

Ready, Set, Respond: PTSD in the Workplace

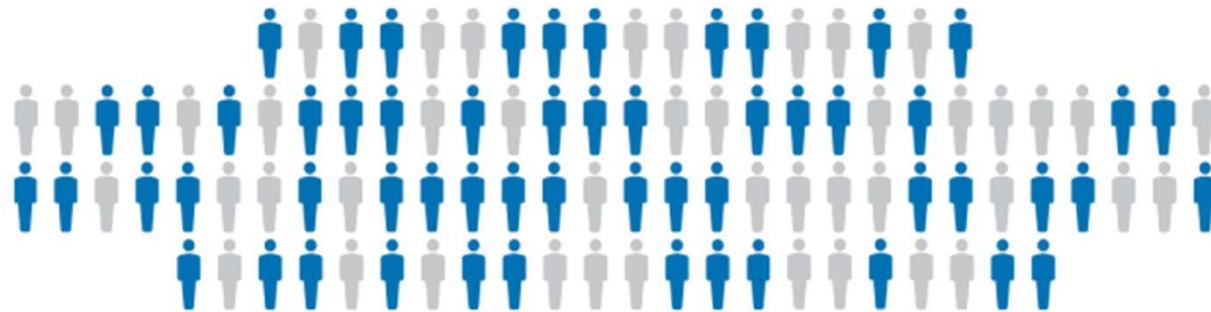


Patricia Watson, Ph.D.
National Center for PTSD

Day Two - Ready, Set, Respond:
Healthcare Leadership

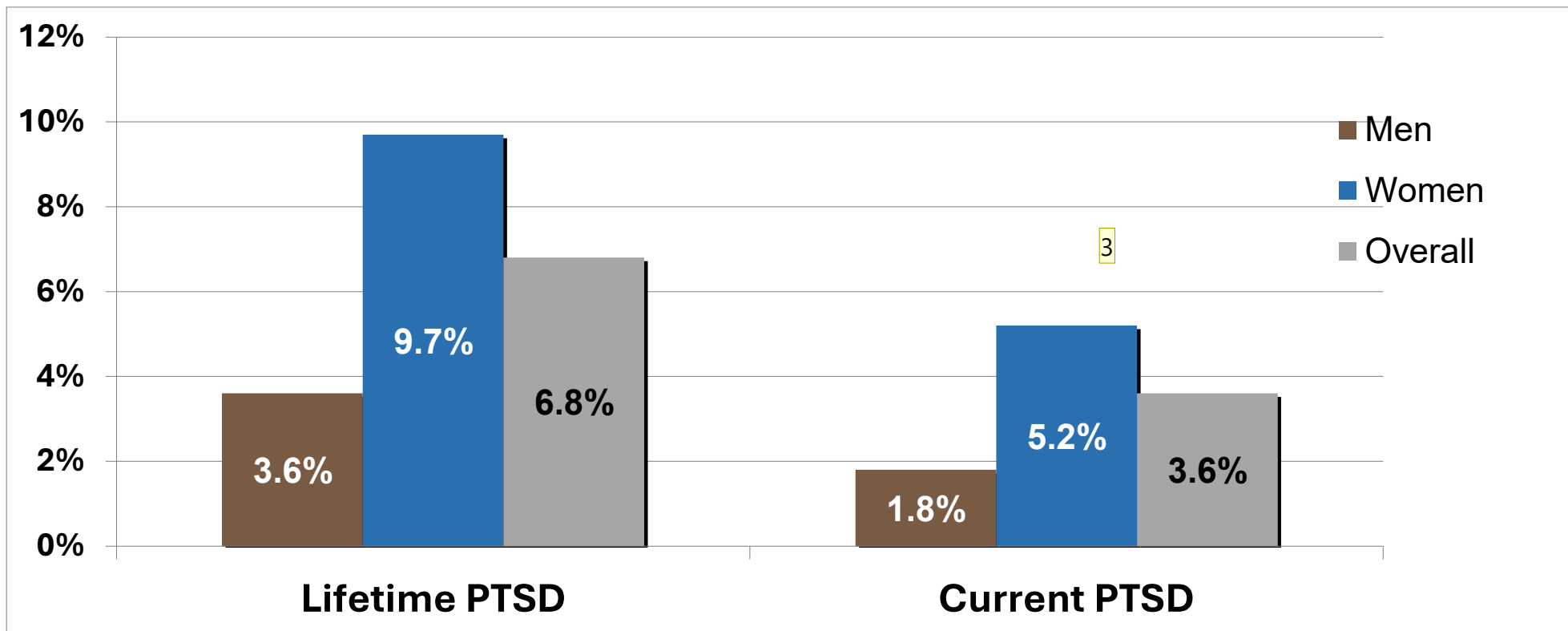


Trauma exposure is common.



Most people you meet every day have experienced a trauma.

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the national comorbidity survey. *Archives of General Psychiatry*, 52(12), 1048-1060.



Most people do not develop PTSD following trauma.

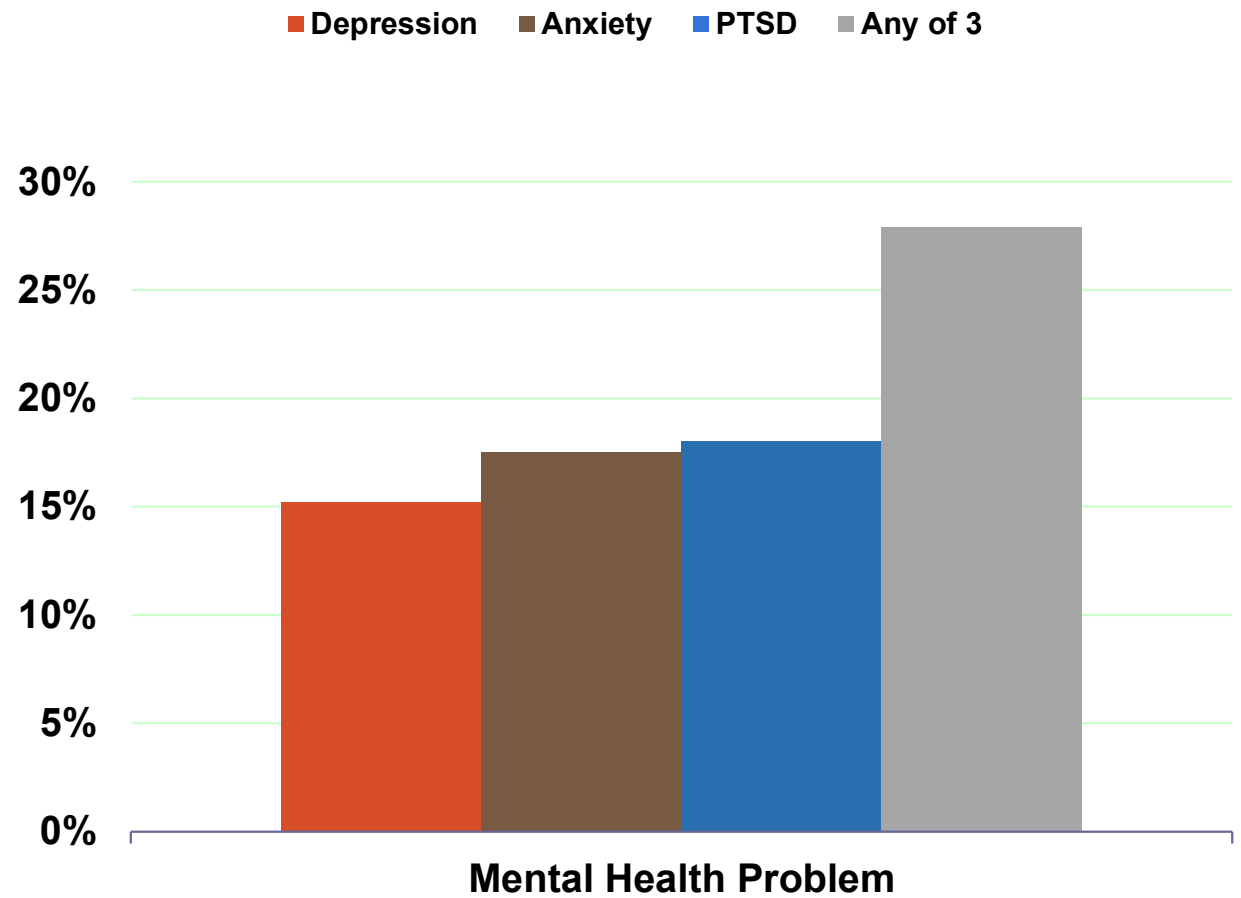
US General population estimates from the National Comorbidity Survey - Replication

Slide 3

- 3 Why did we put numbers on these bars but not on other bar graphs?
Patricia Watson, 3/6/2018

About 15% of returning Post-9/11 (OEF/OIF) Veterans have PTSD.

