

Guidelines for the Management of Workplace Psychological Trauma: *putting knowledge into practice*

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BC Mental Health &
Addiction Services

An agency of the Provincial Health Services Authority



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Guideline Objectives

- Identify “best practice” methods to assess, diagnose and treat workers exposed to acute trauma in the workplace
- Foster policy and program development to facilitate early return to work and prevent chronicity and ongoing disability
- Assist employers in implementing effective interventions applicable to their organization





Need for new standards

- Few organizations have systematic approaches to managing acute trauma
- Previously accepted interventions have failed to produce desired outcomes (Rose et al. 2002)
- Public health system is poorly equipped to manage mental health disability (Goldner et al. 2004)
- Return to work is often unsuccessful and delayed (Smith et al. 2005, McDonald et al. 2003)



Developmental Questions?

- Who is interested?
- What information and skills are needed?
- When will they be used?
- Where are they applicable?
- How can they be implemented?





Sources of information

- Review of scientific literature
 - Pubmed/Psychlit/Psychinfo
- Published material
 - Print/Internet
- Expert opinion and experience
 - Consultants/Programs/Agencies
- Established policy and programs
 - Advisory Committee



Continuing Contributions

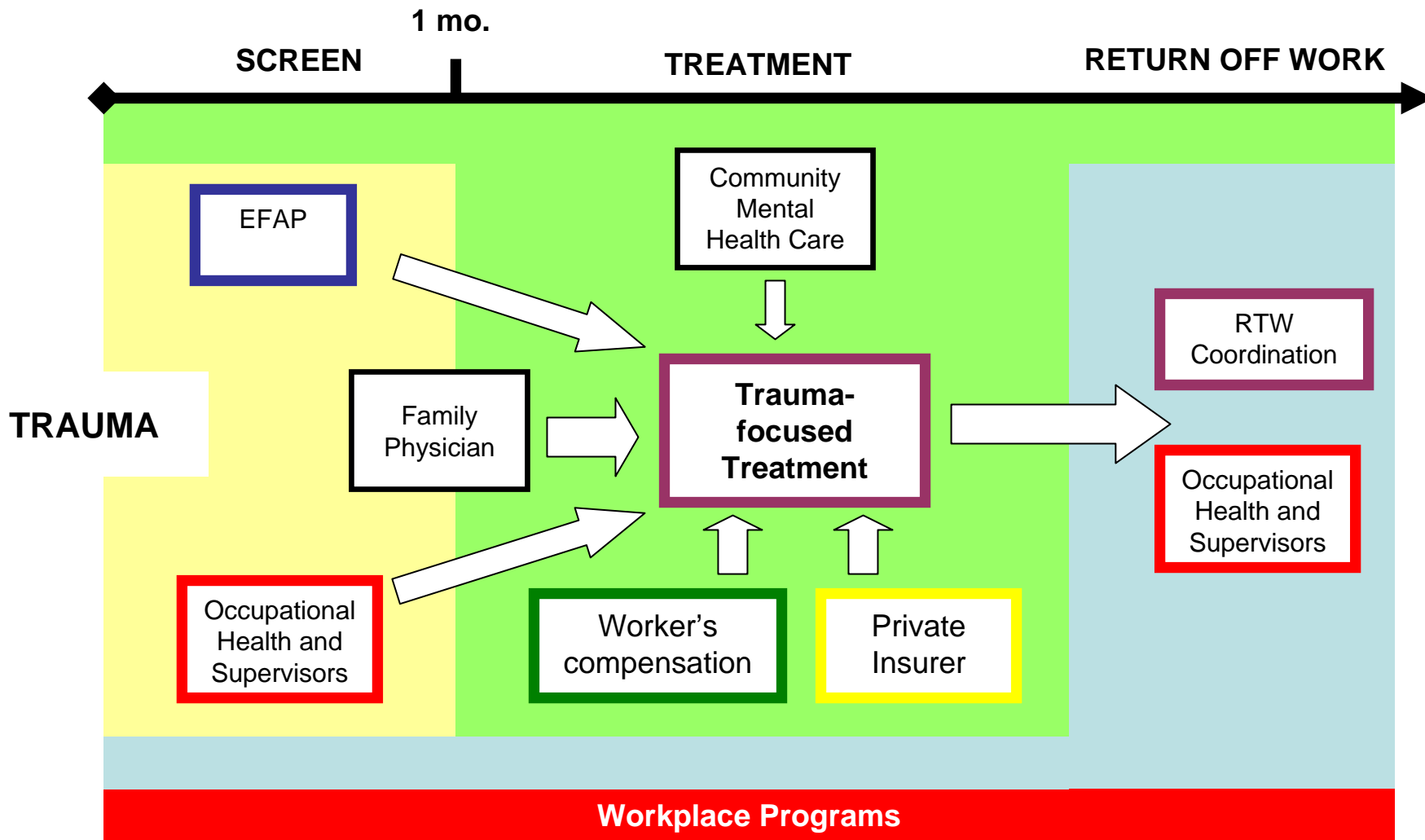
- Work Stress and Health Program, CAMH
 - Dr. Peter Farvolden, Clinical Director
 - Psychologist
 - Psychiatrists
 - Occupational Therapists
- Dr. Paul Links, St. Michael's Hospital
- John O'Grady, Toronto Transit Commission
- Advisory Committee
 - Dr. Martin Shain
 - Toronto Police Services
 - Workplace Safety and Insurance Board



