Post Traumatic Stress Disorder and the Edmonton Police Service
“...in any given year, one in five Canadian adults under the age of 65 will have a mental health problem”
“Not all wounds are visible, and the invisible wounds of mental illness are no less real, challenging or potentially life threatening.

In fact, sometimes they are more so.”

- General (Ret’d) R. Hillier, April 2008
Post – Traumatic Stress Disorder (PTSD)

What is PTSD?

• PTSD is an emotional and psychological response to directly experiencing a traumatic event (or a series of traumatic events) that is life-threatening, very disturbing or stressful.

• The resulting symptoms can be very debilitating and require treatment to resolve them.

What is a Traumatic Event?

• Shooting
• Serious Assault
• Serious Collision
• Any Life Threatening Incident
• Serious Injury or Death
What Causes PTSD?

PTSD is caused by a psychologically traumatic event involving actual or threatened death or serious injury to oneself or others. Such triggering events are called ‘stressors’; they may be experienced alone or while in a large group.

Violent personal assaults, such as rape or mugging, car or plane accidents, military combat, industrial accidents and natural disasters are stressors which have caused people to suffer from PTSD.

In some cases, seeing another person harmed or killed or learning that a close friend or family member is in serious danger has caused the development of PTSD symptoms.
Is PTSD Covered By WCB?

• PTSD is covered under policy for all workers, with each claim considered on a case-by-case basis.

• Compensation benefits are provided when it is confirmed through medical diagnosis and WCB’s follow-up investigation that the PTSD is work related.
First Responders With PTSD

Effective December 10, 2012, first responders who suffer from PTSD will now be eligible for presumptive coverage through WCB-Alberta.

First Responders Include:

• Police officers appointed under provincial regulation, but excluding the RCMP.
• Firefighters (both full and part-time) as defined in section 24.1 of the Workers’ Compensation Act.
• Emergency medical technicians as defined under the Health Disciplines Act.
• Sheriffs (as defined under section 7 of the Peace Officer Act).

The legislation applies to workers who are or have been first responders in Alberta.
What Is Presumptive Coverage?

As of December 10, 2012, if a first responder is diagnosed with PTSD by a physician or a psychologist, it will be assumed to have risen out of and occurred during the course of employment, unless the contrary is proven.

A diagnosis of PTSD by a medical or psychological professional must be made using current guidelines established in the Diagnostic and Statistical Manual of Mental Disorder (DSM).

This amendment allows first responders to receive workers’ compensation coverage and treatment for PTSD as soon as possible.
How is PTSD Treated?

Medication can help with the depression and anxiety often felt by people with PTSD and assist them in establishing regular sleep patterns.

Cognitive-behavioural therapy and group therapy are generally felt to be more promising treatments for PTSD. They're often performed by therapists experienced in a particular type of trauma. Exposure therapy, in which the patient relives the experience under controlled conditions in order to work through the trauma, can also be beneficial.

Research into the causes of PTSD and its treatment is ongoing.
How Prevalent Is PTSD In Police Officers?

Studies and Research Projects

Report R-786

Predictors of Posttraumatic Stress Disorders In Police Officers Prospective Study (2013)

www.irsst.qc.ca
© institut de recherche Robert-Sauve
En sante et en securite du travail,
July 2013

FINDINGS:

The study finding show that 3% of police officers suffered from clinical PTSD.
What Are The Implications Of This Study For The Projected Prevalence Of PTSD In The Edmonton Police Service?

Based on Predictors of Post-Traumatic Stress Disorders in Police Officers Prospective Study (2013)

We should expect the number to be:

3% of 1,752 = 52.56 Police Officers
However, The Actual Prevalence Of PTSD In The Edmonton Police Service Is:

