

# PTSD: A SIGN OF

# TUMULTUOUS TIMES



**PRONE TO OVER-DIAGNOSIS, POST-TRAUMATIC STRESS DISORDER REQUIRES A CAREFUL, EVIDENCE-BASED APPROACH THAT PROVIDES SUPPORT AND EMPOWERS THOSE WHO ARE SUFFERING. NEARLY A DECADE AGO, JUNE WAS DESIGNATED AS PTSD AWARENESS MONTH LARGELY TO SPOTLIGHT THE PLIGHT OF MANY COMBAT VETERANS. BUT THIS PHENOMENON HAS GRADUALLY SEEPED INTO MULTIPLE WORKPLACES.**

**L**urking in the weeds of both self-insured group medical and workers' comp plans is a tricky diagnosis that requires a proactive stance, early intervention and compassionate approach.

An estimated 24.4 million Americans, or 8% of the population, at any given time suffer from post-traumatic stress disorder, which is usually associated with battlefield experiences, while women are nearly twice as likely as men to develop PTSD. Moreover, as many as 70% of U.S. adults have experienced some type of traumatic event at least once in their lives, according to the nonprofit group PTSD United.

It's easy to see why. There are numerous triggers for this condition, starting of course with war but also extending to first responders or ordinary citizens who witness terrorist attacks, school or workplace shootings and natural disasters that have become a sign of tumultuous times. But there's also no shortage of personal trauma stemming from serious accidents, assault, abuse, sudden and major emotional losses or death.

The condition has been widely linked to several high-profile sexual assault cases brought to light by the #MeToo movement. Indeed, most domestic violence recipients are women, making





Bob Mines

them likely to develop PTSD, and with more females assuming military or first-responder roles, they're also increasingly placed in harm's way.

So says Robert Mines, Ph.D., chairman and chief psychology officer of MINES and Associates, who describes PTSD as **“one of those diagnoses that can have significant consequences.”** They

include chronic patients seeking treatment on the outpatient side with potential interruptions of inpatient stays that require long-term management, depending on the degree of trauma and whether it was a preexisting condition that was exacerbated by a work situation.

On the work comp side, he points to more PTSD and work stress cases surfacing and occasionally being lumped together across the patchwork of differing state laws. From a self-insured point of view, Mines says “it's really important to have the services and case management structure in place to help patients with those diagnoses navigate the mental healthcare system.”



Darcy Gruttadaro

Understanding PTSD and how to manage this condition has become increasingly necessary given that more employers are hiring people with military experience “because they want to support returning veterans,” observes Darcy Gruttadaro, director of the Center for Workplace Mental Health under the auspices of the American Psychiatric Association Foundation.

But the disorder certainly isn't confined to combat, she adds, and it's worth raising PTSD's visibility across the organization so that managers and supervisors recognize the early warning signs and reinforce the importance of employee assistance programs (EAPs). The overriding objective is for employees who are suffering to reach out and get the support they need before it becomes a disability claim.

PTSD was recognized in 1980 as a psychobiological mental disorder associated with changes in brain function and structure, and added to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. Since 2010, National PTSD Awareness Day has been held on June 27, which was established by Congress, while the National Center for PTSD designated June as PTSD Awareness Month.

In the face of brow-raising statistics on PTSD, it's important to realize that the condition is prone to over-diagnosis, cautions Fernando Branco, M.D., medical director for Midwest Employers Casualty Company (a Berkley Company). He says psychologists or EAP counselors can induce diagnoses with leading questions, noting the importance of training clinicians to avoid falling into that trap and making insurance adjusters aware of the potential for misdiagnoses for workers' comp cases.

What's happening with PTSD is reminiscent of a proliferation in dissociative disorder diagnoses in clinics in the early 1990s, notes Mines, who says clinicians became “sloppy with their diagnoses.” Nowadays, he says it's rare to come across diagnoses for multiple personality disorders with a true dissociative process.

PTSD is a complex psychiatric disorder that is far too often mistakenly considered synonymous with trauma, according to Douglas Craig, a forensic and police psychologist with the Society for Police and Criminal Psychology.

**“Just because someone experiences a trauma does not mean they have PTSD, and unfortunately the frequency of such association seems to be increasing,”** he says.



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In fact, there are multiple symptoms that need to be present over a period of time to meet the criteria for that diagnosis.

The potential for subjectivity in diagnoses is inevitable, surmises Jennifer Christian, M.D., co-founder, president and chief medical officer of Webility Corporation. She says academically-oriented clinicians take pains to ensure cases meet all of the established criteria before making a diagnosis, while other physicians are much more casual about putting a label on a set of symptoms. As a result, it is common for the various physicians caring for a patient to assign different diagnoses to the same set of complaints and findings. It's also common for diagnoses to change between the time a health problem surfaces and treatments have been tried and other events have unfolded.

In addition, she says "it is unusual in American medical culture today" for one doctor to overtly question another's diagnosis, particularly when the patient believes a diagnosis is correct, or when the diagnosis has become politicized. The danger of misdiagnosis, of course, is that patients miss out on appropriate and effective treatment. Given the propensity for over-diagnosis of PTSD, she suggests an independent medical examination or second opinion by a real expert in all PTSD cases.