Key Components

- I. Education and Training
- II. Screening and Surveillance
- III. Triage and Referral
- IV. Treatment and Monitoring
- V. Return to Work





(Bender, 2006)

Subsections

A. Questions for employers

What are the desired objectives?

B. Summary of Evidence

Empirically supported interventions

C. Recommended Resources

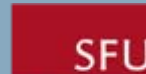
Material and providers

D. Implementation Strategies

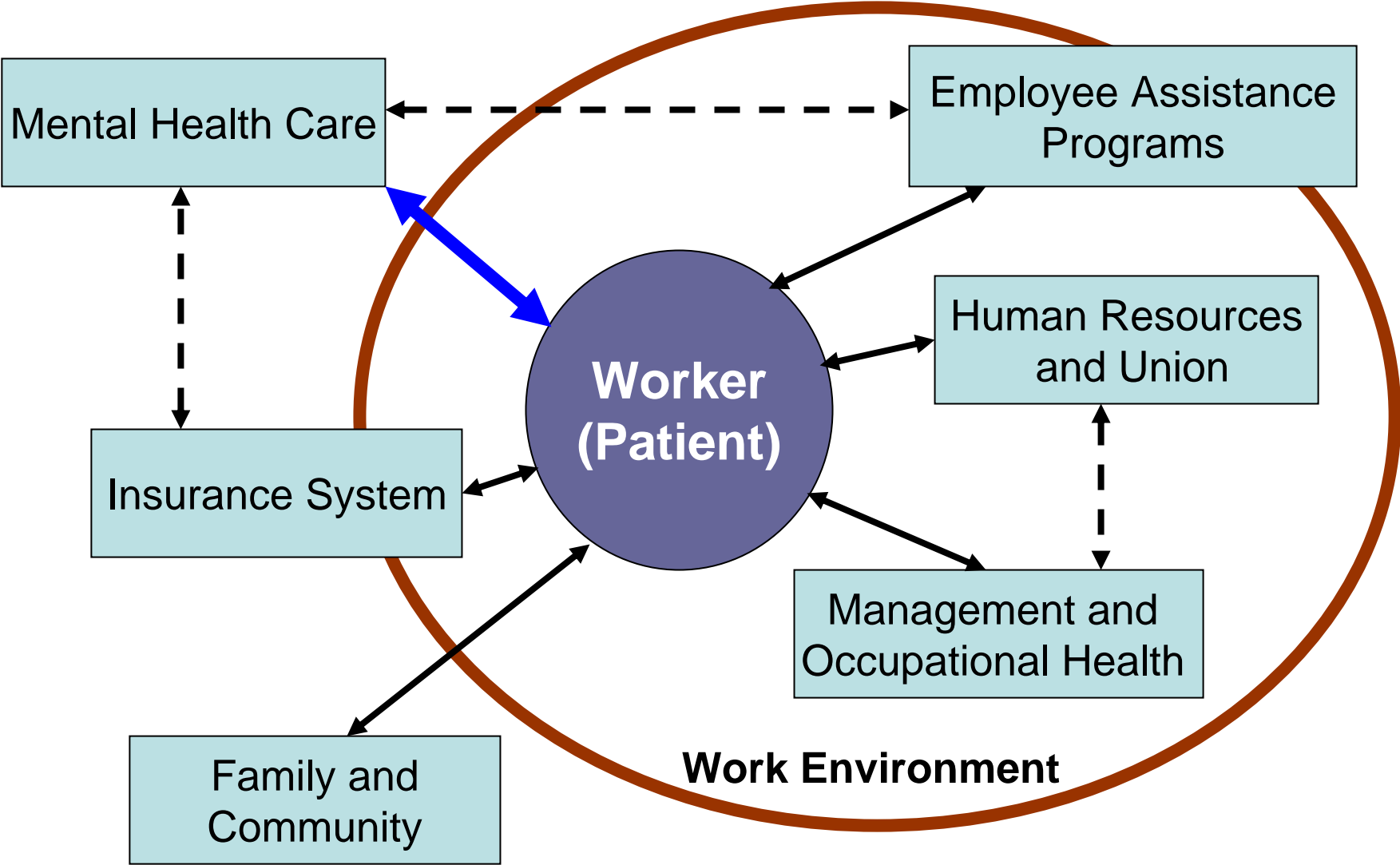
Suggested policy and programs

E. Evaluation and Outcomes

Were the desired objectives achieved?



Managing Workplace Mental Health



I. Education and Training

- Rationale:
 - Trauma-related psychological problems are more common amongst specific occupations (Corneil et al 1999, Laposa et al 2003)
 - There are few established training resources or programs outside of highly-specialized workplace such as the military (Jones et al. 2003, Hoge et al. 2007)
 - At-risk employees may benefit from emerging preventative strategies (Feldner et al. 2007)





I. Education and Training

Goals:

1. Create training material to establish core knowledge and skills base among first-line staff
2. Provide educational material for employees to improve treatment-seeking
3. Utilize effective methods for delivery of relevant material and training
4. Consider cost and time investment to allow for resource allocation



II. Screening and Surveillance

- Rationale:
 - “Watchful waiting” appears to be helpful for identifying those in need of treatment over single session debriefing (NICE 2005, APA 2004)
 - Screening improves rate of detection of psychological impairment following trauma (Brewin 2005)
 - Repeated screening is needed to identify emerging or recurring mental health problems (Grieger et al. 2006)