- 2008: 1
- 2012: 3
- 2013: 2

TOTAL: 6
Accepted WCB Claims Of PTSD
January 2010 – October 2013

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Count</th>
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<tr>
<td>Paramedical Occupations</td>
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<tr>
<td>Police Officers (except commissioned)</td>
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<tr>
<td>Firefighters</td>
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<tr>
<td>Bus Drivers, Subway Operators and Other Transit Operators</td>
<td>6</td>
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<tr>
<td>Transport Truck Drivers</td>
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<tr>
<td>Correctional Service Officers</td>
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<td>Heavy Equipment Operators (Except Crane)</td>
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<tr>
<td>Program Leaders and Instructors in Recreation, Sport, and Fitness</td>
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<td>Railway and Yard Locomotive Engineers</td>
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<td>Construction Trades Helpers and Labourers</td>
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<td>Heavy-Duty Equipment Mechanics</td>
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<td>Operators and Attendants in Amusement, Recreation and Sport</td>
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<tr>
<td>Power Engineers and Power Systems Operators</td>
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<tr>
<td>Railway Conductors and Brakemen/women</td>
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<td>Security Guards and Related Security Service Occupations</td>
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<tr>
<td>Accommodation Service Managers</td>
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<td>Assessors, Valuators and Appraisers</td>
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<td>Bartenders</td>
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<td>Boilermakers</td>
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<td>Social Workers</td>
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<td>Welders and Related Machine Operators</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>88</strong></td>
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Accepted WCB Claims Of PTSD
January 2010 – October 2013

Police Officers (Except Commissioned), Includes All Campus & Transit Security Officers.

The Top Three (3) Occupations Are All First Responders, Accounting For 31 Of 88 (35%) Claims.

The Remaining Thirty (30) Occupations, Account For The Balance (65%) Of All Approved Claims.
### Accepted WCB Claims Of PTSD
January 2010 – February 2014

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<td>1</td>
<td>0</td>
<td>3</td>
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<tr>
<td>Bus drivers, subway operators and other transit operators</td>
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<td>Transport truck drivers</td>
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<td>0</td>
<td>0</td>
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<td><strong>TOTAL (all occupations)</strong></td>
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<td><strong>18</strong></td>
<td><strong>28</strong></td>
<td><strong>1</strong></td>
<td><strong>47</strong></td>
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Current Issues Related to PTSD

Recruit Selection
How Do We Assess The Mental Health of Recruit Applicants?

At a Critical Incident
How Do We Support Our Members Who Experience Highly Traumatic Events?

Treatment
How Do We Support And Care For Our Members Who Are Diagnosed With PTSD?

Economic Impact
What Has Been The Economic Impact Of The Recent Changes To The Workers’ Compensation Act?
Current Issues Related to PTSD

Recruit Selection
How Do We Assess The Mental Health of Recruit Applicants?

- New Psychological Assessment Protocol
- Greater Scrutiny Of Applicants With Previous First Responder Backgrounds
- Enhanced Medical Assessment of Applicants
Current Issues Related to PTSD

At a Critical Incident
How Do We Support Our Members Who Experience Highly Traumatic Events?

Predictors of Posttraumatic Stress Disorders In Police Officers Prospective Study (2013)

POST TRAUMATIC SUPPORT

PREVENTATIVE, PRE TRAUMATIC STRATEGIES
“The results of this study show that officers resorted to a variety of ways and strategies to cope with a critical incident at work.

The officers said that what particularly helped them after a TE was to talk to colleagues about it, make use of support services and have time off.

Their advice to other officers who are exposed to a critical incident is to talk about it and to see a psychologist and the majority of them are open to receiving this kind of support.”
PREVENTATIVE, PRE TRAUMATIC STRATEGIES

INCORPORATION OF STRESS MANAGEMENT TECHNIQUES INTO POLICE TRAINING PROGRAMS

CONDUCTING SCENARIO BASED TRAINING PROGRAMS

RECOGNITION OF AND SUPPORT FOR THE FAMILIES OF POLICE OFFICERS
Current Issues Related to PTSD

At a Critical Incident
How Do We Support Our Members Who Experience Highly Traumatic Events?

