Case Management Approach for Posttraumatic Stress Disorder (PTSD): Overview

Schedule 2 Employer Group

October, 2017
Agenda

- Traumatic Mental Stress (TMS) overview
- PTSD overview
- PTSD case management approach
- Return to Work
- Summary
- Discussion
TMS: Overview
Legislation: TMS

- Under the *Workplace Safety and Insurance Act (WSIA)*:

13(1) A worker who sustains a personal injury by accident arising out of and in the course of his or her employment is entitled to benefits under the insurance plan.

(4) Except as provided in subsections (5) and 14 (3), a worker is not entitled to benefits under the insurance plan for mental stress.

(5) A worker is entitled to benefits for mental stress that is an acute reaction to a sudden and unexpected traumatic event arising out of and in the course of his or her employment. However, the worker is not entitled to benefits for mental stress caused by his or her employer’s decisions or actions relating to the worker’s employment, including a decision to change the work to be performed or the working conditions, to discipline the worker or to terminate the employment.
Policy Overview: 15-03-02

- Entitlement is considered when there is evidence of an acute reaction to a sudden and unexpected traumatic event arising out of and in the course of employment
  - A worker is not entitled to benefits for traumatic mental stress that is a result of the employer's employment decisions or actions

- A traumatic event may be the result of:
  - a criminal act
  - harassment
  - a horrific accident

- In all the cases, the event must arise out of and in the course of employment and be:
  - clearly and precisely identifiable
  - objectively traumatic
  - unexpected in the normal or daily course of the worker’s employment or work environment
Policy Overview: 15-03-02 (continued)

- The policy considers **three** types of events:

1. **Acute reaction**
   - Significant or severe reaction by the worker to the work-related traumatic event that results in a psychiatric/psychological response
   - Response is generally identifiable and must result in Axis I diagnosis in accordance with DSM 4
   - Acute reaction is considered immediate if it occurs within four weeks of the traumatic event
     - Axis 1 diagnosis accepted from an appropriately regulated health care professional
   - Acute reaction is considered delayed if it occurs more than four weeks after the traumatic event
     - Axis 1 diagnosis in accordance with DSM 4 required from a psychiatrist or psychologist
Policy Overview: 15-03-02 (continued)

2. Cumulative effect

- Exposure to a series of traumatic events over a period of time

- Worker may not immediately react or is able to cope through several traumatic events to a certain degree

- Final reaction to a series of sudden and traumatic events is considered the cumulative effect
  - Last traumatic event may create the “acute reaction” even if not the most traumatic

- In the case of a cumulative effect, an Axis 1 diagnosis in accordance with DSM 4 is required from a psychiatrist or psychologist

3. Harassment

- Objective evidence involving violence or threats of violence / being the object of harassment

- May be acute or cumulative effect

- Includes being placed in a life-threatening or potentially life-threatening situation
PTSD: Overview
Legislation: PTSD

- The *Workplace Safety and Insurance Act* (WSIA) was amended on April 6, 2016 by *Bill 163, Supporting Ontario’s First Responders Act (Posttraumatic Stress Disorder), 2016*

- Under **Section 14** of the amended WSIA, PTSD is presumed to be work-related for workers in designated occupations, where diagnosed by a psychiatrist or psychologist

- PTSD claims for designated occupations filed after April 6, 2016 will be considered under the presumption, as well as:
  - current pending claims at the WSIB
  - previously-denied PTSD claims that are under review at the Appeals Services Division (ASD) or the Workplace Safety & Insurance Appeals Tribunal (WSIAT)
  - previously denied PTSD claims where appeal time limits have been met
Policy Overview: 15-03-13

- If a first responder or other designated worker is diagnosed with PTSD and meets specific employment and diagnostic criteria, the first responder or other designated worker's PTSD is presumed to have arisen out of and in the course of his or her employment, unless the contrary is shown.

