Changing the landscape of mental health support:
The new Trauma Assist Program for first responders

A unique workplace environment demands a unique Employee and Family Assistance Program.

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INTRODUCTION

Every day, police officers, firefighters, mental health practitioners, healthcare professionals, and other first responders are dispatched to manage traumatic events. Once these professionals are on the scene, they need to be able to assess the situation quickly, respond appropriately, and provide care to the community impacted by the event.

While supporting others is at the core of what they do, first responders often do not apply this altruistic behaviour to themselves because admitting to a personal struggle that involves a stress reaction to a traumatic event is seen as a weakness in their work culture. Many first responders are reducing this stigma by stepping forward and disclosing that they too suffer after experiencing a single traumatic occurrence or repeated exposure to such events.

In response to this increasing demand for PTS support, Shepell, a leader in Employee and Family Assistance Program (EFAP) services, has launched Trauma Assist, a program specifically tailored to support first responders and their families. Future plans are also being developed to expand access to others who need post-trauma support.

The Trauma Assist Program combines:

- the knowledge and experience of Shepell’s counsellors in trauma debriefing and resiliency;
- 24/7 availability for individuals from all walks of life; and
- use of the latest technology to provide multiple ways to access the service.
BACKGROUND

What is trauma?

“Trauma” encompasses an individual’s response to experiences or events that present either a real or perceived threat to self or others and which overwhelm the individual’s ability to cope. These can include natural disaster, death, accident, violence and abuse.

How can trauma manifest in an individual?

Common signs of trauma can be seen in a person’s physical, emotional, and cognitive behaviour (Shepell 2016b).

Symptoms of trauma

While there are common signs of trauma, each individual will have a unique:

• understanding of the trauma;
• threshold for processing the event; and
• recovery period (Shepell 2016a).

Individuals also respond differently to trauma, and it’s their level of resilience—or capacity to learn from and adapt to different situations—that can produce positive and/or negative repercussions in their personal and professional lives (Howatt 2016). While some may experience psychological growth and display stronger coping mechanisms after a stressful event, others may suffer from mental health issues such as depression, anxiety, stress, self-harm, and addiction. Providing immediate support is crucial to helping those impacted by a traumatic experience to find stability and their usual optimum functioning level (Harazim 2016).

Seven factors that define resiliency:

1. personal strength
2. hardiness
3. self-directedness
4. attitude
5. adaptability
6. personal ethics
7. problem-solving and decision-making abilities (Howatt 2016)
Conditions that appear when positive post-traumatic growth occurs:
The nature of the traumatic event for an individual must:
1. Challenge him/her to the core understanding of the world and his/her role within it.
2. Be significant enough to disturb the individual’s mental health.
3. Cause cognitive processing of the experience of the event (Brown 2015).

Key areas of an individual’s life touched by post-traumatic growth:
1. **Relationships.** Both professional and personal relationships are impacted and the individual may become more empathic towards or places greater importance on them.
2. **Hierarchy of needs.** Positive self-actualization growth can bring individuals to more confidently accept their impact on their environment and the world around them.
3. **Focus.** Individuals increasingly focus on savouring every moment of their lives, because they recognize that it could be cut short at any time (Brown 2015).
Post-traumatic event support

First responder PTS research clearly shows that early intervention, including the removal of “maladaptive coping strategies” and the introduction of healthy ones, can support individuals in reducing the intensity of PTS symptoms (Skeffington, Rees, and Mazzucchelli 2016). Cognitive behavioural therapy (CBT) has shown to be an effective approach to develop coping skills. A recent study showed that the (control) group, supported with exposure therapy combined with CBT, experienced:

- decrease in symptoms more quickly than the other groups in the study; and
- lower initial symptom levels over a longer period of time (NYU Langone Medical Center 2016).

What’s clear is that early intervention coupled with CBT can lead to quicker relief for those impacted by a traumatic event and help them return to their personal and work lives more quickly.