Employee and Family Assistance (EFAS):

- Critical Incident Stress Management (CISM)
- Member Support Services
- Family Support Services
- Preferred Provider List (PPL)
- Mandatory Wellness Evaluations
- Road to Mental Readiness (R2MR)
Some signs of stress in adults

**Cognitive**
- Confusion
- Poor memory
- Intrusive thoughts
- Difficulty concentrating

**Behavioural**
- Decreased or increased sleep
- Decreased or increased talking
- Becoming argumentative
- Isolating
- Excessive alcohol consumption

**Physical**
- Aches and pains
- Headaches
- Easily startled
- Nausea

**Emotional**
- Anger
- Sadness
- Low self-esteem
- Numbness

Some signs of stress in children

- Regression: resorting to younger behaviours
- Excessive worry about the police officer going back to work
- Disturbed sleep and/or nightmares

**Who to Call**

Employee Assistance is available to all members, their families and loved ones.

**Employee Supports:**
- 780-421-3452
- Member Support Services
- Critical Incident Stress Management
- Counselling

**Chaplain:** 780-421-2278

To the family and friends of a police officer

When you need assistance
CALL 780-421-3452
Do you experience

› Elevated anxiety?
› Decreased sleep?
› Increased isolation?
› Increased irritability?
› Excessive worry about your spouse or children?

Do you feel

› That it is difficult to talk to your spouse about the job?
› That you can't answer questions your children or family may have about the job?
› That you are on your own more than you would like to be?
› That you feel less pride in the job than you used to?

Do you know

› Critical incidents are unusually challenging events that can create significant distress and can overwhelm one's usual coping mechanisms?
› Officers are often debriefed after a critical incident as a proactive approach to help alleviate stress reactions and provide coping strategies?
› That incidents which happen on duty may affect the officer and their family?
› Employee assistance is not only available to officers but to their families and loved ones as well?

YOU ARE NOT ALONE
Reducing the effects of a critical incident

Everyone copes with stress differently. You probably already have some ideas of the positive ways you can deal with the stress of a traumatic event. What works for you may not work for someone else. You should avoid the use of alcohol or drugs, as they only numb your emotions and make matters more complicated. Maintain as normal a schedule as possible and try not to make any major changes.

Coping mechanisms

- Alternate exercise with relaxation.
- Keep busy and maintain your normal schedule.
- Reach out and talk to people.
- Get plenty of rest.
- Eat regular meals, even if you don’t feel like it.
- Do things you enjoy.
- Don’t fight recurring thoughts or flashbacks. They should decrease with time.
- Remember that help is available.
- Attend a debriefing.

Ways for family members and friends to help

- Listen carefully.
- Spend time with the traumatized person, but allow them some space.
- Reassure them that they are safe.
- Try to help out with everyday tasks.
- Be there; tell them you want to understand.
- Don’t take their anger personally.
- Realize that it may take time.
- Seek help if you feel it’s needed.

When to seek further assistance

Further assistance is available to you and your family if you feel you need it. Contact the CISM Coordinator:

- if you don’t feel safe.
- if you feel out of control or overwhelmed.
- if you cannot handle the intensity of your feelings or reactions.
- if you notice a coworker is having troubles.

Critical Incident Stress Management 780-421-3457
Chaplain 780-421-2278
You have experienced a traumatic event or a critical incident (any event that causes unusually strong emotional reactions which have the potential to interfere with your ability to function normally).

Even though the event may be over you may now be experiencing, or experience later, some strong emotional or physical reactions. It is very common; in fact it is normal for people to experience emotional distress when they have passed through a horrible event.

Sometimes stress reactions appear immediately after the traumatic event. Sometimes they appear a few hours or days later, and in some cases weeks or months pass before the stress reactions appear.

This brochure might help you to understand some common reactions other people have experienced after a traumatic event.

**Reactions you may experience**

- **Guilt**
  - self doubt over decisions made or actions taken
  - for what was said
  - for what wasn’t said
  - for being OK

- **Memories**
  - of what happened
  - of other traumas and losses in your life

- **Sadness**
  - for the deaths, injuries, and losses

- **Anger**
  - at what happened
  - at the waste of life
  - at the senselessness of it all
  - with people who can’t understand
  - at yourself for feeling this way

- **Fear**
  - for your safety
  - for your loved ones
  - of losing control

You may be worried and confused by some of the physical and emotional reactions you experience. Although these reactions can be distressing and uncomfortable, they are part of a normal stress reaction to a traumatic and abnormal event.