- First responder or other designated workers include:
  - Full-time firefighters
  - Part-time firefighters
  - Volunteer firefighters
  - Fire investigators
  - Police Officers
  - Members of an emergency response team
  - Paramedics
  - Emergency medical attendants
  - Ambulance services managers
  - Workers in a correctional institution
  - Workers in a place of secure custody or place of secure temporary detention
  - Workers involved in dispatch
If a first responder is diagnosed with PTSD by a psychiatrist or psychologist, and if the three criteria set out below are met, the PTSD is presumed to have arisen out of and in the course of the first responder's employment, unless the contrary is shown.

1. Date of employment
   The first responder must have been employed as a first responder for at least one day on or after April 6, 2014.

2. Date of diagnosis
   The first responder must have been diagnosed with PTSD by a psychiatrist or psychologist:
   - on or after April 6, 2014, and
   - no later than 24 months after the day he or she ceases to be employed as a first responder if he/she ceases to be employed as a first responder on or after April 6, 2016.

3. Type of diagnosis
   The first responder must have been diagnosed by a psychiatrist or psychologist with PTSD as described in the DSM 5.
Policy Overview: 15-03-13 (continued)

- **Pending claims**
  - Cases pending a decision before WSIB or WSIAT on April 6th
  - PTSD diagnosis from either a psychiatrist or psychologist under DSM 4 or 5
  - Presumption applies regardless of whether the first responder ceased working before or after April 6, 2014 and regardless of whether the diagnosis was made before or after April 6, 2014

- **New PTSD claims filed between April 6, 2016 and October 6, 2016**
  - Allowance for DSM 4 for six months from April 6th

- **PTSD claims in which the first responder ceased to be employed as a first responder between April 6, 2014 and April 6, 2016**
  - Worked at least one day as a first responder
  - Presumption applies where the PTSD diagnosis is made on or after April 6, 2014 but not later than April 6, 2018
  - DSM 4 acceptable if within six months of April 6, 2014; DSM 5 diagnosis required if after October 6, 2016
Policy Overview: 15-03-13 (continued)

- **Rebutting the presumption**
  - The presumption may be rebutted if it is established that the employment was not a significant contributing factor in causing the first responder’s PTSD.

- **Employer’s work-related decisions or actions**
  - A first responder is not entitled to benefits for PTSD if it is shown to be caused by an employer’s decisions or actions that are part of the employment function (e.g. terminations, demotions, transfers, discipline, changes in hours or productivity).

- **No refiling of claims**
  - If the claim was filed before April 6, 2016 and the claim was denied by WSIB or WSIAT, the first responder may not refile the claim and have it considered under the presumption.
  - In such cases, the decision-maker may reconsider the claim under TMS policy 15-03-02.
Case Management Approach
Case Management Approach

- Specialized teams established within the TMS Program to manage claims from first responders and other designated workers, including: Case Managers (CMs), Nurse Consultants (NCs), specialized Work Transition Specialists (WTS) and Team Managers

  - **Eligibility / Short-term**
    - Focus on initial entitlement decision and payment
    - Earlier focus on engaging Work Transition Services (WTS), where appropriate

  - **Long-term**
    - Focus on ongoing case management following initial allowance
    - Review and determination of ongoing Loss of Earnings benefit entitlement
    - Consideration of WTS engagement
Case Management Approach (continued)

- In newly registered cases where there is no DSM diagnosis from a psychiatrist or psychologist
  - CMs and NCs are facilitating referrals to the WSIB’s province-wide roster of psychologists and psychiatrists, with the worker’s consent, to ensure expedited assessment and treatment
  - The worker’s primary treating health care practitioner is informed of the referral and is also contacted by the roster psychologist/psychiatrist following the assessment to discuss the findings and recommendations

- The Psychological Trauma Program at the Centre for Addiction and Mental health (CAMH) in Toronto continues to be available to conduct multidisciplinary assessments as a WSIB Specialty Clinic

- NCs are also engaged to follow up with workers on a regular basis while the claim is pending as well as after allowance
Case Management Approach (continued)

- Earlier involvement of WTS to support recovery and return to work (RTW)

- WTS involvement may be considered in pending PTSD claims as follows:
  
  - **Worker is at work**
    - RTW difficulties / barriers identified with no mitigation plan
  
  - **Worker is off work**
    - Worker reports an ability to RTW; however, barriers are identified
    - Employer offers work; however, barriers are identified