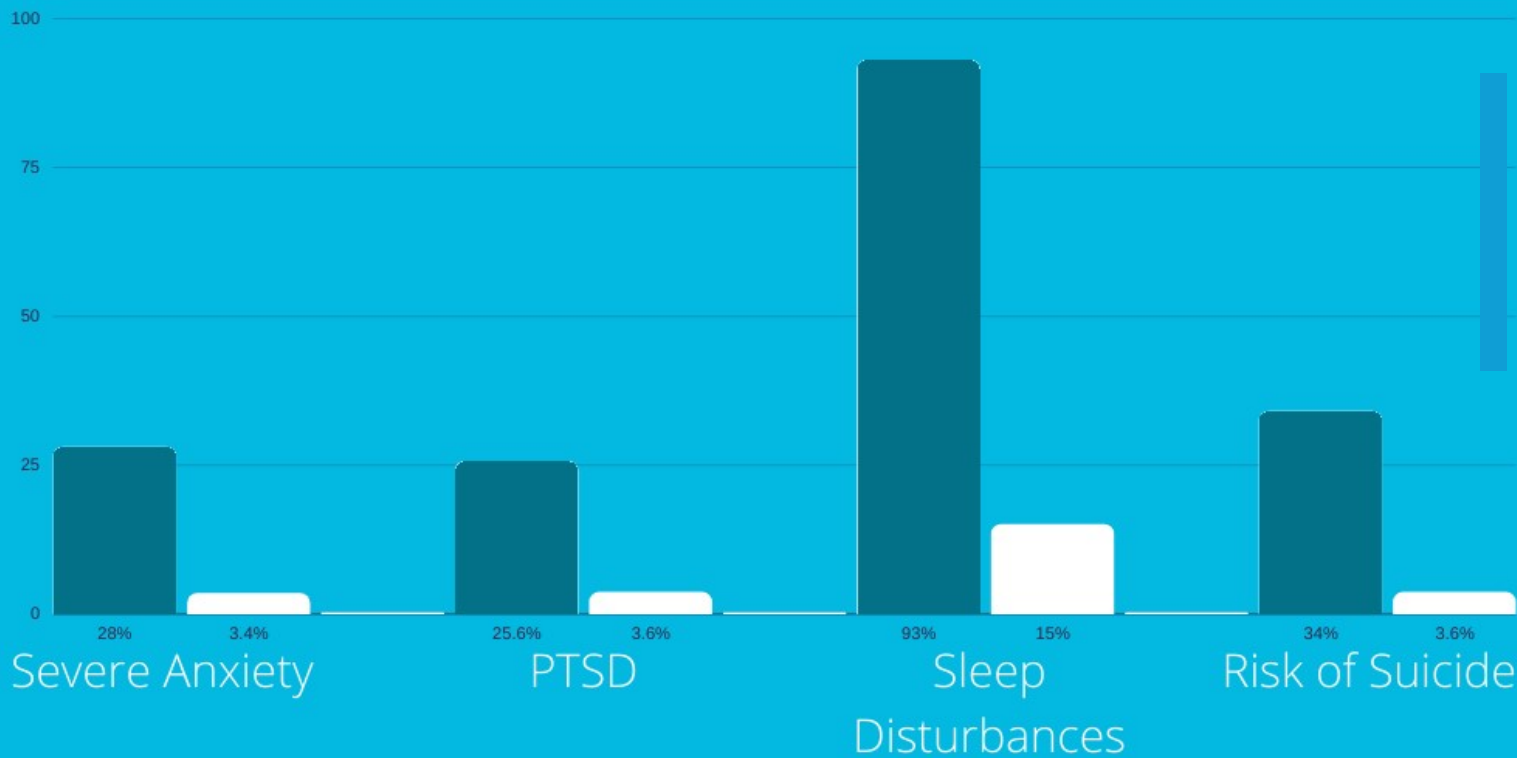
PTSD is a common consequence of war.



MENTAL HEALTH ISSUES

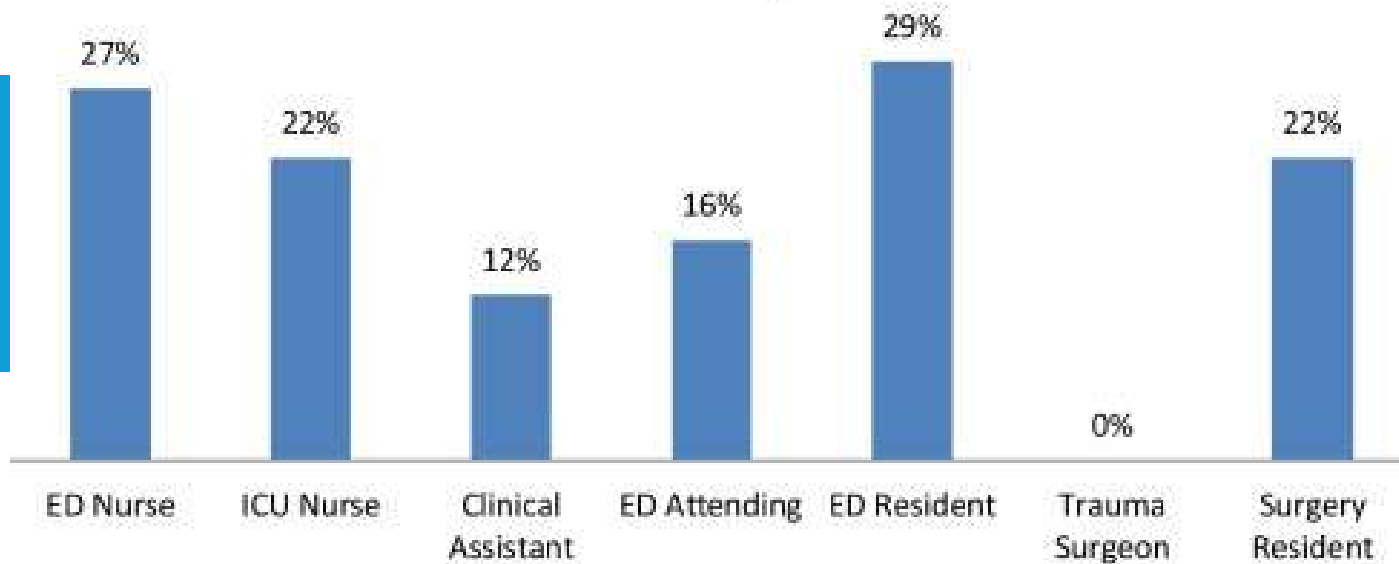
First Responders vs The General Population

First Responders
General Population



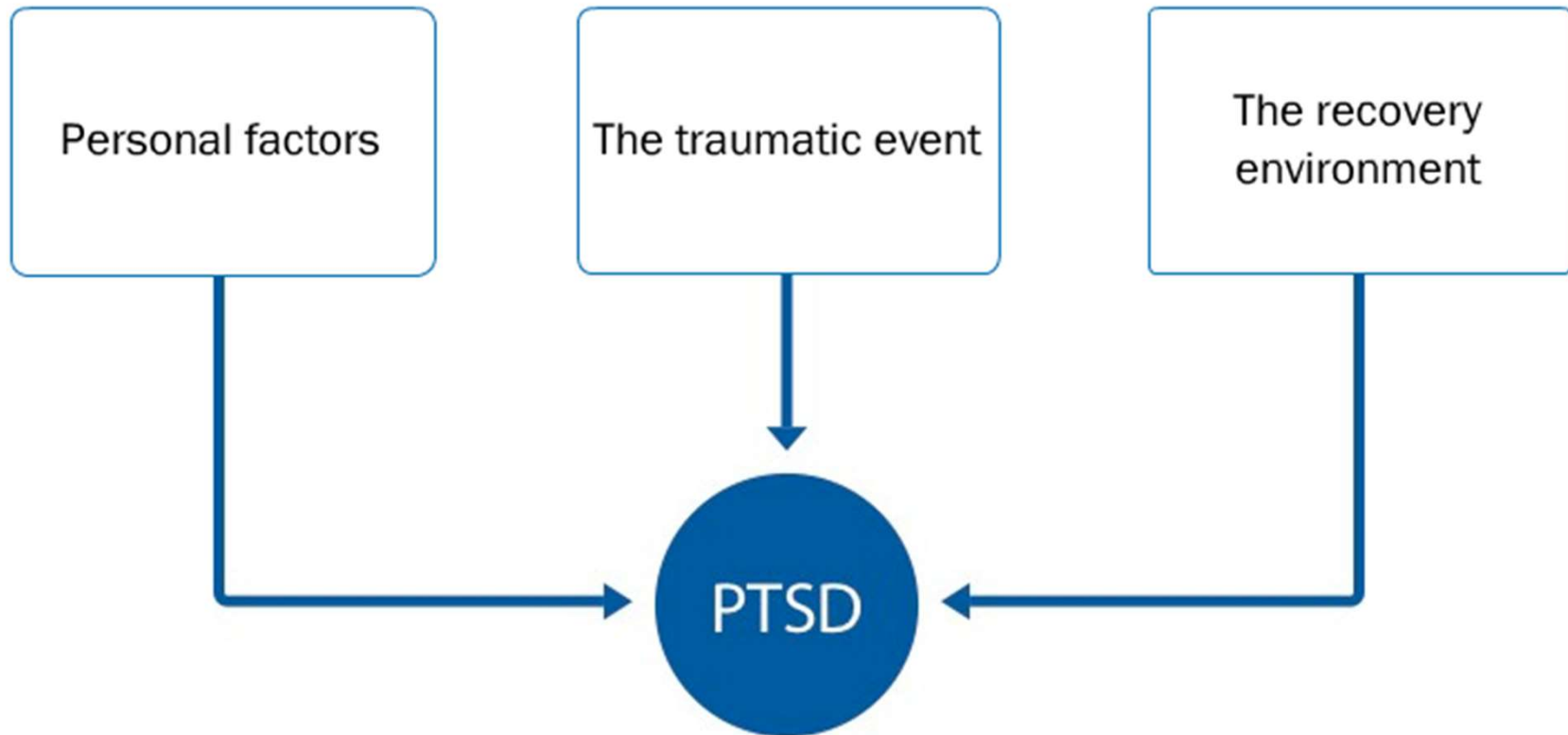
PTSD is a common consequence For First Responders

