

## **POST-TRAUMATIC STRESS DISORDER GUIDANCE**

This guide is for vocational rehabilitation counselors (VRCs). It highlights important considerations when assisting workers with Post-Traumatic Stress Disorder (PTSD) as an accepted claim condition. This guide provides useful tips and links as an aid for interactions, file reviews, and reducing delays during the vocational process.

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## WHAT IS POST-TRAUMATIC STRESS DISORDER?

**Note:** The following information can be found in its entirety at [F252-133-000 PTSD fact sheet for providers working with L&I \(wa.gov\)](#)

Post-Traumatic Stress Disorder (PTSD) is a mental health condition that can develop after exposure to actual or threatened trauma, such as death, serious injury, or sexual violence. PTSD may be related to a worker's industrial injury if the traumatic event happened while at work. Traumatic events at work can also aggravate a worker's pre-existing PTSD.

The following information can assist VRCs in efficiently managing cases involving PTSD and effectively engaging with workers.

### PTSD facts

- PTSD is a medical condition and it is treatable.
- Not everyone exposed to the same traumatic event will develop PTSD.
- PTSD is not a sign of weakness.
- People with PTSD are not to blame for their condition.
- PTSD is one of the most common mental health conditions in the United States.

### Treatment

Early treatment may prevent PTSD from becoming more severe and/or chronic. Evidence-based treatment should be intensive, focused, and goal oriented.

Treatment helps with:

- Symptom management
- Decreased risk of suicide
- Improved relationships

### Symptoms

Common symptoms of PTSD include, but are not limited to:

Re-experiencing/Intrusion	Avoidance	Arousal and Reactivity
<ul style="list-style-type: none"><li>• Flashbacks</li><li>• Recurring memories/dreams</li><li>• Distressing thoughts</li><li>• Intense psychological distress with exposure to internal or external cues</li><li>• Physical reactions to internal or external cues</li></ul>	<ul style="list-style-type: none"><li>• Staying away from places, events, or objects</li><li>• Avoiding thoughts or feelings</li></ul>	<ul style="list-style-type: none"><li>• Easily startled</li><li>• Hypervigilance</li><li>• Difficulty concentrating</li><li>• Sleep disturbance</li><li>• Irritable behavior/outburst with little or no provocation</li><li>• Engaging in risky, reckless, or destructive behaviors</li></ul>

**Note:** This is not a comprehensive list and does not include all PTSD symptoms or what they encompass. Every worker is unique. Use a tailored approach that is in alignment with best practices.

## **WHEN THE FIRM RECEIVES THE REFERRAL**

The firm should consider assigning PTSD referrals to the vocational counselor who best aligns with the worker's needs.

### **What is the VRC's background?**

A VRC with mental health education, counseling experience, or a medical specialty may be better equipped to assist a worker with a PTSD condition. Questions to consider:

- Does the VRC have any training or prior experience with PTSD referrals?
- What is the VRC's confidence level when working on a PTSD referral?

### **Are there firm resources that can assist?**

- Does your firm have an internal resource or available peer support within the firm for the assigned VRC? This can include, but is not limited to, those who have experience working PTSD, complex claims, Progressive Goal Attainment Program (PGAP), or claims with mental health diagnoses.
- What is the VRC's capacity and level of burnout? Are they practicing self-care?

## FILE REVIEW TIPS

A detailed and thorough file review is recommended before initiating contact with the worker. It can help avoid potential confusion for the worker. When conducting a file review, consider the following:

### What do you know about the referral?

- What is the occupational exposure?
- Does the worker have possible triggers? Can exposures happen at their workplace or other environments? Triggers can include smells, noises, or visuals.
- Were there any specific symptoms identified?
- Any comments regarding return-to-work outlook or barriers?
- Did the worker attend psychiatric inpatient treatment? Any outcome/treatment recommendations?
- What are the main barriers in relation to the industrial injury?
- What information has been provided about the worker's strengths?
- Any other mental health diagnoses pre/post injury?
- Is the employer of injury (EOI) involved?
  - Has the worker and employer discussed RTW?
  - Were there any accommodations at the time of injury?
- Who is the attending provider (AP) or treating provider?