- WTS will generally be engaged in all allowed PTSD claims, as appropriate, as follows:
  
  - **Worker is at work**
    - RTW difficulties / barriers identified with no mitigation plan
    - RTW plan not progressing
  
  - **Worker is off work**
    - Psychological treatment initiated and there are no identified barriers to WTS involvement
    - Exposure therapy underway
Return to Work
Return to Work Objective

- **The Vision** - Reintegration into decent, safe and sustainable employment

- Return to work includes collaboration and co-operation between the worker and employer, as well as treating health professionals, union representatives, authorized representatives and the WSIB

- Return to work focuses on active recovery in the workplace whenever possible, and goal-oriented return to work plans

- **The Goal** - Employment for the worker
Referrals to Work Transition Specialist

- Entitlement to PTSD has been allowed or remains pending with PTSD case management team

- The worker may or may not have physical injuries and the most disabling diagnosis relates to the post-traumatic stress

- Earlier involvement of Work Transition Specialist (WTS) to support recovery and return to work (RTW)

- Focus on maintaining relationship with injury employer

- A small group of specialized WTS manage these cases
Return to Work

- PTSD Case Manager (CM) will provide and communicate restrictions and/or limitations for the non-organic condition to the workplace parties in cases in which the worker is considered fit for some form of work.

- In PTSD cases referred to WTS with pending information on restrictions and/or limitations, the focus is to begin building relationship with the worker and/or collect information from the employer about the work and workplace.

- WTS will arrange a meeting with workplace parties to develop a collaborative Return to Work plan.
Initial Worker Meeting

- Build relationship and trust, validate worker’s experience and feelings, ask worker’s permission to engage in discussion about the workplace and related incident(s)

- Discuss WTS role with an emphasis on support and guidance, services focused on restoration of function which could include RTW activities; or activities outside of the workplace designed to promote recovery through structured activity

- Multi-disciplinary team and collaborative approach that includes the treating psychologist and/or Occupational Therapist

- Understanding worker’s support system

- Understanding treatment, goals, triggers and coping strategies

- Explore, as appropriate, worker’s perception of the work environment and awareness of supports available in the workplace listening for any obstacles or opportunities
Initial Employer Meeting

- Educate and evaluate RTW program specific to mental health and gain understanding of approach taken is similar cases and the outcome

- Review best practices on maintaining communication with employee during absence from work and who is best positioned to make the contact (direct supervisor, staff psychologist or nurse and peer supports)

- Evaluate workplace culture, co-workers perceptions and expectations, knowledge of mental health in the workplace (resources such as EFAP); promote supportive environment for RTW

- Review worker’s current level of function

- Review pre-injury and alternate jobs with a focus on physical, cognitive and emotional demands

- Assess environment and cognitive triggers specific to the case

- Scope potential for integrated treatment in the workplace (Cognitive Behavioural Therapy, exposure therapy, driver rehabilitation)

- Brainstorm and discuss accommodation strategies/support plan options for future RTW
Considerations in RTW Planning

- PTSD develops differently from person to person – various symptoms/triggers

- When establishing RTW goals, and developing and monitoring RTW activities, it is important to consider the limitations these symptoms may place on the worker in terms of performing their job tasks

- Consider the physical, cognitive, psychological and emotional implications of PTSD symptoms and potential accommodations and strategies that may be used to support the worker at work or when considering a return to work
Managing RTW to Success

- A written RTW Plan ensures all parties involved understand what to expect and what is expected of them.

- RTW Plan is shared with the treating health professional for input and to ensure it is aligned with treatment goals and plan.

- Regular communication and follow-up with all parties, including treating health professionals, ensures adjustments to the Plan are timely and consistent with improvements in the worker’s abilities, and responsive as barriers are identified.

- Obtain feedback from the parties on what worked well, what needed improvement and celebrate successes.

- Share best practices and learnings.
Summary

- The TMS Program remains committed to providing quality and compassionate services to workers suffering from PTSD to:
  - Support timely decision-making
  - Facilitate timely assessment and treatment to assist workers in their recovery
  - Assist workers and employers in the return to work process
Contact Information

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Discussion

Thank You