Percentage of In Hospital Providers at Risk for PTSD Development



PTSD is a
common
consequence
For Hospital
Providers

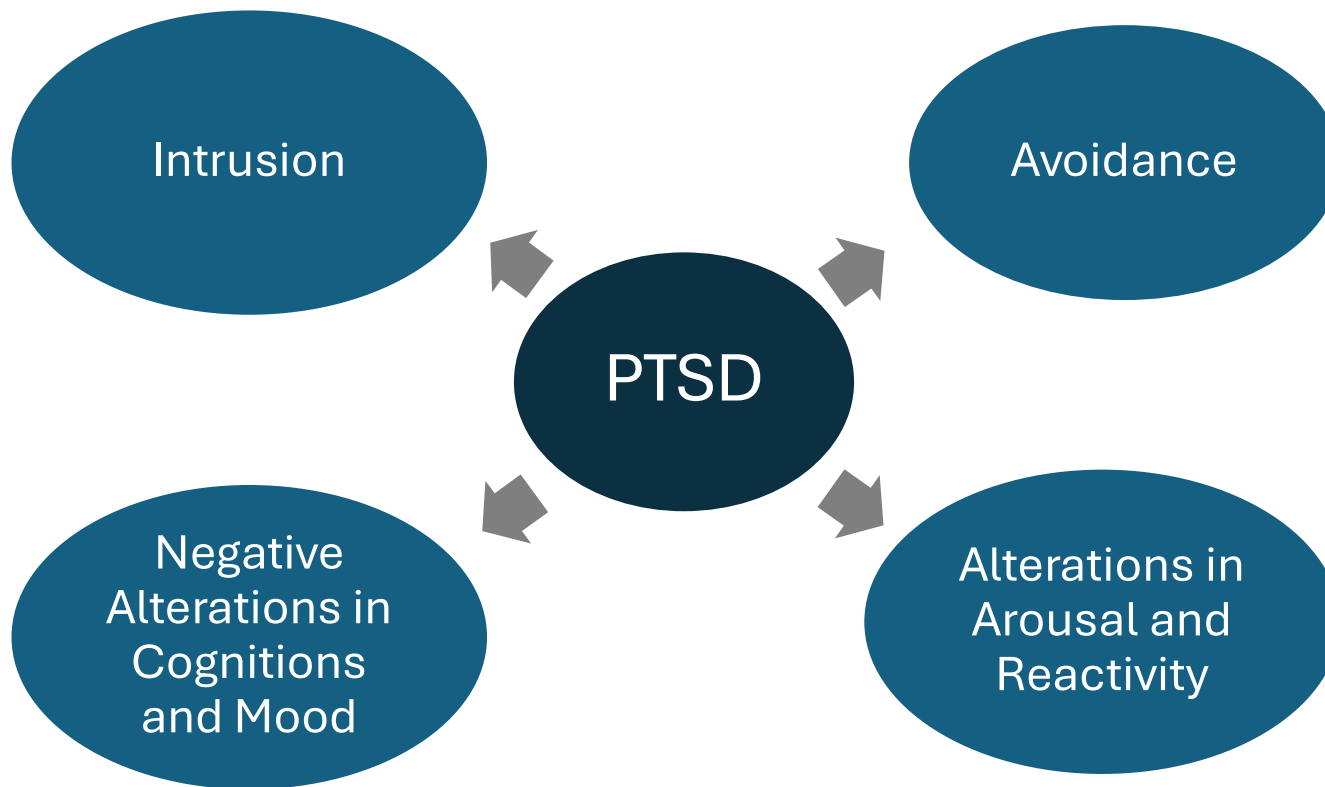
Why do some people get PTSD while others do not?



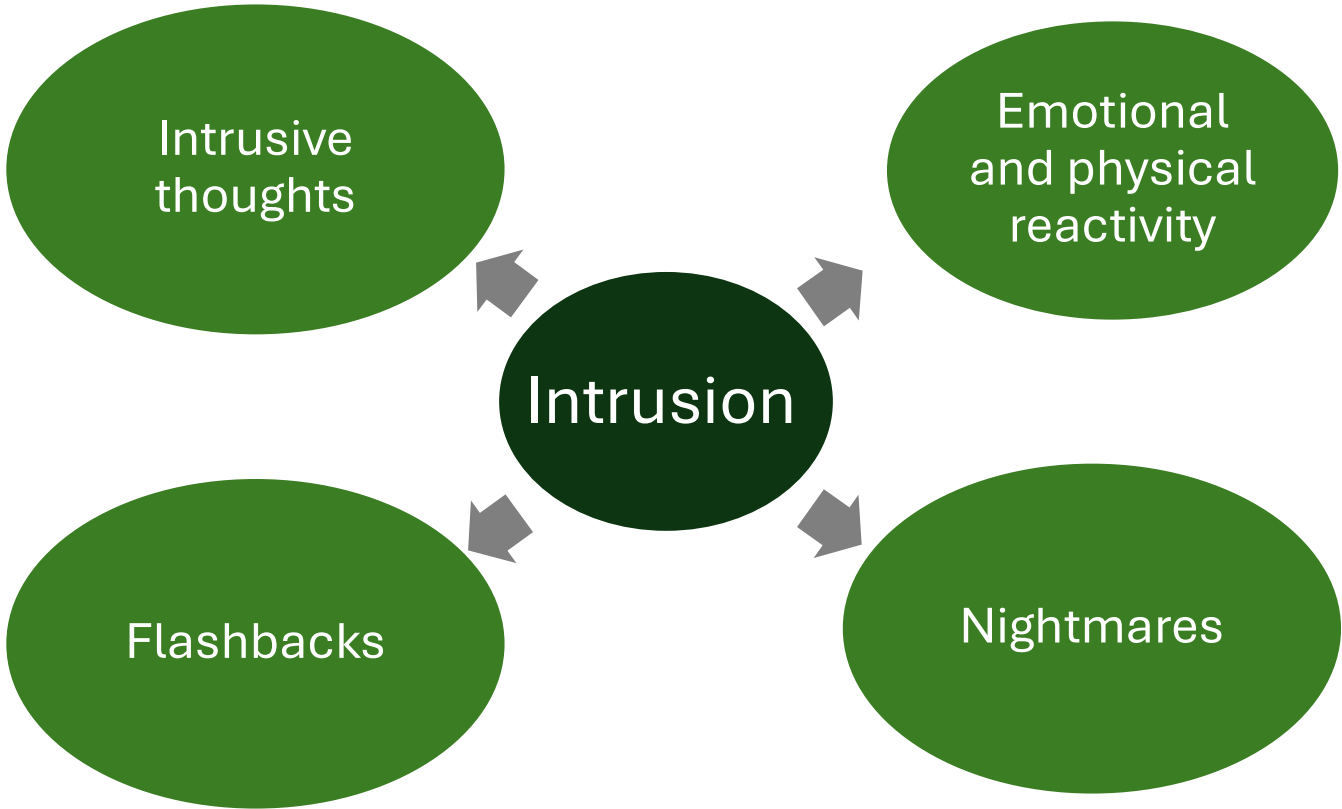
Criterion A: Traumatic Event

- Directly experiencing a traumatic event
- Witnessing, in person, an event that happened to someone else
- Learning about the violent or unexpected death of a friend or family member
- Experiencing repeated or extreme exposure to aversive details of traumatic events

