

Psychological injuries

Traumatic onset psychological injury or stress can be personally devastating and is compensable when it is an emotional reaction to a single traumatic work-related incident or a cumulative series of traumatic incidents experienced by a worker.

Because we understand the impact of such events on your worker, the following provides information on how we can help through the workers' compensation system.

Presumptive coverage for workers

For dates of accident on or after April 1, 2018, if a worker:

- a. is or has been exposed to a traumatic event or events during the course of the worker's employment, and
- a. is or has been diagnosed with a psychological injury by a physician or psychologist,

the psychological injury shall be presumed, unless the contrary is proven, to be an injury that arose out of and occurred during the course of the worker's employment.

A traumatic incident(s) is defined as a direct personal experience of a work-related event or directly witnessing a work-related event that, reasonably and objectively assessed, is:

- specific, sudden, frightening or shocking; and/or
- an actual or threatened death or serious injury to oneself or others or threat to one's physical integrity.

Examples include: a victim of a robbery or hostage-taking incident; witnessing the death or severe injury of a co-worker; or providing assistance to victims of severe physical trauma or fatalities.

Traumatic incident(s) may also include workload or work-related interpersonal incidents that are excessive and unusual in comparison to the pressures and tensions experienced in normal employment.

These must be beyond the normal scope of maintaining employment from a reasonable person's perspective. For example, clear and confirmed harassing behaviour at the workplace where a worker has been subjected to threats of harm, violations of personal privacy, public shaming or baseless threats to his or her employment status.

Incidents can also be cumulative. For example, a social worker may be exposed to a series of cases involving severe child

abuse, and develops a psychological injury as a result of the cumulative impact of those events.

What is presumptive coverage?

Presumptive coverage means that when a worker is diagnosed with a psychological injury after exposure to a traumatic event(s) at work or while working, WCB will presume the psychological injury diagnosis is related to the traumatic incident, unless the contrary is proven. This means WCB may review information to ensure there is a reasonable cause and effect relationship.

What you can expect

When WCB receives information indicating a worker may have experienced a traumatic event at work and may have a psychological injury, WCB may first help start treatment (if necessary).

Next, they will proceed to review the information, ensuring a traumatic incident is confirmed in the course of employment, the psychological injury diagnosis has been confirmed using the criteria established in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), and there is a reasonable link between the two (cause and effect).

As every worker responds to a traumatic event differently, treatment needs will be diverse. However, most workers will begin counselling with a community psychologist, with any medication management provided by their family doctor. Some workers may be referred to a psychiatrist. In either case, injured workers may select their treatment provider.

If a worker requires more support, he/she may be referred for additional assessment and/or treatment. WCB-Alberta has developed an evidence-based care model to deal with reactions to traumatic events called the traumatic psychological injury (TPI) care model.

This model includes an interdisciplinary team approach to support for recovery and can include a psychologist, an occupational therapist for exposure therapy, and, if necessary, an exercise therapist or physical therapist.

An exercise or physical therapist may be recommended if there is a physical injury, or if a worker without a physical injury requires additional support establishing healthy routines.

How you can help your employee

Due to their nature, work-related psychological injuries require unique treatment methods and approaches. Awareness of and sensitivity to your employee's condition throughout the recovery process will enhance their likelihood of safely recovering and returning to work, while minimizing risks for regression or delayed recovery.

Psychological trauma affects everyone differently. What may cause one person to develop a psychological injury may not necessarily affect another person the same way.

Psychological injuries can include, but are not limited to, the following: anxiety disorders, acute stress reactions, PTSD, adjustment disorders, or depression.

Similarly, an effective treatment plan for one worker may not produce the same results in another worker.

How to support your employee as they recover from a psychological injury:

1. Find out what will help your employee feel supported.

Talk to your employee as soon as possible (in person, if appropriate) and let them know you are there for support. Listen openly to how they feel. Be reassuring and answer any questions they have. Direct them to your Human Resources department or WCB for questions about the claim process.

Establish a frequency and preferred method of contact that works for all of you. If you can, provide your employee choices that will help them take control over their environment (for example, when and where to meet, whether to fill out claim forms at the office or at home, who they choose to be their point of contact at work).

2. Secure resources and information to assist your employee.

Provide your employee with information about your organization's sick leave policy and/or position on paying medical costs, in order to help plan for the financial impact of the situation.

3. Avoid discussing your perspective of the claim with your employee or the employee's co-workers.

Psychological injuries carry a false stigma suggesting personal weakness. Discussing your opinion of the

claim or promoting discussion among co-workers can perpetuate the stigma. Discussions such as these can also damage the employer/employee relationship, which is a significant factor in a successful recovery and return to work.

4. Support treatment programming that involves exposure therapy (sometimes referred to as desensitization).

Worksite-based exposure therapy involves the gradual re-introduction of the employee to the feared object or location in order to help work through the anxiety it causes. Supported by a qualified clinician, it is one of the most effective treatment methods in achieving recovery and successful return-to-work outcomes.

5. Contact the assigned WCB adjudicator or case manager to receive regular updates.

Stay connected with the case manager/adjudicator to ensure you understand how you can help and how you should prepare to return your employee to work.

Return to work

Consider the following to support your employee to prepare to return to work:

1. Participate in all return-to-work planning discussions/meetings with WCB to focus on a return to modified employment.

An occupational therapist will arrange a meeting with you, and, if appropriate, your employee to discuss ideas for modified duties. They will document the return-to-work plan for all involved.

2. Offer work with modified hours and/or duties.

After a psychological injury, some employees have less stamina to cope with their job on a full-time basis. By offering modified hours, you help your employee have time to seek medical support for their symptoms, which may help decrease the probability of a recurrence.

Some employees may not be able to work in the same environment or perform the same duties. Modified duties can assist your employee to stay at work. Think about alternate work locations or duties to accommodate a safe and early return.

3. Prepare co-workers for the employee's return to work.

Many people don't know how to interact with a co-worker who is dealing with a psychological injury. Talk to the case manager or exposure occupational therapist about ways to help your employees manage this transition.

4. Follow-up with your employee after they return to work.

Pay attention to changes in work behavior. For instance, if your employee was never late prior to the accident, but is now frequently late, they could be struggling with their injury. Other signs can include avoiding contact with people, absenteeism, sleep deprivation or memory issues.

5. Know who to call in a crisis.

To manage psychological injuries effectively, your employee should be followed by a psychologist, a psychiatrist, and/or a family physician.

Available community resources, including family/friends, and your local community distress line numbers are all important numbers to have on hand. This is especially important once the employee is back at work.

6. Help the employee be prepared with a contingency plan.

The anniversary of an accident can bring on the same feelings that occurred when the accident first happened. There can also be "trauma triggers."

Triggers can be diverse, such as people, places, images, sensory perception, incidents or circumstances that remind your employee of their accident.

Understanding potential triggers can help you and your employee develop a contingency plan to help your employee deal with a difficult time.

Information about modified work can be found on our website www.wcb.ab.ca under the *Return to Work section > Return to work planning > for employers*.

When in doubt, please call us.

Your WCB adjudicator or case manager is a great resource for helping you navigate a psychological injury claim and coordinating a safe return to work for your employee.

We care about your employee's well being and will work with him/her, the treatment provider and you throughout the recovery process.

More information for you

Psychological disability management and programs:

www.wcb.ab.ca/assets/pdfs/workers/WFS_Psychological_injuries.pdf

