

Effective Treatments for Posttraumatic Stress Disorder and How to Access them

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Overview

Posttraumatic Stress Disorder (PTSD) is increasingly being identified as an occupational hazard to many individuals who work in emergency response, law-enforcement, and military organizations. The aim of this presentation is to disseminate information about treatments and, in particular, access to these treatments.

First-Line Psychological Treatments

- Prolonged Exposure (**strong**)
- Cognitive Processing Therapy (**strong**)
- Eye Movement Desensitization and Reprocessing (**strong**)
- Present-Centered Therapy (**strong**)
- Seeking Safety (for PTSD with co-morbid SUD) (**strong**)
- Stress Inoculation Therapy (**modest**)
- Psychological Debriefing (**no research support/ potentially harmful**)

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Cognitive Processing Therapy (CPT)

**Patricia Resick, PhD, Kate Chard, PhD
& Candice Monson, PhD**

- 12 session protocol, individual or group format
- Cognitive theory
- Learning about symptoms, becoming aware of thoughts and feelings, learning skills to challenge thoughts, understanding changes in beliefs due to trauma
- Focus on themes: **Safety, Trust, Power/Control, Intimacy, and Esteem**
- Highly effective

Prolonged Exposure Therapy (PE)

Edna Foa, PhD

- 10 session protocol, 90 minute sessions
- Emotion Processing Theory
- Behavioral strategies to stimulate the natural recovery process
 - Eliminating/reducing avoidance
- Main components: **in vivo** and **imaginal** exposure
- Breathing retraining and psychoeducation also important
- Highly Effective

Eye Movement Desensitization and Reprocessing Therapy (EMDR)

Francine Shapiro, PhD

- 8 Phases, 3-Pronged Approach
- **Client History, Preparation, Assessment, Desensitization, Installation, Body Scan, Closure, Re-evaluation**
- Desensitization referred to as memory/information reprocessing using bilateral stimulation
 - Visual, auditory, and/or tactile
- Empirically validated treatment for PTSD
- Controversial

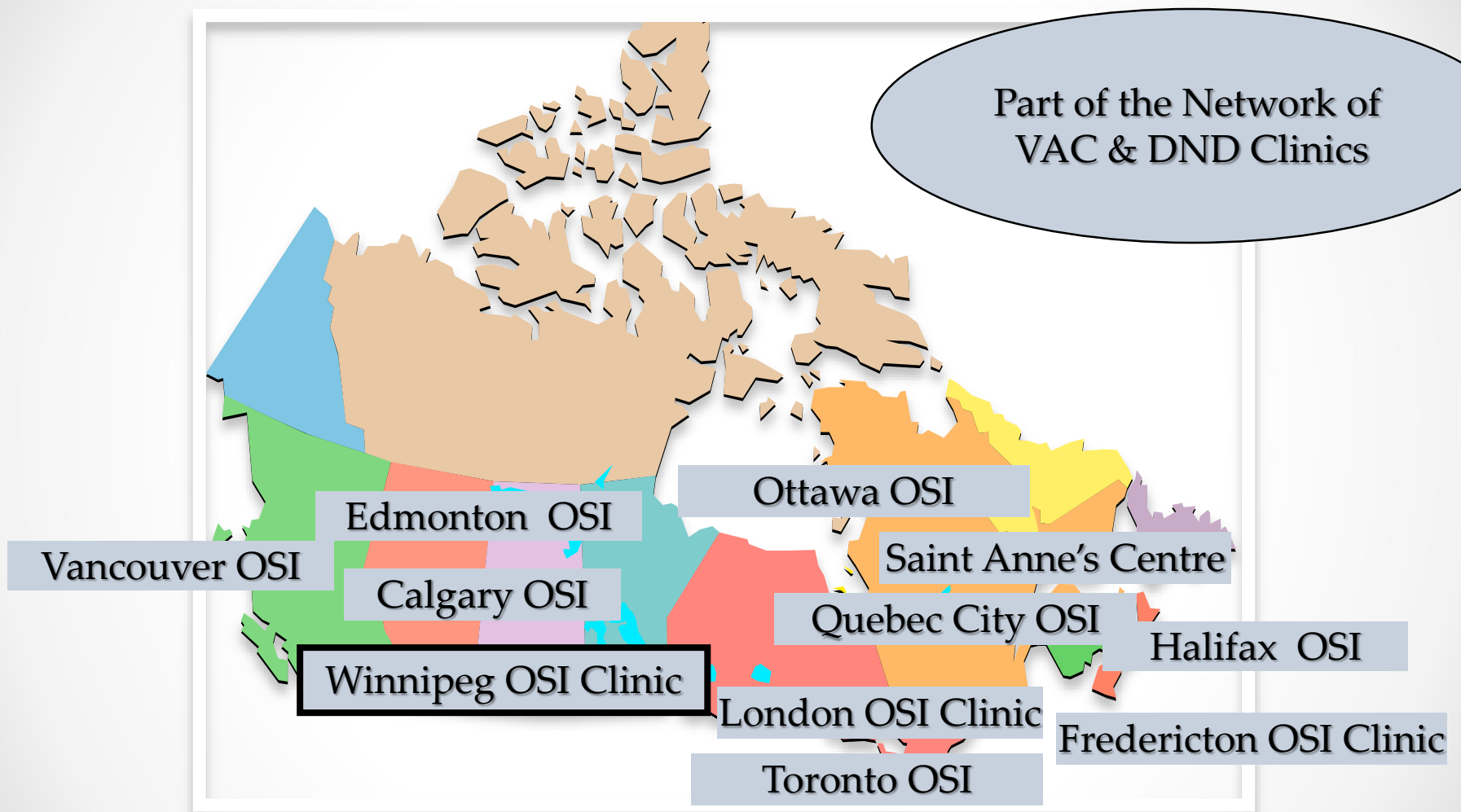
Efficacy of Trauma-Focused Interventions