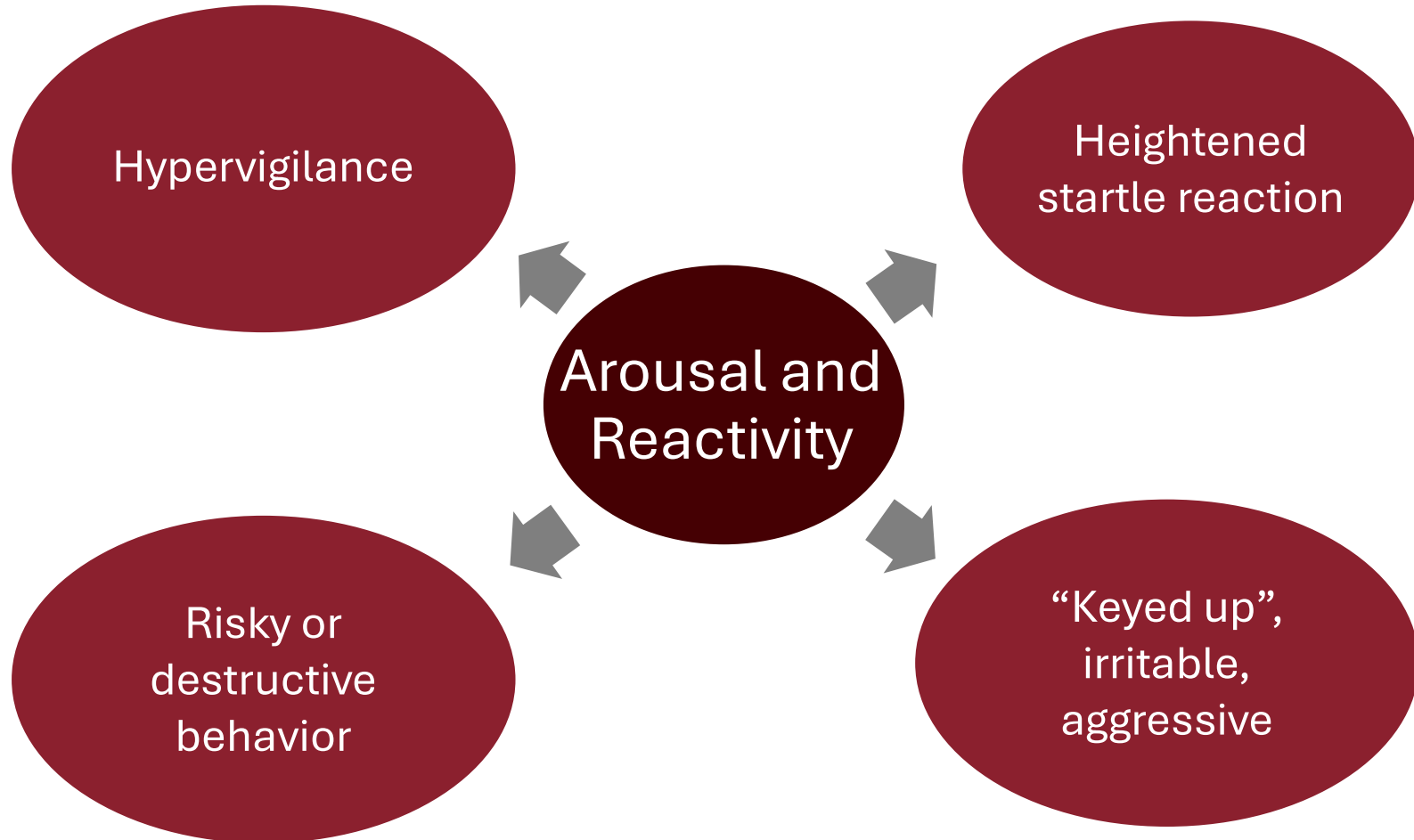
PTSD Symptom Categories



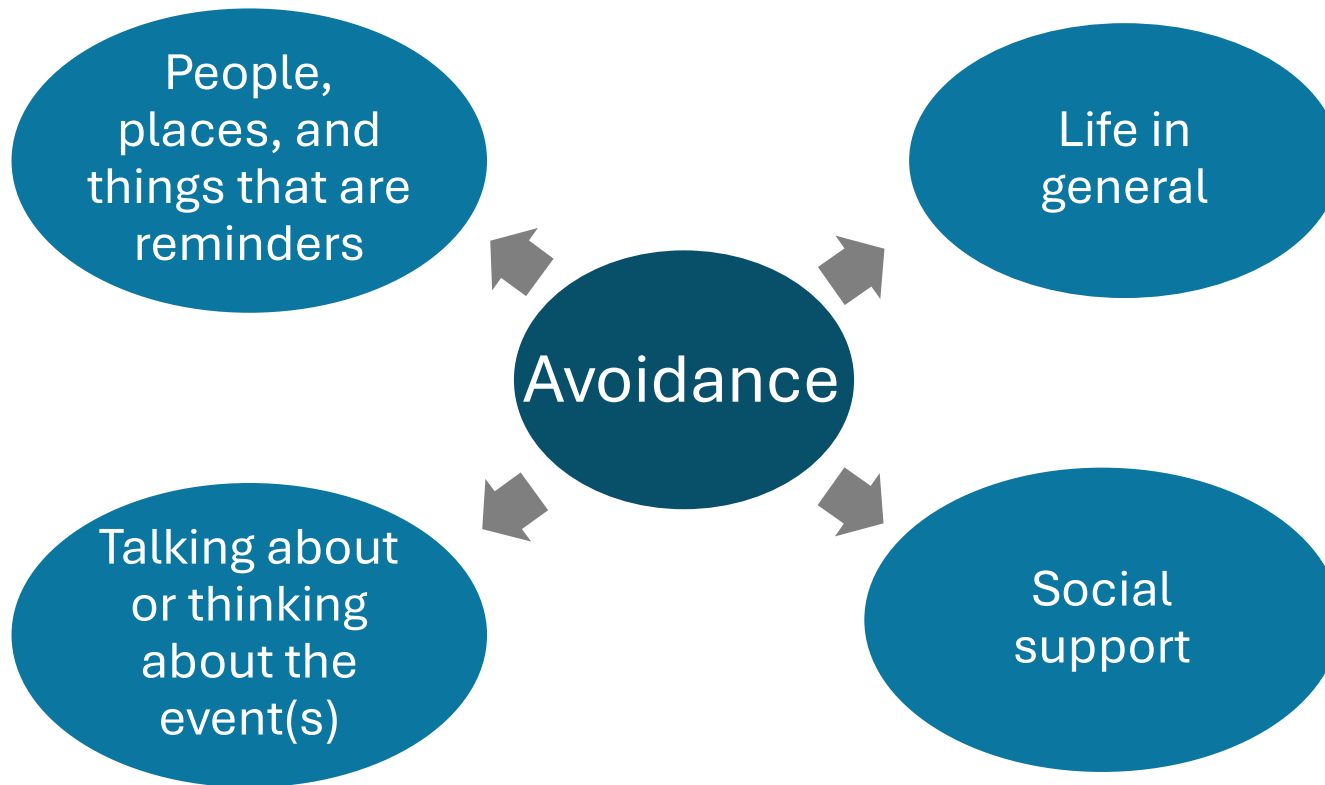
Intrusion Symptoms



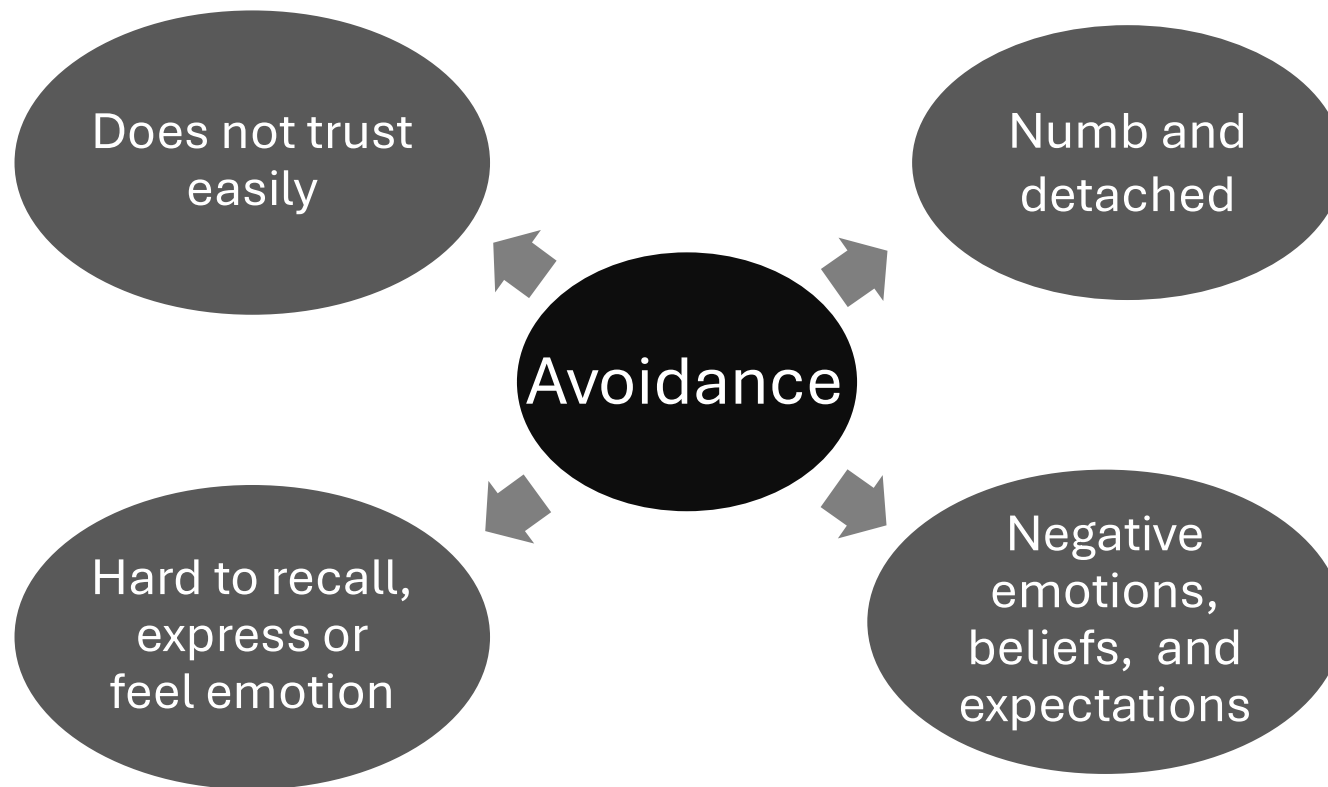
Arousal and Reactivity Examples



Avoidance Symptoms



Cognition and Mood Examples



How Might Repeated Trauma Exposure Affect Brain and Behavior?



Impairments in reversing the outcome of negative *context*



Impairments in reversing the outcome of negative *cue*



Tendency to be highly alerted and use extra caution in mild aversive conditions where there is no substantial threat.



Ability to suppress emotions in high-intensity aversive conditions.

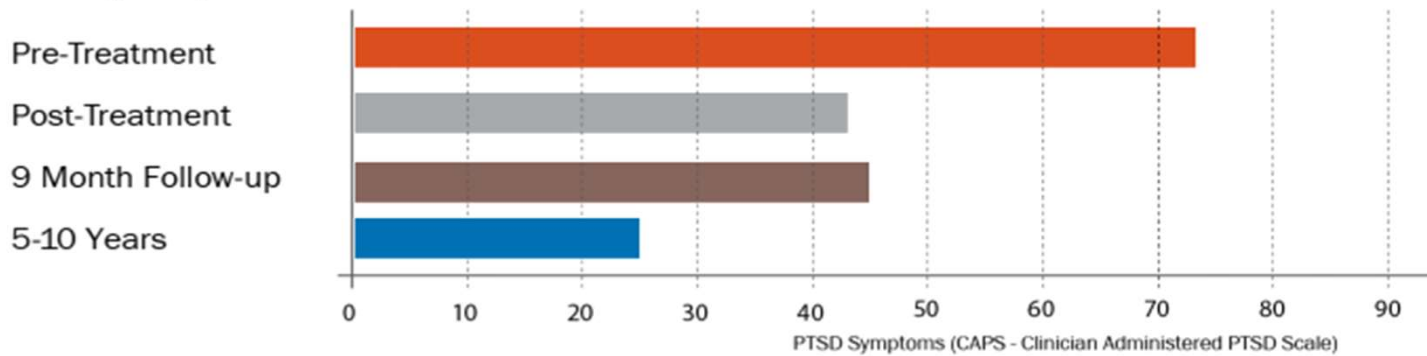
Complex PTSD (DESNOS)

- **Emotional regulation:** persistent sadness, suicidal thoughts, explosive anger, or inhibited anger.
- **Consciousness:** forgetting or reliving traumatic events, or having episodes in which one feels detached from one's mental processes or body (dissociation).
- **Self-perception:** helplessness, shame, guilt, stigma, and a sense of being different.
- **Distorted perceptions:** attributing total power to perpetrators, preoccupied with the relationship to perpetrators, or preoccupied with revenge.
- **Relations with others.** isolation, distrust, or a repeated search for a rescuer.
- **One's system of meanings.** loss of sustaining faith or a sense of hopelessness and despair.
- **Other issues:** substance use, mood disorders, and personality disorders.