The impact of PTS in the first responder workplace

Exposure to accidents and violence are part of every first responder’s daily routine. Specially trained to handle emergency situations, first responders are constantly faced with the unknown, and it is not surprising that some events or experiences may affect them more than others (Lee, Couperthwaite, and Fitzgerald 2016). Whether he or she is a witness to, or a victim of a traumatic event, a first responder’s job responsibilities can put him/her at increased risk for developing behaviours and symptomology that could impact his/her mental health (Mayo Clinic 2014). But not everyone is receiving the support that they need.

The problem with diagnosis

It has recently come to light that some first responders have had their claims and access to worker’s compensation resources denied due to how PTSD is being diagnosed. This is mainly due to the fact that standards for diagnosing PTSD overlook the concept of repeated exposure to trauma. Instead, the diagnosis has favoured proof of a single traumatic event as being the cause of stress. This “uneven” approach is cause for concern, especially for those subject to continual exposure to these traumatic events (Lee, Couperthwaite, and Fitzgerald 2016). Fortunately, new legislation that increase first responders’ rights are slowly coming into effect across the country.

PTSD and legislature across Canada

In Canada, Manitoba was the first province to legislate changes to workplace compensation, legally recognizing PTS as a workplace hazard for first responders (Ireland 2016). In Ontario, Bill 163: Supporting Ontario’s First Responders Act (Posttraumatic Stress Disorder), 2016 was recently introduced and has a direct impact on first responders and their employers (Lee, Couperthwaite, and Fitzgerald 2016). This new legislation covers 73,000 first responders from having to provide proof that their diagnosed PTSD occurred in the workplace and not in their personal life (Lancaster and Fowler 2016). Under this new law, the Ontario Ministry of Labour can require employers to implement PTSD prevention programs in the workplace (Lee, Couperthwaite, and Fitzgerald 2016).
While this groundbreaking legislation to reform workplace support has been implemented in some provinces, including Alberta and the aforementioned provinces of Manitoba and Ontario, there are increasing calls to move away from this piecemeal approach and towards a more national solution for PTSD support (Ireland 2016).

PTSD Worldwide
PTSD doesn’t just affect those in Canada. Traumatic events occur globally every day and impact everyone, regardless of culture, gender, or geographic location. For example:

- In the past 20 years, more of Australia’s soldiers have died by suicide than those killed in action—with many of the suicides being attributed to PTSD (Harazim 2016).
- Each year, approximately 2% of the population of the United States (US) will suffer from PTSD (NYU Langone Medical Center 2016).
- During their lifetime, 60% of men and 50% of women in the US will experience PTSD symptoms (VA 2015).

Primary and secondary trauma
How a group of people are exposed to and cope with trauma can be as diverse as the group of individuals themselves. A reaction to trauma doesn’t occur only if an individual is a firsthand witness to the event. Vicarious or secondary trauma can result by simply listening to an individual recounting his/her interpretation of a situation. Furthermore, an individual can also develop compassion fatigue, meaning they become worn down from the emotions and responsibilities associated with single incident or multiple incident trauma.

A key differentiator in the responsibilities and workplaces of first responders from their counterparts, is their training and routine exposure to shared traumatic experiences, both with victims and their co-workers (Brown 2015). While first responders are professionally qualified to function in emergencies, some circumstances such as the death of a child or a catastrophic natural disaster, can break through their training and expertise (Lee, Couperthwaite, and Fitzgerald 2016).

For example, after a horrific car crash in Vaughan, Ontario, which took the lives of three children and their grandfather, eight of the responding Emergency Medical Services’ first responders to the scene needed to go off of work shortly afterwards due to PTSD (Lorinc 2016).

Combating stigma
Unfortunately, not all sufferers seek help. Stigma in the workplace for first responders is common, leading many of these professionals publicly covering up their struggles as well as those of their co-workers (Lorinc 2016).