## EVIDENCE-BASED APPROACHES

The best approach self-insured employers can pursue is one that doesn't carelessly pad patient files with multiple diagnoses, Branco explains, "and the psychologists then are more comfortable with that because you're still addressing patient issues, and the adjusters don't feel like they're adding diagnoses in there."

But it's worth noting that as many as 80% to 90% of people experiencing PTSD have another mental health condition, Gruttadaro reports. Most often it involves depression, anxiety, alcohol or substance use. Research shows that therapy and medication are effective interventions for PTSD, she adds.

There are several evidence-based practices that Mines says can be employed to treat PTSD, which may involve sleep disturbance, intrusive thoughts, internal anxiety and panic attacks. They include cognitive behavioral interventions, as well as eye movement desensitization and reprocessing, which is a newer nontraditional type of psychotherapy. In severe cases, patients may be prescribed powerful psychotropic drugs that may include a number of side effects.

While it's easy to see how rape and more primitive assaults can result in a PTSD reaction, Mines mentions that

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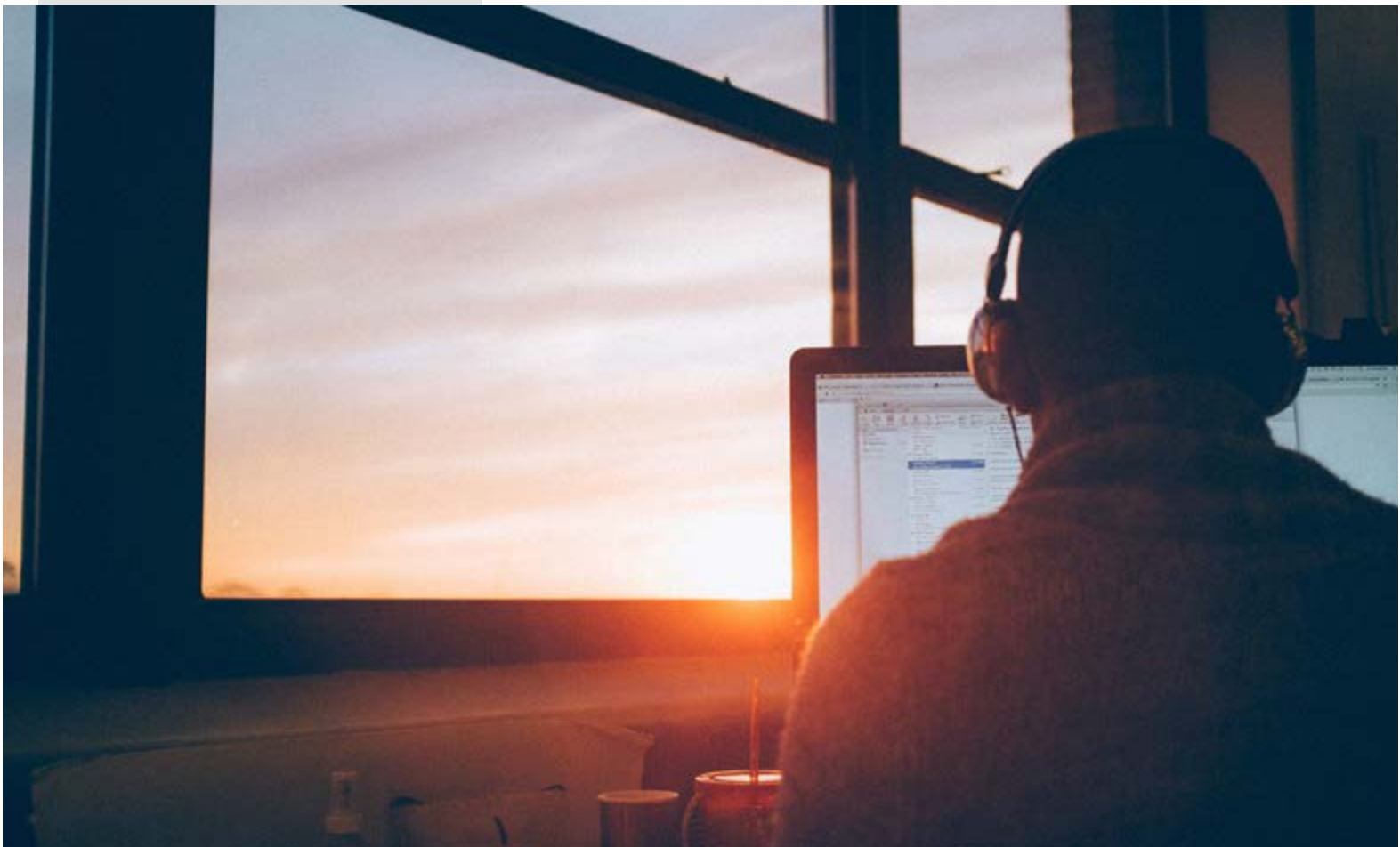
more subtle incidents raise much of “the same symptomology” without life-threatening circumstances. What’s important is to combat the stigma associated with seeking treatment for these traumas, he adds.