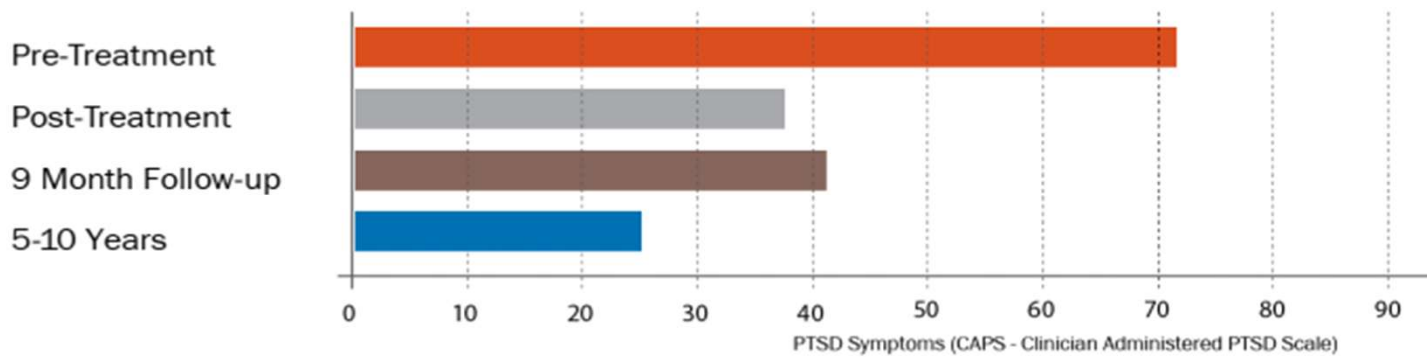


Trauma-focused cognitive-behavioral therapy works.

Prolonged Exposure



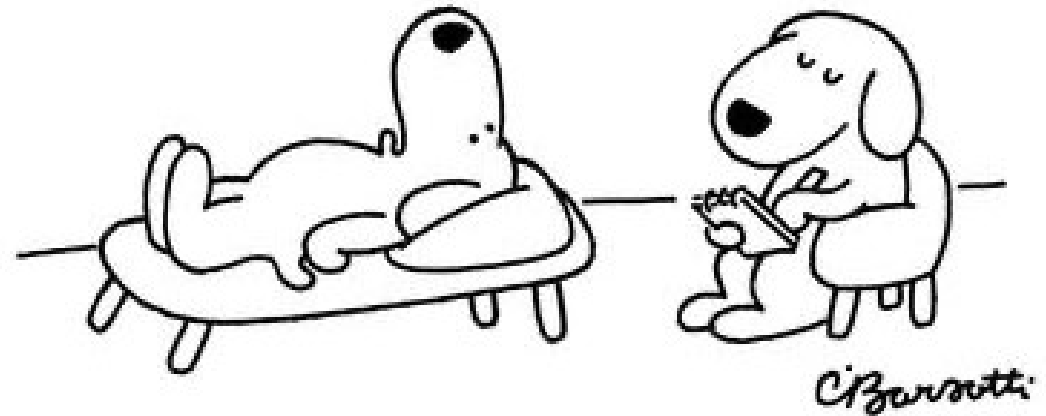
Cognitive Processing Therapy



Resick, Patricia A.; Nishith, Pallavi; Weaver, Terri L.; Astin, Millie C.; Feuer, Catherine A. Journal of Consulting and Clinical Psychology, Vol 70(4), Aug 2002, 867-879. doi: 10.1037/0022-006X.70.4.867

Costs of Trauma Exposure: Work Examples

- May be less organized when going through trauma-related after-effects
- May withdraw and not communicate what is going on
- May be very hard on self
- If a work situation is ambiguous, may default to a negative interpretation



"I bark at everything. Can't go wrong that way."

Benefits of Trauma Exposure: Examples

- **Responsible:** Reliable, consistent, and persistent, with many leadership qualities.
- **Competent:** meeting and solving life challenges through competence, problem-solving abilities, creativity, and a “find-a-way” attitude. They can know exactly what to do in any given situation, or they move to figure it out.
- **Functioning well in stress:** can “soldier on,” “bear down,” and “push through” with an ability to plan ahead, and to create order out of chaos.
- **Ability to read the room:** they can intuit what others may need, be empathic, caring, and kind, seek to understand another’s perspective, allow for differences, and look to find fair solutions for all.
- **Ability to connect with others:** used to being “of service”, seek to be inclusive and to create space for others to join in, come along, and enjoy creative, even playful, connection.
- **Great sense of humor!**



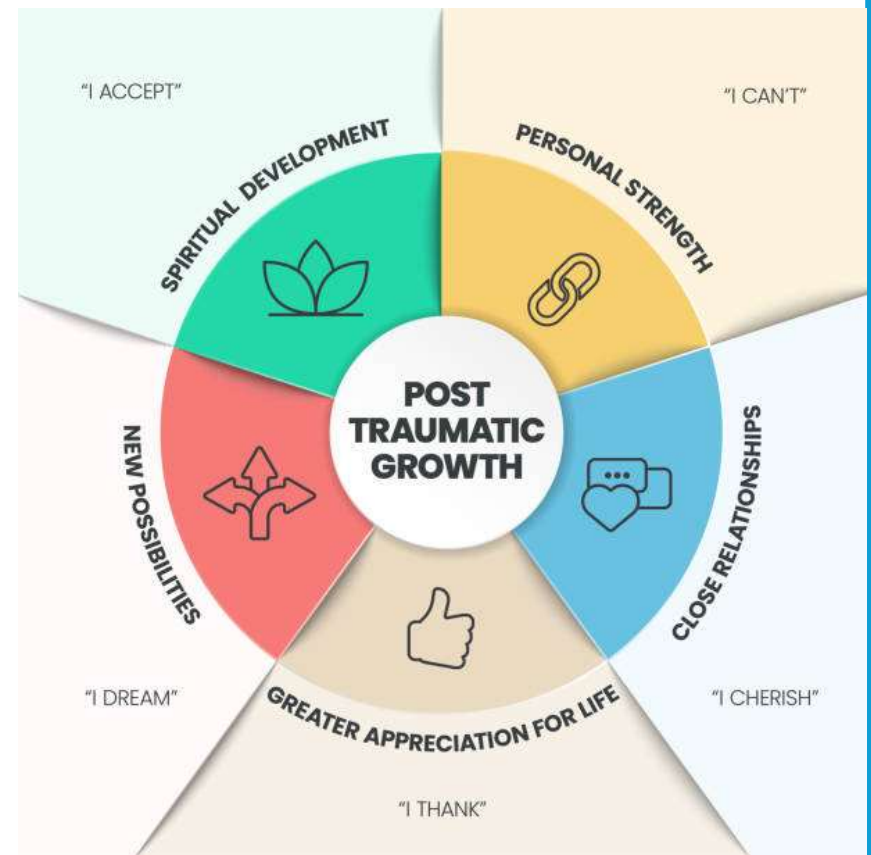
Olly iConic
@OllyiConic

therapist: you are your own worst enemy

me: undefeated baby

Post Traumatic Growth (PTG)

- Frontline healthcare workers seem to have higher levels.
- Supported by length of service, self-confidence, awareness of risk and psychological intervention or training.
- Often experienced through “deliberate rumination” or through a positive reappraisal of events.
- Adaptive coping strategies and resilience contribute to the development of PTG.



Finstad, G. L., Giorgi, G., Lulli, L. G., Pandolfi, C., Foti, G., León-Perez, J. M., ... & Mucci, N. (2021).

Missteps

- **Assumptions**

- You understand
- They have PTSD because of...
- Their PTSD symptoms are like yours

- **Service Orientation**

- Seeming like you don't care
- Not committed to leadership/mentoring
- Not being organized/efficient/competent/safe

- **Attitude**

- Acting like you understand without personalizing it
- Uncomfortable or judgmental when they talk about experiences



Dealing with PTSD In the Workplace

Communicate:

- Be understanding, compassionate and flexible. Talk often, have an open forum approach.
- Regularly communicate what you value and note their contributions.
- Give appreciation for jobs well done.
- Compile and share resources beyond EAP.

Negotiate:

- Eliminate unnecessary stressors and reminders.
- Ask up front what to do when they are going through something.
- Offer flexible schedules.
- Get better at identifying and mitigating acute stress reactions.