The impact of not seeking help can lead an individual to continue to report to work despite suffering from increasingly debilitating symptoms, a practice that is not uncommon in a profession where peer pressure dictates that to admit that help is needed, shows weakness of character. This drive to appear “fine” and be present at work, coupled with repeated exposure to traumatic events, can lead to cumulative trauma (Lee, Couperthwaite, and Fitzgerald 2016). The suffering first responder in turn changes from being fully functional in the workplace to experiencing “presenteeism” (i.e., he/she is reporting to work, but isn’t able to effectively carry out his/her expected responsibilities) (Allen and Bourgeois 2015).
Another common theme preventing employees from seeking support is a fear of demotion or loss of job (Harazim 2016). In one case, a paramedic did not self-disclose that she was struggling with PTSD symptoms for four years. She only revealed her struggle after a monumental shift occurred in her workplace—when several of her co-workers were off at the same time following a traumatic event (Lorinc 2016).

So how can management help overcome stigma in the workplace so that first responders seek out the care they so urgently need?

- Leadership teams can shift their workplace culture by building inclusive enterprise health strategies and also by openly discussing their own reactions to traumatic events. Taking steps to chip away at stigma will not only encourage individuals to seek support, but also improve their work environment.

- Encouraging teams to have an automatic debriefing after a traumatic event can assist in the release of emotions generated from the shared experience (Lorinc 2016).

- Furthermore, current research indicates that employees who have been absent from work due to mental health issues have valuable solutions available to them to prevent absenteeism, while employers have effective resource options to help them build workplace mental health strategies specific to their work culture (Shepell 2016).
PROVIDER AND PROGRAM SPECIFICS

Why is Shepell focusing on first responders?

The first responder work culture is riddled with the stigma attached to helpers admitting that they need help themselves. While it is understood that responding to traumatic events is a core responsibility of their work and that PTS is linked to these types of events, a barrier exists between that knowledge and admitting the impact these events can have on the well-being of first responders (Lorinc 2016). Fortunately, we are starting to see in the media and the workplace that this veil of stigma is gradually falling away and employees and employers are asking for solutions and support.

As a leader and innovator in EFAP service offerings, Shepell’s new Trauma Assist Program is helping first responders and their families with specialized support in building resiliency after a traumatic event. The Trauma Assist Program aims to help first responders across Canada in the effort to eliminate the stigma attached to seeking help, and to provide a confidential safe space for them to access support without fear of negative impacts to their jobs or reputations.

The Trauma Assist Program in more detail

Trauma Assist is available to employees whose employers—looking to define and enhance their workplace mental health strategy—add this new program to the EFAP services they offer. The program is geared to first responders grappling with early to moderate onset of PTS symptoms. Individuals with severe symptoms/symptomatology or who are at high risk will be connected with augmented support solutions.

An important component of the Trauma Assist Program is accessibility, and as such the program can be accessed via in-person as well as telephone, email, and chat. Of utmost concern is that the individual seeking support is comfortable with the mode of access. When a person does decide to step forward, specially trained intake staff and counsellors are then ready to provide support.

The goal of the program is early intervention to connect with individuals before more debilitating symptoms take hold and cause ever increasing disruption in their lives. Based on the proven efficacy of CBT and using an integrative model, the Trauma Assist program encompasses teaching individual skills to move towards personal safety and away from self-harm and suicidal thoughts, and to put them in control of his/her progress.
The Trauma Assist Program addresses four areas of an individual’s life:

1. Cognitive
2. Behavioural
3. Interpersonal
4. Somatic

Improved psychological resiliency can be achieved through an emphasis on the individual’s strengths, safety, and desire for post-traumatic growth. Encouraging sufferers to take control by tracking their own behaviour, reactions, and health over time, along with assessing their progress, can lead to a higher resilience threshold and strengthened coping skills.

The Trauma Assist Program also includes skill development for organizations and their people leaders. Creating a healthy workplace is made possible by equipping first responder leadership teams with the skills to both identify employees who are struggling while incorporating the failsafe measures to empower employees to help themselves and each other. Leading by example in everyday practice to curtail possible festering pockets of stress and emotions in the day-to-day work environment sets the tone for work culture and can aid in removing PTS stigma from taking hold of its employees.

