

The Impact of Trauma on Lives

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Objectives

1. Review the Range of Effects of Trauma on Individuals, Businesses, and Trauma Workers
2. Discuss the Hidden Costs of Trauma on Organizations
3. Illustrate Strategies for Addressing Trauma in the Workplace

WHAT IS TRAUMATIC STRESS?

- Stress resulting from an incident powerful enough to overwhelm the usual coping abilities of the persons involved

Characteristics of Traumatic Events

- Sudden or Unexpected
- Challenge One's Competence
- May be Overwhelming
- Perception of Threat / Danger/ Loss
- Negative Outcome Common
- Impacts Belief Systems (e.g. control, safety)
- May Involve Traumatic Sensory Stimuli (exposure to grotesque)
- Fear Inducing

Trauma Impacts:

- Victim
- Family
- Community
- Business / Organizations
- Caregivers

Impact of Trauma on Individuals

- Post Traumatic Stress Disorder
- Grief
- Depression
- Somatic Stress Responses
- Occupational Stressors
- Financial Stressors
- Change In Family Roles
- Impact Of Pain / Injury
- Daily Life Management Challenges
- Growth and Resilience When Managed Effectively

Workplace Traumatic Events

Leading causes of workplace death:
Transportation accidents, falls and homicides.

613 homicides per year— first increase since
2000, faster rate of growth than any other
cause of workplace fatality.

Workplace suicide is on the rise with 218
recorded in 2003. (U.S.)

Bank robberies increased 19% in 2002.

**United States Bureau of Labor and
Statistics- 2003**

Impact of Trauma on Business and Organizations

- Loss of Productivity
- Workforce Attrition
- Absenteeism
- Presenteeism
- Protracted Medical Course
- Conflicts Between Employees
- Reduced Quality of Services Provided

Traumatic Stress Reactions

- Acute
- Delayed
- Cumulative
- Compassion Fatigue / Vicarious Traumatization in Trauma Workers

The Hidden Impact



Posttraumatic Stress Disorder DSM-IV-TR

(2000)

Exposure Criterion (both required)

- The person experienced, witnessed, or was confronted with an event(s) that involved actual or threatened death, or serious injury, or a threat to the physical integrity of self or others
- The person's response involved intense fear, helplessness, or horror

Persistent reexperiencing

- Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions
- Recurrent distressing dreams of the event
- Acting or feeling as if the traumatic event were recurring (illusions, hallucinatory experiences, flashbacks)

Persistent reexperiencing

- Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

Persistent avoidance / Numbing of general responsiveness

- Efforts to avoid thoughts, feelings, or conversations associated with the trauma
- Efforts to avoid activities, places, or people that arouse recollections of the trauma
- Inability to recall an important aspect of the trauma
- Markedly diminished interest or participation in significant activities

Persistent avoidance / Numbing of general responsiveness

- Feelings of detachment or estrangement from others
- Restricted range of affect
- Sense of a foreshortened future

Persistent symptoms of increased arousal

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hypervigilance
- Exaggerated startle response

Duration

- More than one month

- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning

PTSD

- ACUTE (less than 3 month duration)
- CHRONIC (more than 3 month duration)
- DELAYED ONSET (onset of symptoms at least 6 months after the stressor)

PTSD

- 74% of PTSD cases studied by Breslau (1998) lasted more than 6 months
- Symptoms of distress and PTSD are correlated with exposure to traumatic stressors (Weiss, 1995; Corneil, 1993; Wee, 1999)

Examples of Trauma Impact

WORLD TRADE CENTER ATTACKS

- September 11th 2001 attacks on the NYC World Trade Center.
- 5-8 weeks post disaster telephone assessment (1008 adults, Manhattan south of 110th St.) indicated 7.5% PTSD, 9.7% depression, 20% PTSD south of Canal St.
- Exposure predicted PTSD, losses predicted depression.
- (Galea, et al., 2002, NEJM)

Occupational trauma

- 2002 psychometric survey of flight attendants indicated 18% with probable PTSD post 9/11
- Perceived vulnerability appears universal. No difference between east coast vs. west coast based flight crews

(Lating et al., 2003)

Recommendations for Effective Trauma Management

The Johns Hopkins'

RESISTANCE, RESILIENCE, RECOVERY

An outcome-driven continuum of care



Create Resistance
Assessment
Intervention
Evaluation

Enhance Resiliency
Assessment
Intervention
Evaluation

Speed Recovery
Assessment
Intervention
Evaluation

[Kaminsky, et al, (2005) RESISTANCE, RESILIENCE, RECOVERY. In Everly & Parker, Mental Health Aspects of Disaster: Public Health Preparedness and Response. Balto: Johns Hopkins Center for Public Health Preparedness.