II. Screening and Surveillance

Goals:

1. Review tools for early identification which may be suited to different organizations
2. Identify validated screening tools for trauma-related symptoms
3. Recommend methodology to improve capture rates
4. Promote continuous health surveillance



III. Triage and Referral

- Rationale:
 - Routes to treatment within an organization are often not defined (van der Ploeg et al. 2003)
 - Identified cases may not be referred to appropriate providers (Koenen et al. 2003)
 - Earlier treatment is associated with improved disability outcomes (Sijbrandij 2007)
 - Minimization and fear of negative workplace consequences are common barriers (Weisaeth 2001, Fikretoglu et al. 2007)





III. Triage and Referral

Goals:

1. Identify potential care pathways within organizations using existing resources
2. Introduce case management models and potential treatment resources
3. Focus on improving time to treatment
4. Suggestions for the management of confidential health information



IV. Treatment and Monitoring

- Rationale:
 - Critical Incident Interventions are ineffective though widely utilized (Rose et al. 2002)
 - Trauma-focused CBT is most effective though often not provided (Foa 2006, NICE 2005)
 - Peer-based interventions are emerging as helpful workplace adjuncts (Dowling et al. 2003)
 - Monitoring is required in “high-risk” organizations due to risk for re-exposure and relapse (TTC 2006)





IV. Treatment and Monitoring

Goals:

1. Educate employers regarding current standards of mental health care
2. Review potential workplace-delivered treatment interventions
3. Models for case management and long-term monitoring to prevent relapse
4. Strategies to improve communication between care providers and employers