**CONCLUSION**

The benefits of Shepell’s Trauma Assist Program are numerous.

- The service helps identify first responders who are experiencing early to moderate PTS symptoms, and navigate them towards positive post-traumatic growth.

- This in turn helps them reach past workplace stigma and lifts them to a higher level of resilience so they can continue delivering valuable service to their communities.

- Employers that add Trauma Assist to their EFAP package will be firmly supported in their goal of reducing the fear and reluctance of individual employees seeking counselling.

- Organizations will also take a firm step in reducing stigma and moving towards developing and maintaining a healthy workplace environment. With Trauma Assist as a service offering, it sends a clear message that the leadership team acknowledges that first responder job responsibilities can lead to PTS and that as an employer, supporting their employees is of vital importance to everyone.

**Recommendations for future study**

This paper has endeavored to investigate the reality and impact of PTS in the workplace of first responders, and to examine how positive post-traumatic growth can be attained with the support of targeted mental health programs.

The opportunity for future study on this subject exists as more Canadian provinces introduce or pass new legislation for workplace compensation solutions that recognize the impact of post-traumatic stress on the workforce.
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### GLOSSARY

| **Cognitive Behavioural Therapy (CBT)** | A structured counselling model whose focus is to facilitate the awareness and modification of inaccurate or negative thinking patterns to change specific behaviours. This approach can be helpful to address many different mental health issues, including depression and anxiety (Mayo Clinic 2016). |
| **Employee and Family Assistance Program (EFAP)** | Services purchased by the employer as part of employees’ benefits package; integrated health and productivity solutions that address the mental, physical, and social health issues affecting employees, their families, and the workplace. |
| **First responder** | “First responders are people who respond to the scenes of emergencies, and include police, firefighters and paramedics, among other emergency personnel. Because their work by definition often involves witnessing deaths and injuries, the number of potentially traumatic scenes they attend to in one week may be more than what some people experience in their lifetime! While they may become used to such scenes, particular calls may cause more distress, such as the deaths or major injuries of children” (Lee, Couperthwaite, and Fitzgerald 2016). |
| **Post-traumatic stress (PTS)** | PTS may be evident wherever an individual’s usual capacities for coping and functioning are greatly overwhelmed and disturbed by exposure to a devastating event. Trauma alters your ability to thrive and every individual expresses trauma symptoms in a manner that is as unique as their thumbprint. |
| **Resilience** | “...being able to recover from difficulties or change—to function as well as before and then move forward. Many refer to this as ‘bouncing back’ from difficulties or challenges. People who are resilient can effectively cope with, or adapt to, stress and challenging life situations. They learn from the experience of being able to effectively manage in one situation, making them better able to cope with stresses and challenges in future situations. In other words, dealing with challenges can make us grow and can make us stronger. Rather than merely bouncing back, we’re better prepared than we were before to face challenges that lie ahead” (CAMH 2012). |
| **Traumatic event** | “What constitutes a ‘trauma’ can vary somewhat, but it typically involves witnessing deaths of others, or experiencing or witnessing violence or significant threats to the safety of oneself or another” (Lee, Couperthwaite, and Fitzgerald 2016). |
REFERENCES


Shepell is the market leader in optimizing employee wellness through our Employee and Family Assistance Program (EFAP). With leading-edge technology; the largest EFAP counselling network in Canada; and a personalized, high-touch, people centered approach, our EFAP services help to proactively prevent and resolve employee health issues. Shepell is unmatched in the depth and breadth of our EFAP support and counselling offerings, the sophistication of our infrastructure, and the strength of our track record.

Contact us for more information on our EFAP services—including our Trauma Assist Program, and for guidance on what makes a good EFAP: Call 1.800.461.9722 email info@shepell.com, or visit shepell.com.