### Check mental health progress reports and treatment notes

- Identify if there is a treating psychiatrist/psychologist/advanced practice registered nurses (ARNPs) to determine the best point of contact for the current treatment.
- It may be important to assist coordination recommendations between the psychiatrist/psychologist/ARNP to address return to work.
- How do mental health conditions interfere with specific job tasks, and which symptoms must improve to allow a successful return to work?

### Next steps

Based on information gathered from the file, the VRC should use their professional judgement to determine the next appropriate steps for initiating contact.

**Note:** VRCs should contact the claim manager for questions.

## **BEST PRACTICES WHEN COMMUNICATING WITH A WORKER WITH PTSD**

### **Things to do**

- Actively listen and carefully pay attention to the worker's feelings.
- Share positive distractions. Examples: focusing on strengths, hobbies/activities that produce enjoyment.
- Discuss the future, but follow the worker's lead in the amount and type of information they are ready to discuss.
- Instill a sense of hope – without sugar coating, be realistic.
- Discuss work and employment, and how re-establishing a sense of purpose can be beneficial for them.
- Discuss goals – using a motivational interviewing/guiding framework. Check out International Association of Rehabilitation Professionals at [rehabpro.org](http://rehabpro.org).

### **Things to avoid**

- Don't ask the worker to discuss the trauma in detail. This information is for the mental health provider to discuss with the worker.
- Don't tell the worker that PTSD is a chronic condition. PTSD is not typically a chronic condition and this could cause unintentional harm on the worker's wellbeing.

### **When to consider Return-to-Work opportunities**

- Have a series of conversations with the worker.
- Listen to the worker about the type and amount of information they are ready to receive. It can take the worker time to be ready to discuss return to work.
- Discuss what the worker believes they need to move forward vocationally.
- Involve the worker in conversations with the attending provider and the employer to encourage a collaborative partnership.
- Create a connection with the worker. Practice empathy and seek to understand the worker's perspective.
- Focus on short-term goals and the worker's outlook.

## INITIAL WORKER MEETING AND WORKER-CENTRIC APPROACH

Engage with the worker at their current stage of recovery to help foster a positive relationship. Research shows there is a direct relationship between the worker's level of engagement and the satisfaction a worker experiences with their treatment and return-to-work outcomes (Franche et al., 2005).

Consider the following:

### Setting up the initial meeting

- What communication/engagement methods are most comfortable for the worker?
- What place does the worker feel comfortable in?
- Are there any privacy concerns?

### During the meeting

- Ask open-ended questions.
  - Open-ended questions might begin with: "When you feel ready.....", "How do you feel about....", "What would you like me to help with...." Topics will vary depending on individual circumstances and the nature of the conversation.
- Ask the worker what makes them happy or what excites them. This can help the worker recognize their own skills and possible ways the worker can use them.
- Is the worker involved in hobbies or volunteer activities? What activities do they enjoy?
- Empower the worker and focus on decision-making, setting goals, and the navigating process.
- Summarize and validate the worker's goals and emphasize how vocational services can help support their goals.

### Ask the worker about their experience with L&I

- Does the worker have previous experience with vocational services?
- What information do they already know about the vocational process?
- Did the claim manager contact the worker about their vocational referral?
- Ask the worker how you can best support them in the vocational process. What are their expectations?

## INITIAL PROVIDER MEETING TIPS

Review the worker's current treatment plan to gain some familiarity with it. This is helpful to clarify case-specific information for the worker, as well as the most effective and supportive ways to interact with the medical provider during the vocational process.

### Questions for the medical provider

- Discuss the vocational process, VRC intentions, and options for how to proceed.
- Focus on how vocational services can support the worker in an effort to promote engagement and assist in identifying appropriate return-to-work goals.
- What are the worker's current abilities? Ask questions geared toward what the worker is able to do, rather than what the worker cannot do.
- What accommodations are available? What possible resources are available to determine possible accommodations?
- What are the worker's current triggers and symptoms?

