

Operational Stress Injuries



Considerations for Public Safety Personnel

Disclosures

- R. Nicholas Carleton, Ph.D., R.D. Psych.
 - Relationships with commercial interests
 - None
 - Potential for conflict(s) of interest
 - None
 - Research Support
 - Canadian Institutes of Health Research
 - Saskatchewan Health Research Foundation
 - University of Regina










Overview

- Brief History to Today
- Responses to Trauma
- A Unique Workplace
- Enhancing Resilience
- Resources
- Next Steps



Overview

- Public Safety Personnel
 - Border Services
 - Corrections
 - Dispatchers
 - Firefighters
 - Paramedics
 - Police
 - Security Intelligence
 - May include Nurses



Responses to Trauma
A Unique Workplace
Enhancing Resilience
Resources
Next Steps

BRIEF HISTORY TO TODAY


Brief History to Today

- Descartes ~1641
 - Dualism of fundamental substances
 - Material and Mental
 - “Real” and “Not Real”
 - The individual, their lineage, or a deity accounts for mental health


Brief History to Today University of Regina

- **Railway Spine ~1800s**
 - Repeated Accidents and Injuries
 - Railway Spine
 - Debated
 - “Damage” to the nerves
 - “Hysteria” vs. “Neurasthenia”
 - Compensation Issues
 - Corporate vs. Individual Liability
 - No empirically-supported treatments
- Freud and Watson began to break with earlier psychiatry, emphasizing the impact of experience and the potential of talk therapies



Brief History to Today University of Regina

- **Shell Shock 1914-1918**
 - Coined by the serving military members
 - Conflated with Shell Concussion
 - The bursting percussion of shells thought to cause brain lesions
 - Initially poorly defined
 - Symptoms presented as Hysteria or Neurasthenia
 - Fatigue, anxiety, headache, neuralgia, depressed mood, somatic irregularities including conversion disorder
 - An individual weakness not found in “good” units
 - Psychologically healthy men without physical injury would not develop shell shock (i.e., “*cowardice*”)



Brief History to Today University of Regina


- **Combat Stress Reaction 1939-1945**
 - Not “nerve damage”, but all soldiers were expected to become symptomatic after 240 days of exposure

Brief History to Today University of Regina

- **DSM-I (1952)**
 - Gross Stress Reaction
- **DSM-II (1968)**
 - Gross Stress Reaction Removed
- **DSM-III (1980)**
 - Post-Traumatic Stress Disorder (PTSD)
 - Required Stunning Advocacy
- **DSM-IV (1994) to DSM-5 (2013)**
 - PTSD Diagnostic Development


Brief History to Today University of Regina



- **Trauma, DSM-5 (2013)**
 - Exposure to actual or threatened death, injury, or sexual violence
 - Directly experiencing the event, directly witnessing the event, indirectly learning about a close relative or close friend experiencing the event, or repeated or extreme exposure to details about the event, such as in one’s professional duties
 - Vicarious Traumatization






Brief History to Today University of Regina

- **Mental Health is Multidimensional**





 **Brief History to Today** 

- Operational Stress Injuries (OSIs)
 - Psychological difficulties that come about when stress or strain overwhelms a person’s resilience or ability to cope
 - OSIs do not come from inherent weakness
 - Not one gene, feeling, thought, behaviour, experience
 - A function of high stress or chronic strain, physical exhaustion, and maladaptive coping
 - Anyone can develop symptoms
 - Presumptive Legislation
 - Propagating across Canada



  

Brief History to Today
 A Unique Workplace
 Enhancing Resilience
 Resources
 Next Steps



RESPONSES TO TRAUMA

 **Responses to Trauma** 



- Distinguishing trauma and stress is always a matter of individual perception
- There are few, if any, robust standards for what is traumatic and what is stressful
- Context is CRITICAL
 - Anyone can develop symptoms

 **Responses to Trauma** 


- No “standard” pattern of reactions
 - Fear, anxiety, shock, denial
 - Changes in thinking, behaviour
 - Intense, sometimes unpredictable emotions
 - Strained interpersonal relationships
 - Physical symptoms
 - Post-traumatic growth and disorders

 **Responses to Trauma** 

- “Normal” vs. “Disordered”
 - Please be very careful here...
 - A growing tendency to over-pathologize some groups and under-pathologize others
 - Humans are generally resilient and adaptable
 - Stressors and traumas are typically not overwhelming
 - Mental health is on a continuum


 **Responses to Trauma** 


- Operational Stress Injuries (OSIs)
 - PTSD, Adjustment Disorder, Depression, Substance Abuse, Panic Disorder, Chronic Pain, Insomnia
 - Highly Comorbid
 - OSIs are “real”, substantial, and pervasive
 - Highly visible priorities for mental health care

 **University of Regina**

Responses to Trauma


<p>General Public</p> <ul style="list-style-type: none"> • Acute & PTSD ~1.1 – 3.5% • Depression ~ 7% • Substance Use Alcohol <ul style="list-style-type: none"> – Abuse ~7-25% – Dependence ~7% • Chronic pain ~19% • Insomnia ~13% 	<p>Public Safety Personnel</p> <ul style="list-style-type: none"> • PTSD ~7-32% • Depression ~4-37% • Substance Use Alcohol <ul style="list-style-type: none"> – Abuse ~11-32% – Dependence ~3-8% • Chronic pain ~42-65% • Various interfering symptoms up to ~34-77% • Insomnia ~6.5-29% <ul style="list-style-type: none"> – Any sleep disorder ~40%
---	--

