemental Research Bulletin titled – First Responders: Behavioral Health Concerns, Emergency Response, and Trauma. They found that three out of every ten first responders will develop behavioral health conditions including depression and/or PTSD. When compared to the general population risk of one out of five we see a significantly larger risk, 20% of the general population versus 30% of first responders. They also reported that 125 to 300 Police Offices commit suicide every year. According to a 2013 study by Bentley, 69% of EMS professionals have never had enough time to recover

between traumatic events. Stress and posttraumatic stress symptoms have been reported in a number of studies. For instance, according to a literature review done in 2012 by Dowdall-Thomae, Gilkey, Larson, and Arend-Hicks, over 50% of firefighter deaths are due to stress and exhaustion. In a study by Fleischmann from 2016, about three-fourths of the surveyed officers reported having experienced a traumatic event, but less than half of them had told their agency about it. Additionally, about half of the officers reported personally knowing one or more law enforcement officers who changed after experiencing a traumatic event, and about half reported knowing an officer in their agency or another agency who had committed suicide. Psychology Today reported in 2017 about a study conducted by researchers at Northern Illinois University describing how 911 dispatchers are exposed to duty-related trauma, which is defined as an indirect exposure to someone else's traumatic experience. Duty-related trauma puts dispatchers at risk for developing PTSD. Participants in the study reported experiencing fear, helplessness, and horror in reaction to various calls they received.

Potentially the biggest barrier to treating PTSD in workers' compensation is the determination of compensability. Every state treats PTSD a little differently. Some jurisdictions recognize it as a compensable injury among first responders, others require an underlying physical injury, and still others address the issue on a case-by-case basis. Sometimes the burden is placed on the injured workers themselves to show that the conditions, which caused their PTSD, were outside the normal conditions of their employment according to a VP of Clinical Strategy at Carisk, Alana Letourneau.

PTSD does not just affect first responders. The prevalence of PTSD among injured workers in other occupations remains underestimated. Anyone who has suffered a life-changing catastrophic injury or witnessed a violent event can experience the symptoms of PTSD (such as a bank robbery). This is an ongoing and growing concern as the research discussed dates back to 2010 through to the present day. Business Insurance Magazine published an article on PTSD effecting First Responders as recently as December of 2019. In January of 2021 there was an article from the Psychiatric Times by Drs Tucker and Czapla which discussed the effects of COVID-19 on essential workers. There have not been very many peer-reviewed studies yet but they are developing. An online survey in Spain found nearly 16% of respondents with PTSD symptoms.

II. Support

Peer

Peer support workers bring their own personal knowledge of what it is like to live and thrive with mental health conditions and substance use disorders. They support people's progress towards recovery and self-determined lives by sharing vital experiential information and real examples of the power of recovery according to the Substance Abuse and Mental Health Services Administration. One example of a peer

support group for first responders is the First Responder Support Network which provides peer support training. The mission of the First Responder Support Network (FRSN) is to provide educational treatment programs to promote recovery from stress and critical incidents experienced by first responders and their families.

Regional

A resource at the regional level for PTSD is the International Critical Incident Stress Foundation. Critical Incident Stress Management (CISM) is a method of helping first responders and others, including essential workers, who have been involved in critical incidents that leave them emotionally and/or physically affected by those incidents. CISM is a process that enables peers to help their peers understand problems that might occur after an event. This process also helps people prepare to continue to perform their services or in some cases return to a normal lifestyle.

National

In the national setting, there are many resources that have local accessibility or can be implemented through organizations that have national as well as even in some cases global footprints. All of these resources are available and appropriate for not only first responders but for all essential workers. The first resource is the National Alliance on Mental Illness. You could consider offering Mental Health First Aid courses for your staff to increase Awareness and a comfort level of conversation to seek as well as obtain resources when there may be a need. The adult Mental Health First Aid course is appropriate for anyone age 18 and older who wants to learn how to help a person who may be experiencing a mental health related crisis or problem. The adult course is available in both English and Spanish. Just as CPR helps you assist an individual having a heart attack, Mental Health First Aid helps you assist someone experiencing a mental health or substance use-related crisis. In the Mental Health First Aid course, you learn risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations, as well as where to turn for help. The adult course focuses on interactions with people 18 and over. It is presented in three different format options: in-person eight-hour class; blended four-hour self-study / four-hour in-person class; or virtual four-hour self-study / four-hour online class. This is not a course about how to diagnose or treat someone that is having a mental health crisis, rather it is a course to raise awareness, be able to help someone find resources if needed, and be able to be a first line of help to the individual.

In addition to the National Alliance on Mental Illness the National Child Traumatic Stress Network is available for all first responders and essential workers. They state that secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Each year more than 10 million children in the United States endure the trauma of abuse, violence, natural disasters, and

other adverse events. These experiences can give rise to significant emotional and behavioral problems that can profoundly disrupt the children's lives and bring them in contact with child-serving professionals. For therapists, child welfare workers, case managers, and other helping professionals involved in the care of traumatized children and their families, the essential act of listening to trauma stories may take an emotional toll that compromises professional functioning and diminishes quality of life. Individual and supervisory awareness of the effects of this indirect trauma exposure is a basic part of protecting the health of the worker and ensuring that children consistently receive the best possible care from those who are committed to helping them. There are resources available to help these individuals through this organization.