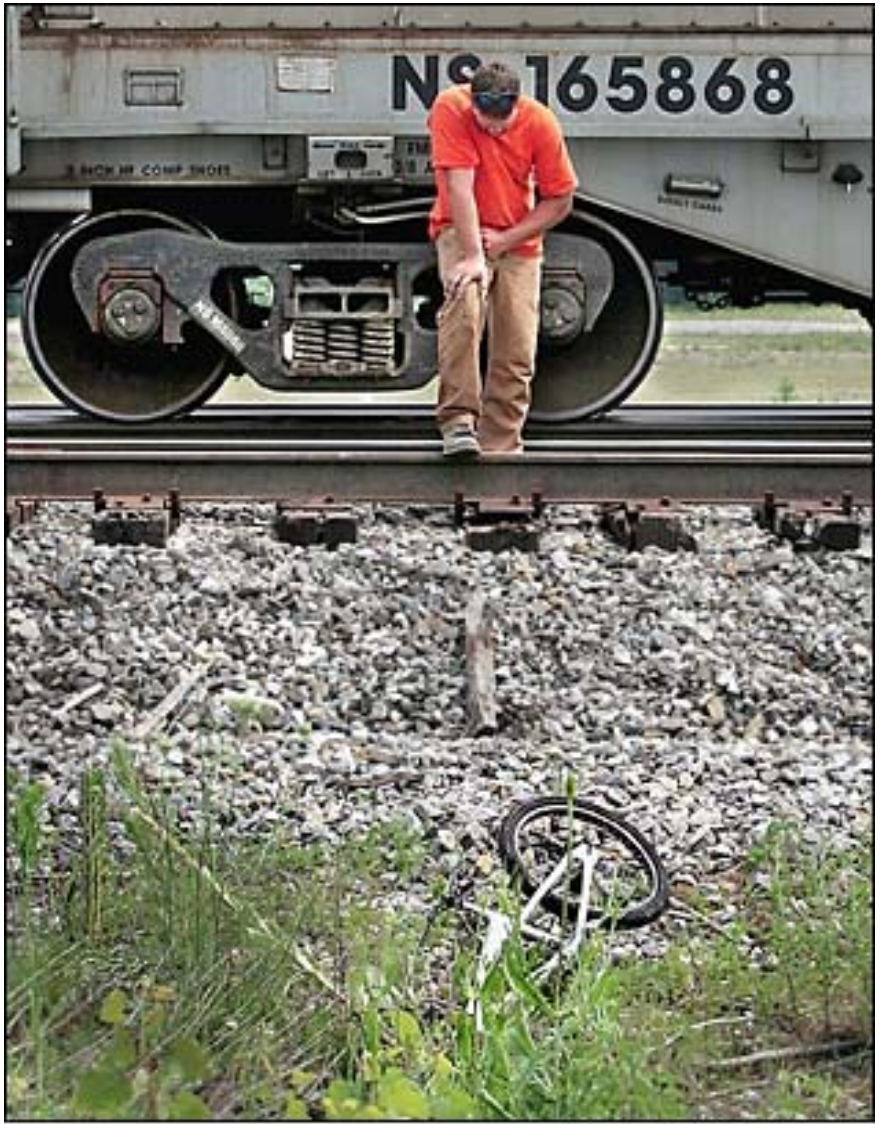




V. Return to Work

- Rationale:
 - Symptom severity and psychosocial factors are directly related to impairment and disability (Breslau et al. 2004, Mason et al. 2002)
 - Inadequate or inappropriate accommodations are common barriers following trauma (Matthews 2005, McDonald et al. 2003)
 - Traumatized workers may require additional support and consideration to prevent recurrent disability (Smith et al. 2005)





The Blade / Lisa Dutton

V. Return to Work

- **Goals:**
 - Review strategies which promote early and sustainable return to work
 - Recommend approaches to accommodation and reintegration into the workforce following trauma
 - Develop supportive policies and resources for impaired or disabled employees



Future Directions

- Collaborative research project designed to reduce lost following acute trauma:
 - Toronto Transit Commission
 - Workplace Safety and Insurance Board
- Applied knowledge from clinical expertise, research and the established Advisory Committee will be used to update the guidelines



Thank you!

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