Example: If the worker is uncomfortable in open settings, loud spaces, or avoids certain areas due to the location of the traumatic event, the treating provider can discuss this with the vocational provider to ensure the worker is comfortable and secure when/where the meetings are held.

- Is it appropriate to discuss return to work?
- What subjects are helpful to discuss with the worker given where they are at in treatment?
- What is beneficial? Consider consulting with the AP/treating mental health providers for guidance on these conversations.

## RESOURCES AND REFERENCES

Clinical Practice Guideline for the Treatment of PTSD (2017). American Psychological Association.

Franché, R.L., Cullen, K., Clarke, J., Irvin, E., Sinclair, S., Frank, J., et al. (2005). Workplace-based return-to-work interventions: A systematic review of the quantitative literature. *Journal of Occupational Rehabilitation*, 15(4), 607-631.

Kilpatrick, D.G., Resnick, H.S., Milanak, M.E., Miller, M.W., Keyes, K.M., & Friedman, M.J. (2013). National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-5 criteria. *Journal of Traumatic Stress*, 26(5), 537-547.

Posttraumatic stress disorder prevention and treatment guidelines: Methodology and recommendations (2019). International Society for Traumatic Stress Studies.

Resick, P.A., Williams, L.F., Suvak, M.K., Monson, C.M., & Gradus, J.L. (2012). Long-term outcomes of cognitive-behavioral treatments for posttraumatic stress disorder among female rape survivors. *Journal of Consulting and Clinical Psychology*, 80(2), 201-210.

Schnurr, P.P., Hamblen, J.L., Wolf, J., Coller, R., Collie, C., Fuller, M.A., Holtzheimer, P.E., Kelly, U., Lang, A.J., McGraw, K., Morganstein, J.C., Norman, S.B., Papke, K., Petrakis, I., Riggs, D., Sall, J.A., Shiner, B., Wiechers, I., & Kelber, M.S. (2024). The management of posttraumatic stress disorder and acute stress disorder: Synopsis of the 2023 U.S. Department of Veterans Affairs and U.S. Department of Defense clinical practice guideline. *Annals of Internal Medicine*. doi: 10.7326/M23-2757.

### **Additional links that may be helpful:**

National Institute of Mental Health

[Post-Traumatic Stress Disorder - National Institute of Mental Health \(NIMH\) \(nih.gov\)](https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/)

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[F252-133-000 PTSD fact sheet for providers working with L&I \(wa.gov\)](https://www.wa.gov/employment/employment-services/employment-services/employment-services/f2252-133-000-ptsd-fact-sheet-for-providers-working-with-l-i)

JAN-Job Accommodation Network

[JAN - Job Accommodation Network \(askjan.org\)](https://askjan.org/)

Occupational Health and Best Practices

[MHSpecialistsAuthorizationandReportingRequirements.pdf \(wa.gov\)](https://www.wa.gov/employment/employment-services/employment-services/employment-services/mhspecialistsauthorizationandreportingrequirements.pdf)

Mental Health Services, the Department of Labor & Industries

[Mental Health Services \(wa.gov\)](https://www.wa.gov/employment/employment-services/employment-services/employment-services/mental-health-services)

World Health Organization (WHO) Disability Assessment

[WHO Disability Assessment Schedule \(WHODAS 2.0\)](https://www.who.int/teams/injury-prevention-and-control/disability-prevention-and-recovery/who-disability-assessment-schedule-whodas-2.0)

PROMIS 10

[Obtain & Administer Measures \(healthmeasures.net\)](https://healthmeasures.net/)

Patient Health Questionnaire PHQ-9

[Patient Health Questionnaire \(PHQ-9\) | RehabMeasures Database \(sralab.org\)](https://www.sralab.org/rehabmeasures/phq-9)

Accommodations for Employees with Mental Health Conditions

[Accommodations for Employees with Mental Health Conditions | U.S. Department of Labor \(dol.gov\)](https://www.dol.gov/eis/whd/employees-mental-health-conditions)