- Long term follow up after RCT: **CPT** and **PE** demonstrated long lasting (5-10 yrs) effects (Resick et al., 2012)
- **EMDR** shown to be equally efficacious to trauma-focused **CBT**, meta-analysis 1989-2005 (Seidler & Wagner, 2010)
- Therapies effective with participants with histories of numerous traumatic events and multiple diagnoses (e.g., Roberts et al., 2014)
- Phase-based therapies (e.g., stabilization) **not** required for most (van den Berg et al., 2015 & Jongh et al., 2016)

How to Access Public Services

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Operational Stress Injury Clinics



Operational Stress Injury (OSI) Clinic Overview

What is OSI?

- Any persistent psychological condition or exacerbation of a psychological condition as a result of occupational duties

Who is eligible?

- Serving and retired members of RCMP, Military, and their families

Where do I get a referral?

- Veteran's Affairs Canada (**VAC**)
- Health Services (**RCMP**)
- Medical officer (**CAF**)



Operational Stress Injury Clinic Services

Psychological Assessment and Intervention

- Individual
- Couple
- Family
- Group

Interdisciplinary Approach

Help with:

- Diagnostic Assessments
- Managing emotions
- Impact on family and/or relationships
- Sleep difficulties
- Chronic pain
- Substance use
- Depression
- Anxiety

First-Responders and General Population



Provincial and Regional Health Authorities:

- Covered under your provincial health care plans (free)
- Lengthy waits for psychological services across Canada (1-2 yrs)
- Some police services have Staff Psychologist

How to Access Private Services

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Private Psychological Services

Royal Canadian Mounted Police

- Automatically allotted six sessions per calendar year
- After six, psychologist can request more by sending brief report to Health Services
- Psychologists bill directly through Medavie Blue Cross
- Civilian members also covered
- Family members/spouses have additional coverage through other insurance

Private Psychological Services

Canadian Veterans

- First contact is VAC
- VAC will request initial assessment
- Veteran chooses registered psychologist
- After initial assessment, if OSI, veteran approved treatment with registered psychologist
 - What is approved can vary
 - Spouses can also be approved for coverage
- Psychologist bills directly, may require re-assessment

Private Psychological Services

**Paramedics, Firefighters, Correctional Officers,
Municipal/Provincial Police → First Responders**

- Extended Medical Benefits (e.g., Blue Cross)
- Provincial Workers Compensation Boards
- Employment Assistance Programs (EAP)
- Private organizations who may offer funding for services
 - **Badge of Life Canada** (Police)
 - **Tema** (Paramedics)

Private Psychological Services

General Population

- Expensive if paying privately
- Typically less insurance coverage
- If legal case/insurance case (i.e., MVA), potentially can get coverage/assistance
 - Insurance company
 - Lawyer
- Provincial programs available to help with costs
 - **Crime Victims Assistance Program**

Private Psychological Services

Important to find the right psychologist (best fit)

- Training and experience in trauma-focused therapy
- Familiar with agencies/lingo/billing
- On list of accepted providers
- Local and accepting new clients
- Sliding scale
- Connected in community with other trauma-informed health professionals

References

APA Society of Clinical Psychology

<http://www.div12.org/psychological-treatments/disorders/post-traumatic-stress-disorder/>

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Resources

- Veterans Affairs Canada (veterans.gc.ca)
 - 1-866-522-2122
- RCMP Health Services
- Badge of Life Canada (badgeoflifecanada.org)
- TEMA Counter Memorial Trust (tema.ca)
- Canadian Psychological Association (cpa.ca)

**Questions, comments, and feedback
welcomed!**



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