Resistance

- The ability of an individual, group, organization, or community to resist distress, impairment or dysfunction following traumatic stress
- Psychological Immunization to the effects of Traumatic Stress

Resistance

- Stress Management Training / Practice
- Physical Fitness
- Perception Of Credible Leadership
- Anticipatory Guidance
- Set Appropriate Expectations
- Realistic Training
- Identification With A Common Purpose, Goal, Or Higher Ideal
- Group Identification
- Family Considerations For High Risk Groups

Resilience

- The ability of an individual , group, organization, or community to rapidly and effectively rebound from psychological / behavioral effects of traumatic stress

Resilience Enhancement

- Need Assessment Following Trauma
- Psychological Triage And Referral
- Leadership
- Accurate Information About The Traumatic Event
- Stress Management
- Psychological First Aid / Crisis Intervention (Individual, Group, Community Levels)
- Social Support
- Spiritual Care As Appropriate
- Task Orientation In Initial Phases Of Traumatic Event
- Buddy Support

Recovery

- The ability of an individual, group, organization, or community to recover the ability to function adaptively when impaired by traumatic stress

Recovery Interventions

- Formal / Informal Rituals Of Closure
- Organizational Re-entry Programs
- Organizational Consultation
- Leadership Training
- Individual Counseling
- Group Counseling
- Family Counseling

Evidence Informed Examples

LESSONS LEARNED FROM THE WORKPLACE (Boscarino, et al, IJEMH, 2005; Cohen's d reported by Everly, et al., J Workplace Behavioral Hlth, in press).

- A prospective, random sample of 1,681 New York adults interviewed by telephone at 1 year and 2 years after 9/11. Post disaster (WTC) crisis intervention (described as CISM) was associated with reduced risk for:
 - alcohol dependence (.92),
 - PTSD symptoms (.56),
 - major depression (.81), ,
 - anxiety disorder (.98), , and
 - binge drinking (d=.74),
 - global impairment (.66),
 - compared with comparable individuals who did not receive this intervention

Boscarino, et al., NY Academy of Medicine, (IJEMH, 2005): Active Mechanisms

- Education about symptoms
- Talking about experiences
- Relaxation
- Stress management/ coping
- Cognitive reframing
- Social support:
 - PTS (.38)
 - Depression (.19)
 - Global impairment (.34)

LESSONS LEARNED FROM CONSULTATION PSYCHOLOGY/ PSYCHIATRY IN MEDICAL SETTINGS

(Stapleton, et al., Psychiatric Quarterly, in press)

- 11 (10/11 RCT) studies of individual crisis intervention in medical settings
- 16 outcomes
- 2124 subjects
- Overall effectiveness: Cohen's $d = .44$ (anxiety, .52; depression, .24; PTS, .57)

Stapelton (in press)

1. Crisis Intervention may reduce distress in medical and surgical patients ($d=.44$)
2. Crisis Intervention is improved by increased training (.57 vs. .29)
3. Crisis Intervention outcome is enhanced via multiple sessions (.60 vs. .33)
4. Crisis Intervention is enhanced via the use of multiple interventions on PTS (.62 vs .55)

Flannery's ASAP

- The Assaulted Staff Action Program (ASAP) was originally designed to reduce stress associated with assaults upon staff members by psychiatric patients
- Consistent reductions in assaults upon psychiatric healthcare staff was one outcome associated with ASAP
- Mean effect size = 3.6

Assaulted Staff

(Flannery, et.al.2004)

- ASAP in psychiatric hospitals and outpatient clinics
- Multi-site
- Reduced sick leave and accident claims
- Reduced staff turnover (\$ 268,000 /2 YR)
- Reduced assaults

CISM Benefits: Goulburn Correctional Center (Ott, 1997)

1994 - Pre CISM - \$614,648

1995 - \$51,178 - CISM

Reduced costs realized in reduced absenteeism,
compensation claims and sick leave

CISM Program - peer support, CISD, family support,
stress management education, exercise, professional
support

CISM BENEFITS: WMC (1996)

- Evaluation of CISM program with 236 nurses in Canada
- 89% satisfied with CISM
- 99% indicated CISM reduced absenteeism
- 24% considered leaving post incident; 0 post-CISM
- Financial return \$7.09 : 1

CISM Benefits: Commonwealth Bank of Australia

(Leeman - Conley, 1990)

	<u>1985</u>	<u>1988</u>	<u>Change</u>
Holdups	30	36	+16%
Direct Sick Days	281	112	-60%
Indirect Sick Days	668	265	-60%
Compensation	\$18,488	\$6,326	-68%

In Closing...

Discussion