Leader Actions: Examples

- When someone in crisis comes to ask for time off to get themselves right, your thought process should be nothing more than “what do you need?”
 - *“What is going on and how can I help you, what do you need? I’m not trying to get in personal business, but I’m noticing it, its affecting performance, and I’m going to partner with you to get you help or get you what you need.”*
- Everyone knows someone who would have had better life if someone had intervened earlier:
 - *“If this person isn’t okay, and this is the third shift they’ve been that way, go talk with them, not just hope it goes away.”*
- It is not a “get over it” situation, it’s a conversation.
 - *“Make it a safe place. Calmly go and talk about it, promote connection, normalize, find out what motivates them, and raise competence and skills - so the person doesn’t have to feel they can’t say anything.”*



Quote

“There is a lot I don’t share. A lot of it is mentally beating myself up on things. The encouragement I get from my supervisor is a confidence booster when I’m going through a bad struggle.”



Connect: Most Valued Support

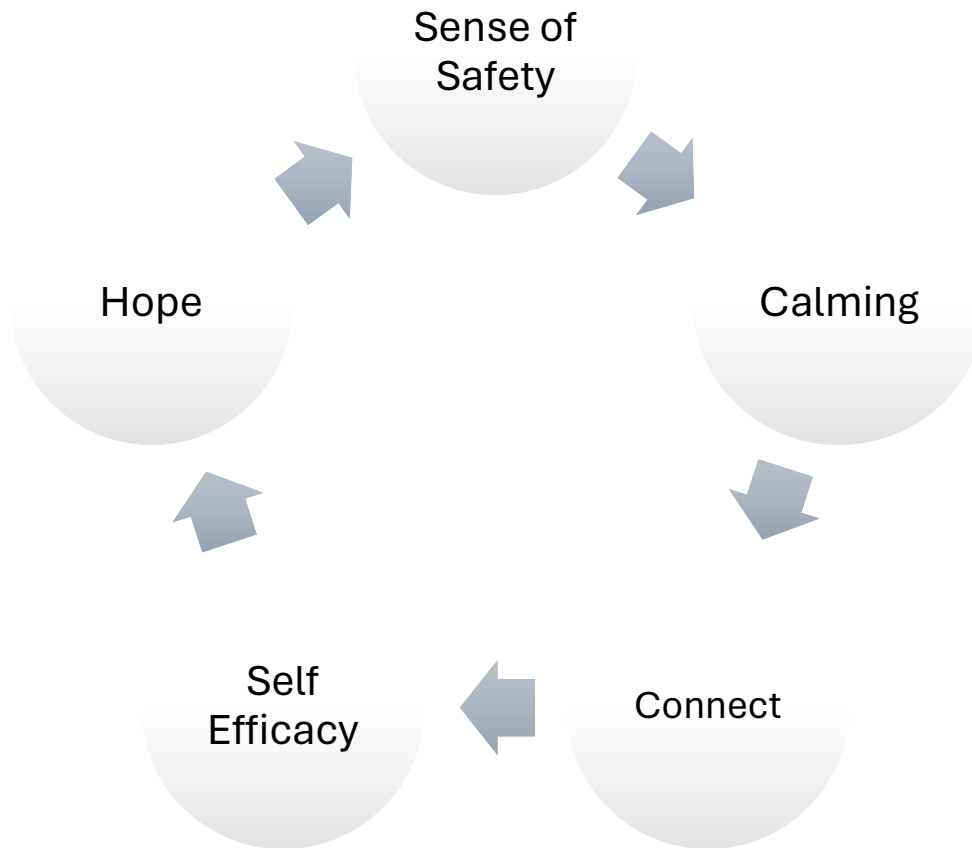


Social Support for MH Concerns among Veterans with PTSD: A Mixed-Methods Study of Structure, Quality, and Functions.

Michele Spoont, PhD. NCPTSD Research Lecture, 2021

- Help make meaning of and integrate what is stressful
 - Validate
 - Understand
 - Uplift
 - Give a different way of viewing things
- Provide skills or knowledge needed to improve
 - Give guidance, wisdom, expertise
 - Facilitate treatment
- Reduce isolation and increase social connectedness
 - Shared experience
 - Maintain relationship
 - Accept without stigma
- Foster emotion regulation
 - Facilitate coping
 - Cue the need for treatment

Essential Elements in Recovery From Adversity and Stress



Psychiatry 70(4) Winter 2007

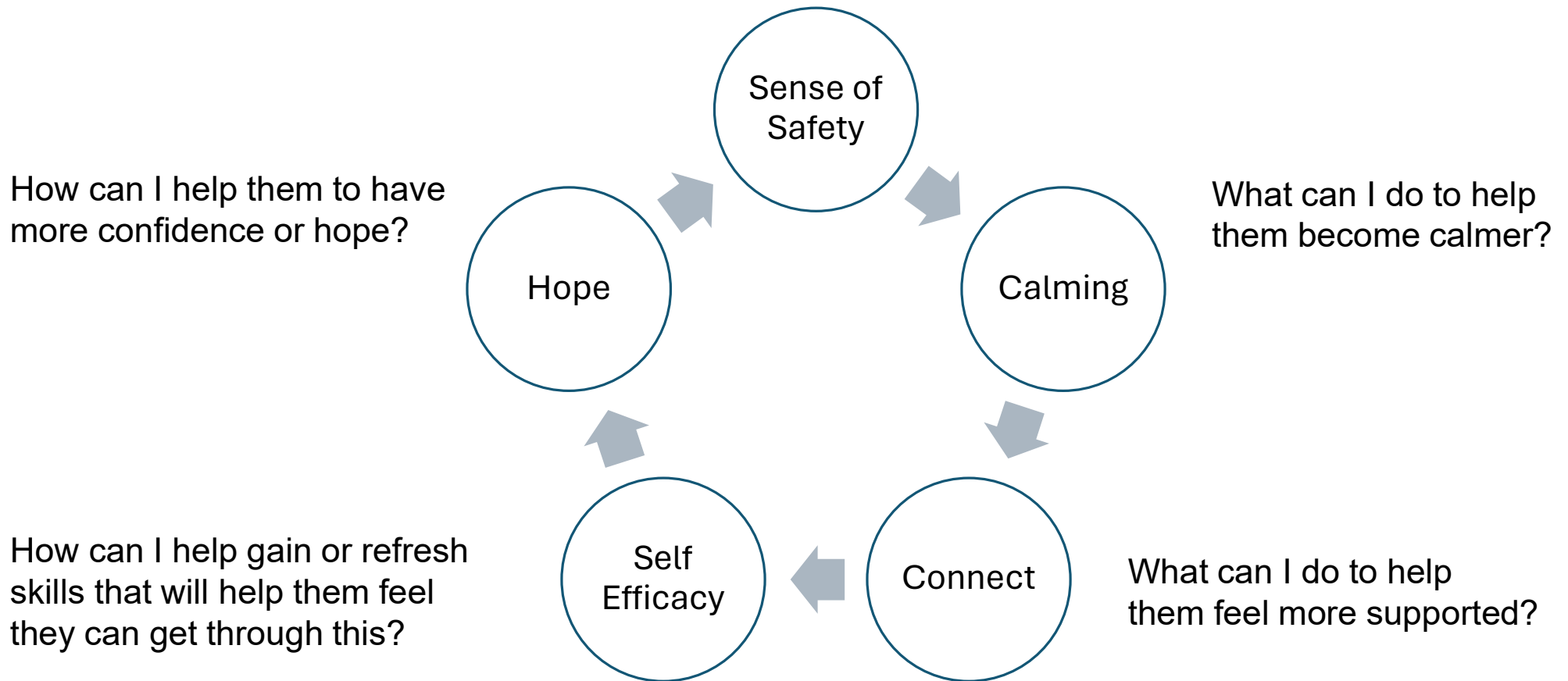
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Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence

Stevan E. Hobfoll, Patricia Watson, Carl C. Bell, Richard A. Bryant, Melissa J. Brymer, Matthew J. Friedman, Merle Friedman, Berthold P.R. Gersons, Joop T.V.M de Jong, Christopher M. Layne, Shira Maguen, Yuval Neria, Ann E. Norwood, Robert S. Pynoos, Dori Reissman, Josef I. Ruzek, Arieh Y. Shalev, Zahava Solomon, Alan M. Steinberg, and Robert J. Ursano

Keep Asking Questions

How can I help foster a greater sense of safety?



Stress Continuum Model

READY (Green Zone)

DEFINITION

- Adaptive Coping
- Effective Functioning
- Wellbeing

FEATURES

- In Control
- Calm and Steady
- Getting the Job Done
- Motivated
- Maintaining Humor
- Sleeping Well
- Ethical and Moral Behavior

REACTING (Yellow Zone)

DEFINITION

- Responding to Multiple Stressors at work and home
- Mild and Transient Distress

FEATURES

- Increased Energy and Heart Rate
- Change in Focus ↑↓
- Alert for Threats
- Changes in Mood (Worry, Anxious, Irritable, Angry)
- Physical Changes (Poor Sleep, Aches and Pains)
- Social Changes (Isolation, Hyperactive, Loud, Numb)

INJURED (Orange Zone)

DEFINITION

Responding to strong or Multiple Stressors

- Life Threat
- Loss
- Moral Injury
- Wear and tear

More severe or persistent distress or loss of function

FEATURES

- Loss of control
- Panic, rage, guilt, shame,
- Social numbing or isolation
- Poor sleep
- No longer feeling like normal self

ILL (Red Zone)

DEFINITION

- Clinical Mental disorder (Depression, Anxiety, PTSD, Substance abuse)
- Unhealed stress injury causing life impairment
- Additional stress or risk factors