**Physically you might experience**

- Bad dreams or trouble sleeping
- Poor appetite
- Nausea
- Easily startled
- Chills or tremors
- Extreme tiredness or fatigue

**Emotionally you might experience**

- Anxiety
- Agitation
- Panic
- Feeling overwhelmed/out of control
- Emotional outbursts
- Persistent or nagging memories of the event
- Poor memory
- flashbacks

Recurring thoughts or flashbacks are normal; don’t fight them. They will decrease with time and become less painful.

“You are a normal person reacting normally to an abnormal event.”
We must further stress the importance of employee wellness and a healthy work life balance – and not just talk about it.

It is also imperative that we recognize the value that families provide to our employees and by extension the entire EPS family. They are our greatest and most loyal supporters.
Old View of Health

Healthy

Employee fit full duties

Sick

Employee not fit full duties
R2MR

HEALTHY  REACTING  INJURED  ILL

Chain of Command  Chain of Command  Chain of Command  Chain of Command

Health Services  Health Services  Health Services  Health Services
Mental Health Continuum Model

HEALTHY
- Normal mood fluctuations
- Calm & takes things in stride
- Good sense of humour
- Performing well
- In control mentally
- Normal sleep patterns
- Few sleep difficulties
- Physically well
- Good energy level
- Physically and socially active
- No or limited alcohol use/gambling

REACTING
- Irritable / impatient
- Nervous
- Sadness / overwhelmed
- Displaced sarcasm
- Procrastination
- Forgetfulness
- Trouble sleeping
- Intrusive thoughts
- Nightmares
- Muscle tension / headaches
- Low energy
- Decreased activity/socializing
- Regular but controlled alcohol use / gambling

INJURED
- Anger
- Anxiety
- Pervasively sad / hopeless
- Negative attitude
- Poor performance / workaholic
- Poor concentration / decisions
- Restless disturbed sleep
- Recurrent images / nightmares
- Increased aches and pains
- Increased fatigue
- Avoidance
- Withdrawal
- Increased alcohol use / gambling is hard to control

ILL
- Angry outbursts / aggression
- Excessive anxiety / panic attacks
- Depressed / suicidal thoughts
- Over insubordination
- Can’t perform duties, control behaviour or concentrate
- Can’t fall asleep or stay asleep
- Sleeping too much or too little
- Physical illnesses
- Constant fatigue
- Not going out or answering phone
- Alcohol or gambling addiction
- Other addictions
Current Issues Related to PTSD

Treatment

How Do We Support And Care For Our Members Who Are Diagnosed With PTSD?

- Collaborative Partnership With WCB
- Disability Management Consultant Support
- EFAS Support
- Access To Psychological Services
- Firearms Reintegration Program
- Psychiatric Assessment & Treatment
Current Issues Related to PTSD

Economic Impact

What Has Been The Economic Impact Of The Recent Changes To The Workers’ Compensation Act?

EPS Is The Only Law Enforcement Agency In Alberta That Has It’s Own WCB Account.

To Date, WCB Premiums For EPS Are Significantly Lower Than The Premiums Paid By COE.

With A Potential Significant Increase In PTSD Cases, WCB Premiums May Increase Due To Higher Claim Costs.
Economic Impact

Over 75% Of The EPS Workforce Are First Responders.

In May 2013, EPS requested that WCB add a clause to their cost relief policy that supports cost relief for PTSD claims that are accepted on the basis of a presumptive causal relationship.

This request was not supported by WCB
Economic Impact

RECOMMENDATION

That EPS Maintain A Strong Organizational Commitment To Best Practices In:

- Screening Recruits,
- Implementing Preventative, Pre Traumatic Event Strategies,
- Offering Appropriate Supports Following Traumatic, Critical Incidents And,
- Ensuring Timely Access To Effective Treatment For Member Diagnosed With PTSD.
Questions?