

AS@W...TRAUMATIC EXPERIENCES AND WORK

What is trauma?

- ❑ Trauma can be broadly defined as an extreme event in one's life that is beyond the range of normal experience and can induce a state of severe fear, helplessness, horror or other signs of distress. Trauma can result from experiencing a traumatic event directly and also from viewing or experiencing trauma as it occurs to someone else.
- ❑ Traumatic events within the workplace include accidents, incidents or injuries experienced during the course of doing one's job. In most jurisdictions, such events are included under occupational health and safety legislation.
- ❑ Traumatic experiences both in and out of the workplace can seriously impact a person's psychological health and functioning.
 - Examples of traumatic experiences in the workplace can include:
 - Death or serious injury of a client, customer or co-worker
 - Physical threats or attacks
 - Bomb threats, explosions or fire
 - Intentional or unintentional release of chemicals or infectious agents
 - Robberies
 - Combat
 - Motor vehicle accidents that occur in the course of work
 - Examples of traumatic experiences outside of the workplace can include:
 - Death of a child, parent, partner, family member or friend
 - Divorce or separation
 - Serious injury or illness
 - Domestic violence
 - Physical or sexual assault
 - Motor vehicle accidents
 - Natural disasters

What is the relationship between trauma and mental health?

- ❑ Research has shown that while the majority of people are distressed after a traumatic event, this will decrease over a few months. There are, however, a small number of people that continue to experience psychological problems as a result of the traumatic event.



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- ❑ Experiences of trauma can complicate treatment and slow progression of recovery from a mental or physical health disorder.
- ❑ Individuals who have experienced trauma may be more likely to use or abuse alcohol, tobacco, prescription or illegal drugs in order to cope. This can lead to comorbid substance abuse disorders and negatively undermine physical and mental health status.

What is posttraumatic stress disorder (PTSD)?

- ❑ PTSD is a particular kind of anxiety disorder that is the result of a traumatic event(s). Experiencing a traumatic event does not necessarily mean that a person will develop PTSD. People respond to trauma in different ways.
- ❑ It should be noted that when a traumatic event does not lead to PTSD, it does not mean that individuals are unaffected. PTSD is only one condition that may develop after a traumatic experience.
- ❑ Some of the characteristics of PTSD include the following (lasting beyond one month after the event):
 - Recurring thoughts, nightmares or memories about the event.
 - Attempting to avoid conversations, places or people that remind one of the event.
 - Being hypervigilant, easily startled or 'jittery'.
- ❑ Factors that make it more likely that a person will develop PTSD include:
 - Prior experiences of trauma
 - Personal or family history of mental health difficulties
 - The extent to which the event was life-threatening
 - The amount and type of support the person has following the event.



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What is the relationship between posttraumatic stress disorder (PTSD) and depression?

- ❑ Many studies have shown that depression and post-traumatic stress disorder (PTSD) co-occur following a traumatic event.
 - Comorbid depression and PTSD occurred in 44.5% of patients one month after a traumatic event.
 - Comorbidity was associated with greater symptom severity and lower functioning in patients.
 - While PTSD and major depression are independent disorders, they interact to increase distress and dysfunction in an individual.
- ❑ PTSD and depression can contribute to physical sickness by disrupting self-care, compromising physical health, and undermining appropriate help-seeking behaviour and health care.
- ❑ Individuals who have experienced a traumatic event and are experiencing distress should seek assistance from a mental health or medical specialist. There are a number of types of psychological and pharmacological interventions that have been demonstrated to be effective.

References

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ABOUT AS@W

How was *Antidepressant Skills at Work* developed?

The guide was developed by British Columbia Mental Health and Addiction Services (BCMHAS), an agency of the Provincial Health Services Authority. The guide and accompanying materials have been authored by **Dr. Dan Bilsker**, **Dr. Merv Gilbert**, and **Dr. Joti Samra** – registered psychologists and scientist-practitioners with expertise in issues relating to workplace mental health. These psychologists are with the Centre for Applied Research in Mental Health and Addiction (CARMHA), Faculty of Health Sciences, Simon Fraser University. The guide was written on the basis of a review of the scientific literature; consultation with employers, unions, mental health providers and employee groups; and adaptation of existing self-care depression programs.

How can the manual be accessed?

The manual is available for viewing and free download at www.carmha.ca/antidepressant-skills/work/ or from www.bcmhas.ca/research. Individuals or organizations are free to print and make multiple copies of the guide, with permission from CARMHA (publications@carmha.ca). Print copies and audio CDs are available at a low cost from our ordering page at www.carmha.ca/ordering.

For further information about AS@W and associated resources and materials, please visit www.carmha.ca/selfcare. This information will be updated on a regular basis.



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