Open to everyone is the Substance Abuse and Mental Health Services Administration or SAMHSA's National Helpline. SAMHSA's National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral as well as information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders. Trained information specialists answer calls, transfer callers to state services or other appropriate intake centers in their states, whom connect them with local assistance as well as support.

One final resource that is more focused on first responders as well as medical professionals primarily but also their families as well is Safe Call Now. Safe Call Now is a confidential, comprehensive, 24-hour crisis referral service for all public safety employees, all emergency services personnel and their family members nationwide. Safe Call Now was established with the idea that no first responder, medical professional or emergency personnel should have to face a crisis alone. Spearheaded by former Lt. Governor Brad Owen of the State of Washington, former Congressman Dave Reichert and Gil Kerlikowski, drug czar during President Obama's administration, legislation was passed in Washington State that protects all first responders, as well as medical and emergency personnel and their family members with a confidentiality guarantee if they come forward and ask for help. This confidentiality extends for callers nationwide. Safe Call Now provides individuals with a simple and confidential way to ask for help for a wide range of issues. Staffed by public safety professionals and former law enforcement officers, Safe Call Now is a safe place to turn where they can connect with and receive support from trained staff who understand the demands of their careers. Trained peer advocates provide assistance, resources, and support for any public safety or medical personnel, and their families, who are experiencing a crisis, or need someone to lend them an ear. Safe Call Now works collectively with a variety of unions, public safety groups and various mental health as well as substance abuse professionals to support first responders and those in the line of trauma around the nation.

In talking about Mental Health First Aid, Gallagher Bassett has a trauma teddy called GB Gentle Bear that we have used since 2007. Initially rolled out in Australia and now in

the United States as well. We have provided more than 10,000 of these trauma teddies to children that have been victims of or witnesses to traumatic events. We use GB Gentle Bear in three ways. Professionally, when an injured worker or claimant has a child that needs a GB Gentle Bear due to a witnessed traumatic event we send them one with a note from the Resolution Manager (adjuster). Personally, when one of our friends or family members needs a GB Gentle Bear due to a traumatic event they are provided with one. Philanthropically, if a member of our organization volunteers with a group that will be in contact with children whom are in need of a GB Gentle Bear they can be provided as well. GB Gentle Bear was started as a way to give police officers another tool in their toolbox to help children – and mitigate the officers stress claims when seeing the children affected by traumatic events.

Post-traumatic stress disorder (PTSD) is a chronic, often debilitating mental health disorder that may develop after a traumatic life event. Fortunately, effective psychological treatments for PTSD exist. In 2017, the Veterans Health Administration and Department of Defense as well as the American Psychological Association each published treatment guidelines for PTSD including trauma-focused Cognitive Behavioral Therapy (CBT). Each of the recommendations for providers who treat individuals with PTSD has a large evidence base. Utilization of evidence-based medicine can help ensure that the right care at the right time is being provided for the injured worker. Advanced scoring processes such as the Treatment Quality Index (TQI) at Gallagher Bassett ensure evidence based medicine is being leveraged. Waypoint Clinical Guidance integrates TQI which can help the Resolution Manager (adjuster) identify when early medical intervention is needed.

III. Critical Actions

Create a Workgroup

Work with your leaders, supervisors, union leadership (if applicable), and mental health providers to decide what wellness support your first responders / essential workers need, such as education or an annual wellness check. Many organizations also find peer support programs helpful.

The Right Mental Health Professional

Work to find professionals who understand the first responder culture or your essential workers duties, and are familiar with trauma. To build trust and credibility, integrate these professionals into your organization's day-to-day operations whenever possible.

Mental Health Manager

Assign a Mental Health Manager. This person will help implement mental wellness programs, evaluate policies related to psychological services, and serve as your mental health incident commander or leader during a critical incident. This could be a volunteer or paid role.

Review and Revise Policies

Consider what your policies and procedures are currently following a critical incident as well as the accessibility for psychological services. One support tool. Critical Incident Stress Management, that was recommended, and is beneficial for some may not be the best fit for all organizations. Critical Incident Stress Management (CISM) debriefings are used by many organizations to support their staff after a critical incident. These debriefings are often rigidly structured and research has shown that they could be harmful to some. You can work with mental health professionals to identify other helpful interventions, such as Mental Health First Aid. You could create a debriefing protocol that provides support as well as education without having members of your organization re-live a critical incident. You can also consider requiring a mandatory one-time wellness check with a mental health professional after a critical incident. This will provide any struggling organizational member the opportunity to get help without calling attention to themselves.

Promote a Supportive Culture

Show the members of your organization that you value their mental health by checking in with them in-person (if at all possible) after a critical incident. Instruct your leaders and supervisors to look after your member's well-being.

Be Prepared

Build close ties with community leaders, first responder agencies, faith groups, local media, schools and employers. Working together effectively is the key to resilience for your entire community in case a critical incident occurs.