

Posttraumatic Stress Disorder: Interface with Workman's Compensation Claims

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What Is PTSD

- During a potentially traumatizing event, our brains take a snapshot of that situation and remember the circumstances.
- In similar circumstances, our bodies react with a "**fight or flight**" response in preparation to deal with the threat again, which may be adaptive in life threatening situations.

What Is PTSD cont.

- PTSD leads a person to over-generalize the fight or flight response to threats - even benign events (e.g., a car backfire) signal danger.
- People with PTSD may continue to respond to triggers (or reminders of the life-threatening event) as if their life is in danger even when it is not.

General Criteria of PTSD

PTSD occurs:

1. After directly experiencing or witnessing a traumatic event (actual or threatened death, serious injury, or sexual violence)
2. Learning about the accidental or violent death of a close relative or friend
3. Or through repeated or extreme exposure to aversive details of traumatic events.

The third category of experiences was added to the DSM-V specifically relative to the work of first responders (e.g. collecting human remains, repeated exposure to details of child abuse, etc).

General Criteria cont.

- To receive a PTSD diagnosis, a person must have symptoms across 4 categories. The symptoms must remain for 4 weeks, but may be delayed in onset months or even years. The following four clusters must be present with noted decreases in functioning:
 - Intrusion symptoms
 - Avoidance symptoms
 - Negative alterations in cognitions and mood
 - Alterations in arousal and reactivity

Intrusion Symptoms

- Recurrent, Involuntary, and intrusive memories of the trauma or “*reliving the event*”
 - this can be caused by seeing, hearing or smelling something that reminds you of the event - “*triggers*”
- Dreams/Nightmares with content of the actual event
- Dissociative reactions – experiences that cause the individual to literally feel they are back in the moment of the trauma - “*flashbacks*”
- These experiences often cause emotional or physiological responses (e.g. rapid heart rate, fear, anger etc.)

Avoidance Symptoms

Because remembering the event is so distressing, those with PTSD avoid, people, places, activities, thoughts and feelings that remind them of the event.

The goal of the avoidance is to not think, feel, recall, or experience anything that would bring back the event.

When the event is one that occurs at work, it be difficult to separate work from the event, and thus makes returning to work difficult.

Often individuals use distraction or keeping busy as a way to not think about the event. Also why treatment is avoided.

Negative Alterations in Cognitions

This cluster of symptoms is referring to the tendency for individuals to have more negative thoughts and feelings after the trauma.

- Negative feelings about oneself (“I am bad”) or about others (“no one can be trusted”)
- Feeling numb or without positive feeling toward those you were once close to
- Forgetting elements of the trauma or not being able to speak about them
- Lack of interest in things one used to enjoy
- Persistent negative emotions – horror, anger guilt and shame

Alterations in Arousal

Most people with PTSD will describe this cluster of symptoms in terms of feeling “keyed up”, jittery, and “always on alert”.

The hyperarousal contributes to being easily irritated or more likely to act aggressively or angrily, than they would have prior to the traumatic event. As a result, commonly seen:

- Insomnia
- Hypervigilance
- Difficulty concentrating
- Startle response
- Excessive use of substances

Prevalence of PTSD

- General population estimates 3.5%
- In Law Enforcement the estimate jumps up to 15% (most commonly cited research is between 7-19% with some estimates going as high as 35%). The 15% is likely an under-estimate due to the stigma associated with seeking treatment.

That would mean that 15 officers in a 100 person police department meet the criteria. There are roughly 40,000 officers in NJ.... That's 6000 officers with PTSD

Prevalence of PTSD

- No data to suggest a change in prevalence, however we can hypothesize that the increase in intentional violence against police (73 v 46), overall increase in violent crime rates, and police recruitment problems have the potential to negatively impact work experience
- More likely explanation is change in identification
 - NJ Resiliency Program
 - Wellness Programming
 - Increase in Substance Specific Treatment being used

Susceptibility to PTSD

- Risk factors for developing PTSD
 1. Pre-Trauma
 - Childhood emotional problems
 - Childhood adversity (economic, family dysfunction, parental separation/loss)
 - Prior mental health conditions
 - Lack of social supports

Susceptibility to PTSD

- Peri-Trauma (those having to do with the event itself)
 - Very intense or long lasting event (HNT, rendering aid, crime scene)
 - Getting injured during the event
 - More common after certain types of trauma (e.g. combat-killing or witnessing atrocities - and sexual assault)
 - Moral injury/trauma (behaviors that violate own morals)
 - Repetition of the traumatic events (cumulative)
 - Dissociation occurring during event and persists

Susceptibility to PTSD

- Post-Trauma
 - Negative appraisals
 - Poor coping
 - Subsequent exposure to repeated upsetting reminders
 - Subsequent adverse life experiences
 - Financial or other trauma-related losses
 - Poor support

Treatment for PTSD

Key components to talk therapy includes:

1. Education about symptoms
2. Teaching skills to help identify the trigger of symptoms
3. Teaching skills to manage symptoms
4. Helping people identify and deal with guilt, shame and other feelings about the event. Moral injury.
5. Changing reacts to PTSD symptoms

Treatment Modalities for PTSD

1. Cognitive behavioral therapies
 - Cognitive Restructuring or cognitive processing (ways of thinking that are keeping you stuck, negative beliefs etc.)
2. Prolonged Exposure Therapy
 - Assists with safely facing situations and memories that are frightening to improve overall coping
3. Eye Movement Desensitization Reprocessing (EMDR)
 - Combines exposure therapy with guided eye movements to assist with processing the traumatic memories and how you react to them
4. Medication

Additional Treatment Concerns

According to the DSM-5, individuals with a PTSD diagnosis are 80% more likely than those without PTSD, to have symptoms that meet criteria for at least one other mental disorder

1. Comorbid Depression
2. Comorbid Suicidal Ideation
3. Comorbid Anxiety
4. Comorbid Substance Abuse

Challenges to Getting MMI

- Leaving it to the treatment provider who is by definition an advocate and in the role of treater and not assessor
 - Use independent evaluator at set time intervals
- Extenuating circumstances such as departmental support, legal challenges, additional losses, practical considerations – *try to prevent it in the first place*
 - Encourage agencies to keep in regular contact with employee, offer support to family, offering wellness programming, reducing culture of stigma
- Secondary gain and seeking disability status

Wrap Up

- Questions??
- Comments

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