Craig recommends “common-sense innovations” to support legitimate injuries, minimize impairment and speed return to work. All too often, he has seen “a snowball effect” from misdiagnoses that exacerbate feelings of impairment, “and all of a sudden, there’re further away from the path of recovery.”

As with all mental health conditions, Gruttadaro believes it’s critical that employers promote easy access to quality care in a timely manner and poll employees about their experiences to hold the health plan accountable. Another strategy she suggests involves teaming up with a third-party administrator to support effective interventions. One example is a collaborative care model built around primary care visits, care management and a psychiatric consultation.



PTSD sufferers may require a deeper layer of support and guidance on job-related responsibilities, as well as extra time to perform tasks or a more flexible schedule. Medication may make cause drowsiness in the morning or enhance performance at certain hours of the day, Gruttadaro notes.



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In some cases, she says noise-cancelling headphones can help those who are easily distracted by their condition concentrate and focus, while adequate natural light in the workplace can improve their mood.

## RETURNING TO WORK

Given the civilian sector's unfamiliarity with PTSD, it may partly explain the debilitating long-term effects of the condition in workers' comp according to Christian. Employers need to realize that many active duty service members and veterans with PTSD diagnoses are still going to work every day, which she says is clear evidence "this diagnosis does not equal work incapacity." Understanding this fact and having compassion for individuals who do not know how to recover from a traumatic experience can help steer them to the right clinical pathway, she believes.

When a police officer is involved in a shooting, Craig says some irritability and difficulty sleeping, as well as replaying the event over in one's mind, is understandable and only natural. Negative community reactions can especially ratchet up the stress. It's important to talk it out with the traumatized individual and suggest ways to minimize the damage so it's not long term.

"Being away from work is in nobody's best interest," he says. "It's not good for the employer and work productivity, and it's absolutely not good for the employee as well. Return to work is actually a treatment approach as opposed to something that we should start avoiding."

Craig has seen too many correctional officers file petty work comp claims (i.e., an inmate spit in their direction), consult with an attorney, receive a PTSD diagnosis and wallow away for months at home. But there are success stories as well. One involves a bus operator had some pseudo panic symptoms in reaction to an accident, which thankfully did not involve any injuries. Between cognitive processing therapy and evidence-based interventions, as well as ride-alongs and modified shifts, she returned to work and regained confidence.

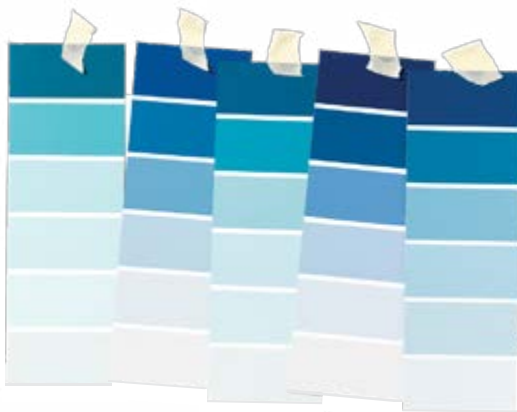
The symptoms of PTSD are similar to those called “shell shock” in World War I and now referred to as “combat stress reactions,” Christian explains. In the 1970s, Israeli Defense Forces discovered that they could greatly decrease long-term disability by allowing troops who had psychologically fallen apart under battle conditions to recover while staying with their units instead of sending them away from the front to psychiatric hospitals. The Israeli medics at the front reassured the affected individuals that all human beings will fall apart when simultaneously underfed, overtired and overstressed – and that they would be able to bounce back.

More recently, the U.S. military invested more than \$100 million in an initiative known as Comprehensive Soldier Fitness whose aim is to reduce PTSD or the damage it can wreak in people’s lives, Christian reports. The program is based on positive psychology principles. It encourages people who have been traumatized to focus on the opportunity for “post-traumatic growth” to see their recovery as an opportunity to develop inner strength, to find meaning, and achieve personal growth.





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Christian recently became involved in the case of a prison guard who was struck on the head by an inmate who intended to kill him. She says responses to his understandable distress were unfortunate, especially because he had a pre-existing diagnosis of PTSD due to military service. Two years later, she reports that “he still felt abandoned and betrayed by his coworkers and by the sheriff’s department for not coming to his aid sooner.” By this time, the man was in extreme distress, feeling suicidal, socially isolated, determined never to return to prison work, and believed he qualified for a disability pension.

The outcome could have been much different if his employer, insurer or doctor had expressed concern and made sure his reasonable immediate needs were met. It would have required taking incremental steps back to the workplace. For example, she says “the first step could be to simply walk up to the door or enter the building and sit in the lobby for a few minutes the first day, and a little bit more the next day, and so on.” ■

Bruce Shutan is a Los Angeles freelance writer who has closely covered the employee benefits industry for more than 30 years.