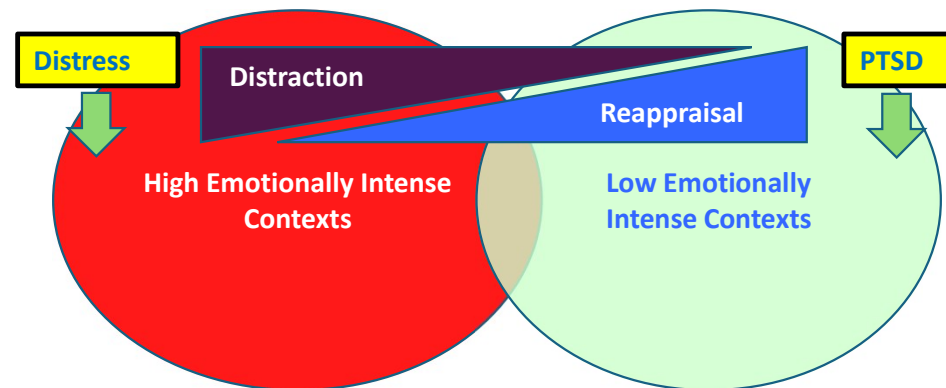
FEATURES

- Symptoms persist and worsen over time (> 30 days)
- Severe distress
- Social or occupational impairment

Flexibility is Key

Distraction:

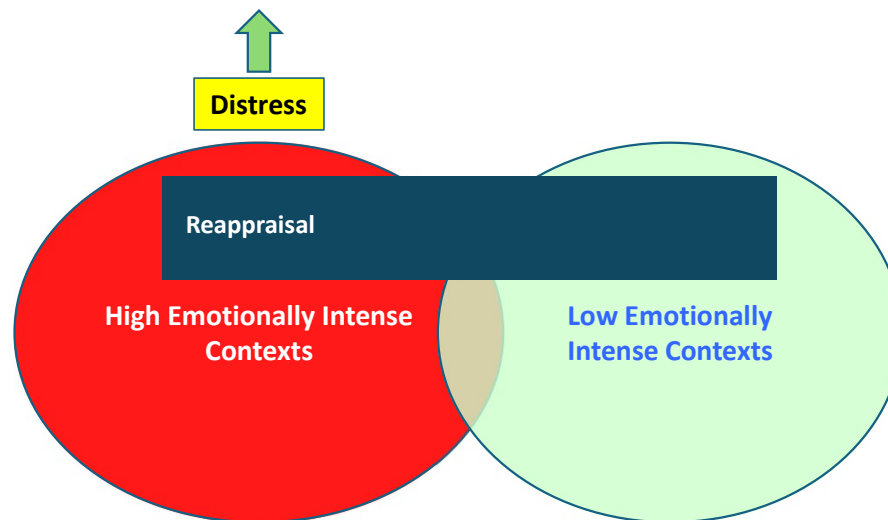
- Disengaging attention
- Directing attention away



Reappraisal:

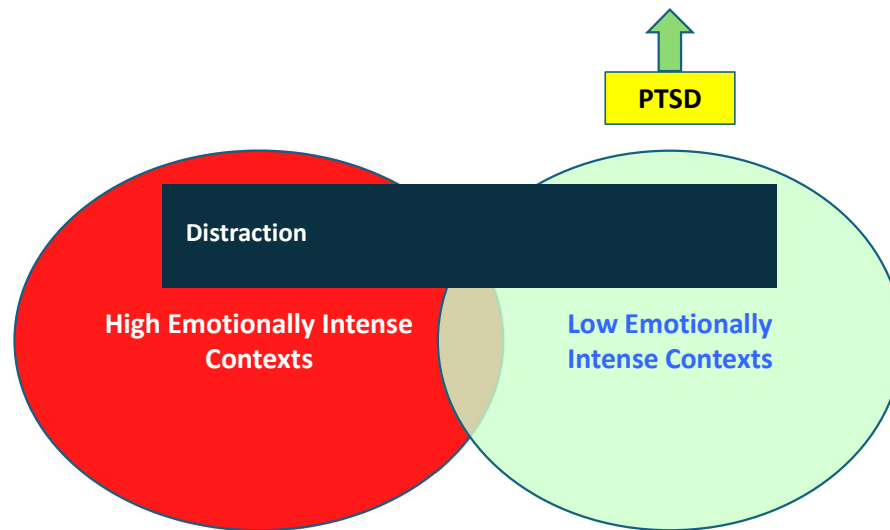
- Fully experiencing
- Making meaning
- Integrating the event
- Confirming values
- Focusing on current safety
- Maintaining previous goals and plans
- Caring for others
- Reducing painful emotions
- Using distraction and amusement

Flexibility is Key



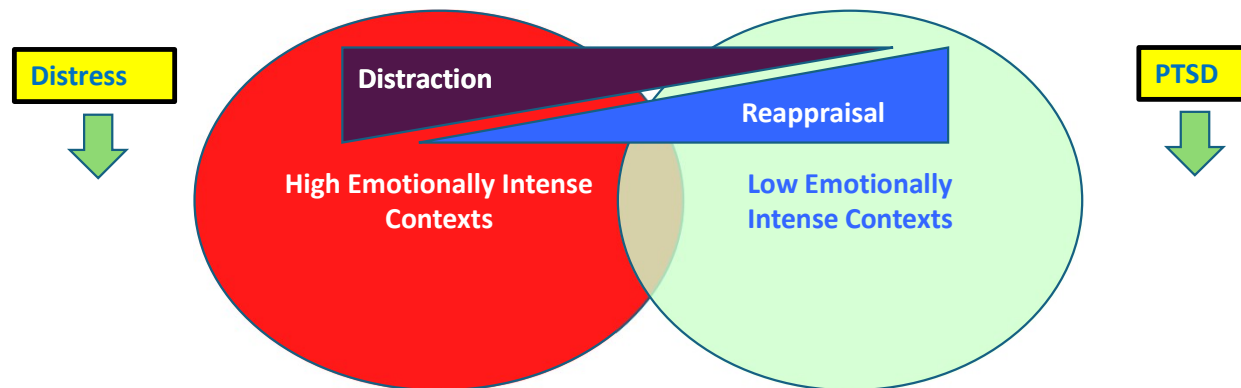
Levy-Gigi et al. (2016)

Flexibility is Key



Levy-Gigi et al. (2016)

Flexibility is Key



Levy-Gigi et al. (2016)

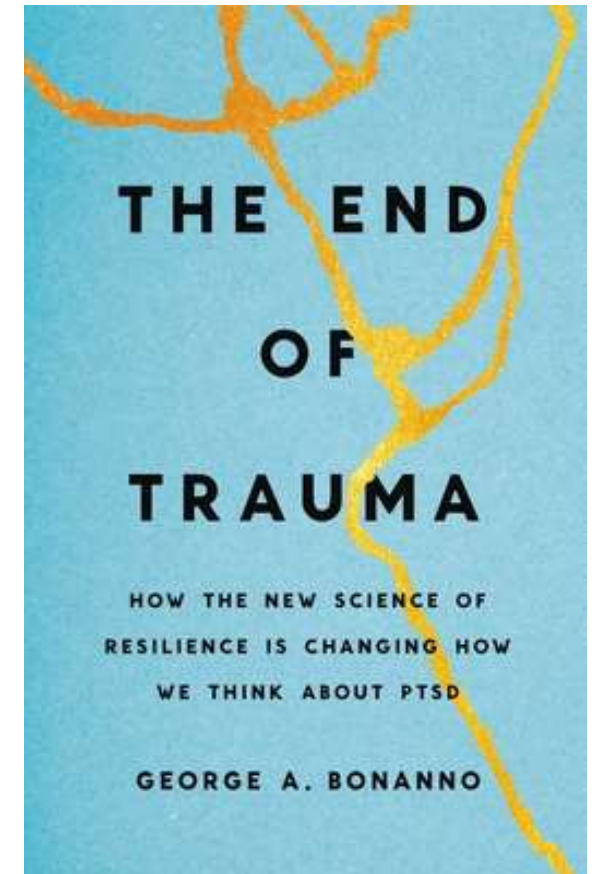
Flexibility Mindset Questions to Ask Regularly

What is happening?

What do I need to do?

What am I able to do?

Is it working?



Bonanno, G. The End of Trauma: How the New Science of Resilience Is Changing How We Think About PTSD, 2021