 **University of Regina**




Brief History to Today
Responses to Trauma
Enhancing Resilience
Resources
Next Steps

A UNIQUE WORKPLACE

 **University of Regina**


A Unique Workplace


- Unique Challenges
 - Relative to each other
 - Protection, Enforcement, Rehabilitation
 - Deployment, Exposure, Responsibility
 - Certainty
 - Relative to Military
 - Deployment to “unsafe” zone
 - Deployment length
 - Often less available support
 - Relative to History
 - Increasingly required to fulfill multiple roles

 **University of Regina**

A Unique Workplace


- Many public safety personnel experience a potentially traumatic event within the first 12 months and most experience a potentially traumatic event within the first 18 months
 - Compares to 50-60% of civilians who experience a potentially traumatic event at least once in their lifetime
 - Still, most do not develop clinically significant symptoms

 **University of Regina**



Brief History to Today
Responses to Trauma
A Unique Workplace
Enhancing Resilience
Resources
Next Steps

ENHANCING RESILIENCE

 **University of Regina**

Enhancing Resilience

- Individual difference variables influence the likelihood a person will develop an OSI
 - Importantly, most of the data implicating these variables is from cross-sectional or retrospective research
 - Personality variables
 - Prior OSI symptoms, stressors, and trauma exposure
 - Peritraumatic dissociation
 - Intensity of loss
 - Physical symptoms
 - Dynamic economic, legal, interpersonal, interprofessional factors

Enhancing Resilience

- Public Safety Careers are Marathons
 - Act accordingly and intentionally
 - Self-care is critical
 - Sleep hygiene
 - Exercising and eating properly
 - Work life balance
 - Building up social supports
 - Set up goals for the future
 - Using humor and community

These are all aspirational

Enhancing Resilience

- Canadian Standards Association Guidelines
 - Mental Health Commission of Canada
 - Commission de la santé mentale du Canada
 - CSA Group
- CACP and MHCC (2015)
 - Canadian Association of Chiefs of Police
- Peer Support and Crisis-Focused Psychological Intervention Programs in Canadian First Responders: Red Paper

RESOURCES

Brief History to Today
Responses to Trauma
A Unique Workplace
Enhancing Resilience
Next Steps

Resources




- Assessments and Treatments
 - Please be **very** careful here
 - Pseudoscience proliferation is on the rise
 - Psychologist is a protected term
 - Counsellor, therapist, healer are NOT protected
 - Demand REGISTERED and LICENSED experienced, evidence-based, empirically-supported mental health care
 - Provincial Colleges of Psychologists
 - Psychology Associations
 - Canadian Association of Cognitive and Behavioural Therapies www.cacbt.ca

Resources

- Reliable Evidence
 - Canadian Psychological Association www.cpa.ca
 - Canadian Association of Cognitive and Behavioural Therapies www.cacbt.ca
 - Society of Clinical Psychology www.div12.org
 - Cochrane
 - Trusted evidence. Informed decisions. Better health. www.cochrane.org
 - Navigating the Mindfield : A Guide to Separating Science from Pseudoscience in Mental Health (2008) By Scott O. Lilienfeld, John Ruscio, and Steven Jay Lynn

Resources

- Additional Resources
 - Anxiety and Depression Association of America www.adaa.org/
 - American Psychological Association www.apa.org/
 - Canadian Mental Health Association www.cmha.ca/
 - International Society for Traumatic Stress Studies www.istss.org/
 - Mental Health Commission of Canada <http://www.mentalhealthinstitute.ca/>
 - National Center for Biotechnology Information www.ncbi.nlm.nih.gov/
 - National Center for Posttraumatic Stress Disorder www.ptsd.va.gov/
 - Psychology Matters www.psychmatters.ca/



Brief History to Today
Responses to Trauma
A Unique Workplace
Enhancing Resilience
Resources

NEXT STEPS




Next Steps



- Further education and research projects
 - Pan-Canadian cross-sectional survey of First Responders and other Public Safety Personnel (Sept 1, 2016)
 - Comprehensive Prospective Longitudinal OSI Transformative Research Projects
 - Self-Care Policy Projects
- A Nationally-Supported Centralized Academic Hub for Public Safety Health Research
 - Parallel the Canadian Institute for Military and Veteran Health Research (CIMVHR)

Next Steps

Canadian Institute for
Public Safety Research and Treatment
(CIPSRT)

l'Institut canadien de
recherche et de traitement en sécurité publique
(ICRTSP)

Questions & Discussion

Thank you!

R. Nicholas Carleton, Ph.D., R.D. Psych.
Department of Psychology
University of Regina
Nick.Carleton@uregina.ca

Steve Palmer
Executive Director
Collaborative Centre for Justice and Safety
University of Regina
Office [+1 \(306\)-337-2570](tel:+13063372570)
Mobile [+1 \(306\)-535-8365](tel:+13065358365)
steve.palmer@uregina.ca
<http://www.justiceandsafety.ca/>