Psychological “Injury” & Psychological Factors Affecting Recovery

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Major Types of Psych ‘Injury'

- Specific incident
- Series of incidents, or an accumulation
- Chronic overwork, e.g., performing 2 jobs, burnout with excess job hrs
Different Type of Spec. Incidents

- Happened personally to worker
- Happened to another worker
- Anticipatable vs random & unexpectable, e.g., falling, MVA vs robbery, assault
Specific Incident Response

- Critical Incident Stress Debriefing CISM
  - Educative
  - Defusing, de-escalating, calming
  - Support, meeting immediate needs
- Effectiveness data is mixed
- Limited gains w/out f/up: “psych first aid”
- Caution: some debriefers may be working out their own trauma
PTSD Criteria

- Life threatening or horrifying incident
  - *New: can't be indirect*
- Intrusive recall.
- Psych & physical over-arousal, and/or emotional numbing.
- Avoidance to control other symptoms
Neurophysiology & the Brain
(over-simplified)

- PFC: pre-frontal cortex – thinking
- Pit: pituitary – master regulator
- Hyp: Hypothalamas – stress detector
- Adrenals: on top of kidneys, release adrenalin & cortisol (not shown)
- Direct neurological effects of PTSD
Psych Stress + Pain

- At the level of brain stem, pain = stress
- Psych + Physical Pain = more of both
- Neurologically pain & stress are the same thing
Associated Issues

- Depression
- Anxiety
- Anger, irritability
- Concentration & focus issues
- Pain if also a physical injury
- Medication issues
Mood disorder is the general category

Depression and anxiety are subcategories

PTSD is an anxiety disorder

Acute Stress Disorder is short-term PTSD

Adjustment Disorders with Depression, Anxiety, Behaviour are less intense
Path for Worker with MH Claim

- Injury, incident occurs
- Immediate care: CISM, medical, referral
- Primary psychotherapy or counselling
  - Public system, EFAP, WCB-sponsored
  - RTW, TRTW

 Possibly complete at this level; if not:
- Mental Health Assessment
  - Referral if time loss, assist in claims entitlement, when no Tx/RTW plan, concerns about recovery
  - Psychological assessment: psychological testing
  - To meet a medical-legal standard
Mental Health Assessment

- Interview inquiry
- Background info to incident
- History of individual
- Psychological assessment & testing
  - Statistical appraisal of symptoms & functioning
- Tx recommendations
- RTW / RTF recommendations
TRTW

- Therapeutic use of workplace
- Provides routine
- Alternative work or duties
- Things to do, things to avoid: restrictions
Things You Might Observe

- Sleep loss & fatigue
- Concentration, memory, focus
- Depressed, downcast mood
  - Risk taking, not caring talk, suicidality
- Anxiety, stress, panic
- Reduced social behaviour
  - Not talking, isolated
- Previous personality chars increase
Best Practices for RTW

- Contact is key - don't avoid
  - Thoughtful talk, small gestures
  - Indicate willingness to accept back in different temporary role
- Express positivity, avoid intrusiveness
  - Balance
- Offer info. Re: safety changes, request input
- If possible delay labour relations post-RTW
Expectations of Psychologist

- Contact with you as “secondary client”
  - If doesn't occur, ask WCB!
- May request use of workplace for treatment:
  - Exposure *in vivo* (live exposure)
  - Workplace meeting and/or tour
  - Privacy issues
- Temporary restrictions, usually for locations, sometimes people, may combine with physical
Self-control of mind and body
- Cognitive-behaviour therapy
- Behaviour therapy
- Exposure therapy

Associated behavioural issues

Psychosocial counselling

± in combo with medication
Expectations of Psychologist

- Avoid labour relations
- Avoid advocacy for specific job, though may approve job description as meeting restrictions
- Approve early RTW when possible
  - Data convince that earlier return encourages recovery
- Help avoid
  - Secondary psychosocial effects
  - The “sick role” and lack of daily routine
Providers of Psychotherapy

EFAP counsellors might not:

- meet WCB standards for psychology
- Be able to provide assessment at level required
  - *Reason for visit*
  - *clinical*
  - *medical-legal*
- Provide in-person treatment (tele-health)
Psychologists not Licensed Equally

- PhD, PsyD: 5-6 years of training + 4 yrs. undergraduate
- M.A., M.Sc: 2 years + 4 yr. undergrad
- M.Ed.: most often 1-2 yrs. school-related training
- SK is unusual....
- Different types of issues may require different levels of expertise.
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Questions & Comments