Essential SFA skills



Recognize

Recognize when a coworker has a stress injury

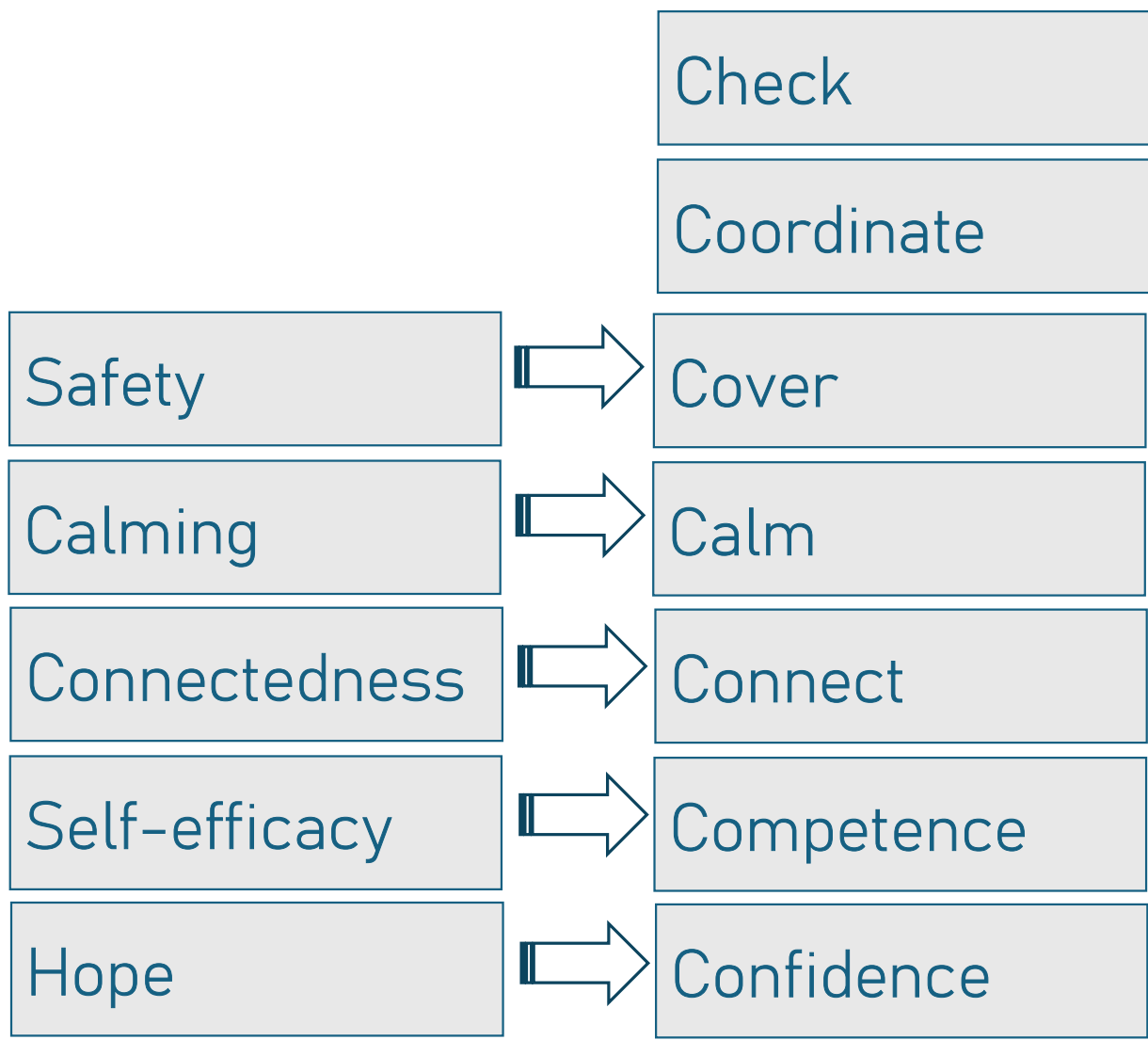
Act

Act: If you see something, do or say something

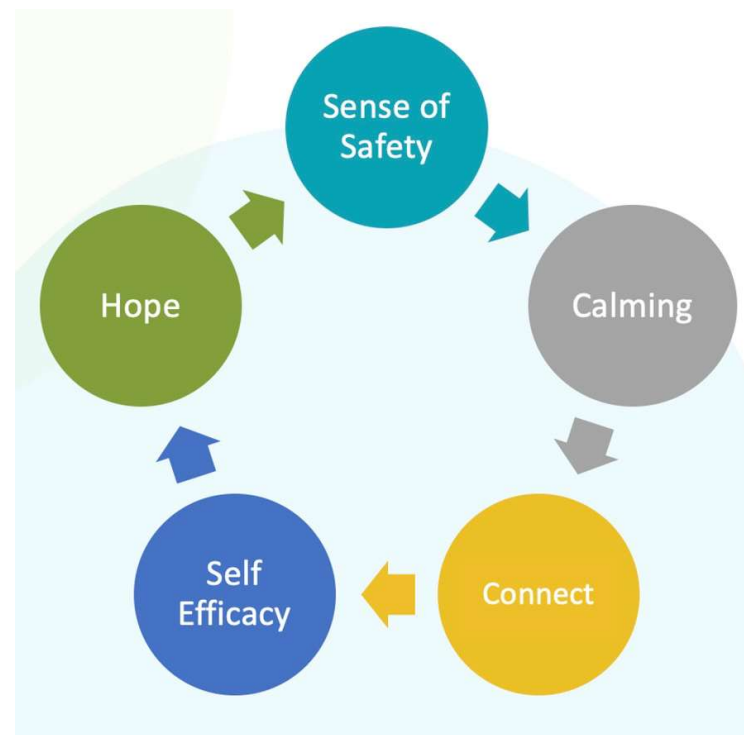
- To the distressed person
- To a trusted support of the distressed person

Know

Know at least 2 trusted resources you would access or offer to a coworker in distress



Five Essential Elements Translated Into Stress First Aid



How is Stress First Aid Different?

Rather than telling people **how** they should take care of themselves and support each other, SFA highlights the **importance** of self-care and coworker support

Because helpful support can often only arise with self-reflection, or in the unspoken understandings between those who work together.

It is frequently only in moment-to-moment behaviors or encounters that the right support can happen

If one is aware of its importance and open to being creative in self-care actions, or in accessing and giving support.

Key SFA Principle



toe·hold

/'tō,hōld/

noun

- a small place where a person's foot can be lodged to support them, especially while climbing.
- a relatively insignificant position from which further progress may be made.

Managers / Leaders / Supervisors

Are an influential force at the work and burnout prevention levels

Instill values

Shape culture

Set expectations

Turn expectations into actions and identities

Foster positive self-esteem and growth

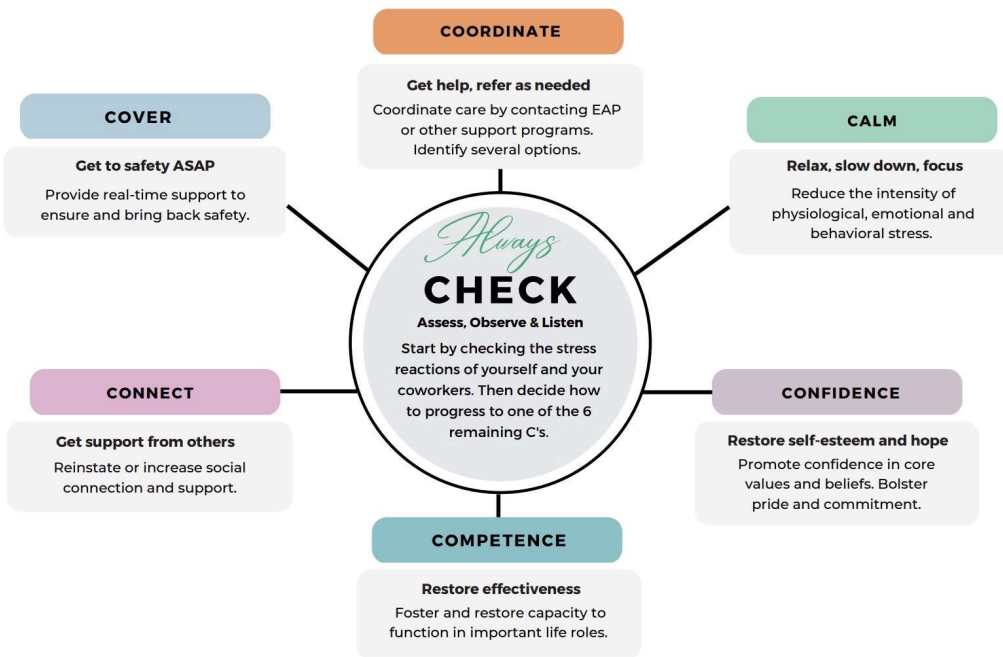


SFA is “Human Being 101”

- Do employees feel safe?
- Do they want to come to work?
- Do they know what is expected of them?
- Do you calm them down when they are significantly stressed?
- Do you make sure they are connected to others?
- Do they have skills to maintain their work/self competence?
- Do they have a belief in the agency’s mission?
- Can you reconnect them to to why came here in first place?

Voices From the Field

7 C'S OF STRESS FIRST AID



“SFA has taught me that it is okay to acknowledge that our job is tough and that we need to be tough. But beyond tough, we need to build strength through skills that help us build our sense of competence and belief in our mission. Being tough and building strength are both important. That is how we build resilience. Each of us needs to be strong, but we are stronger together.”



Check Example

- “Leaders are often afraid to ask how they can help because they don’t want to promise what they can’t provide.
- Ask about what’s needed, and staff’s biggest challenges, but also ask what’s working. Let them know you may not be able to fix everything, but together as a team you can try to creatively mitigate challenges.”

Coordinate Example

“We created a "Wellness Wall" in our staff lounge to assist with communicating resources available to support our staff.”





Cover Example

- “I ask every day, “how did things go today? Anything we need to discuss?” The questions need to be asked, and they can be asked quickly.
- If you're having that open dialogue at every transition period, when something bad does happen, the structure is already in place, and it makes it a lot more feasible for people to communicate comfortably.”

Calm Example

A leader makes sure to mentor the department when they are showing signs of significant stress, by giving them respite, training, or advice.

If things get worse, they are not afraid to tell them that if they keep going without getting some help, they're going to lose their job, family, or life, but finds out what their top motivations and barriers are and helps them formulate a plan for how they can get better.

The leader also has someone in the department screen and interview local mental health professionals, so they can be confident that when they suggest treatment, they are getting names of providers who are well trained and who understand these types of jobs.





Connect Example

“There are a lot of opportunities that come about to lend support to the people you work with, whether it's a family member who's sick or somebody who has passed away.

There is value in a text message saying, "Hey, I'm thinking about you. I hope that you're doing okay. Things will be better tomorrow."

It's important that we maximize those situations, to foster that sense that someone else is thinking about them when things aren't going well.”

Competence Example



“If someone is second-guessing how they did something, I will share how I've done something similar. I think when we can share our experience, how it affected us, and how we dealt with something, it probably helps the person to understand, “all right, I'm going to be okay.” It's not permanent and it's a normalizing thing, and it's part of the process.”



Confidence Example

“There was a time where I dropped the ball. It was not earth-shattering, but it was significant. I was completely unable to connect the dots at all until one day my supervisor talked to me and said, ‘During that same time period, your mom had been terminally ill and then passed away.’ As obvious as it should have been, I was not able to see the connection until he said that to me.”