



The Many Faces of PTSD

PTSD does not discriminate; it can affect anyone regardless of their age, gender or race. PTSD is brought on by experiencing or witnessing a traumatic, often life-threatening event.



At particular risk are individuals who work in occupations where they are repeatedly exposed to trauma under high levels of stress. Also at risk are people who experience trauma in childhood and people with a family history of mental health and addiction disorders.

Post-Traumatic Stress Disorder (PTSD) is a mental health disorder that may develop in individuals who have experienced or witnessed a traumatic or life-threatening event. The reactions and emotions that people experience after a traumatic event will vary, though many recover from these initial symptoms over time. However, those who continue to experience challenges and difficulty with returning to normal function and who have frequent incident related stress or fear in times of no present danger, may be exhibiting symptoms of and may be diagnosed with PTSD.

Although PTSD is commonly linked to traumatic events experienced by military personnel or first responders, PTSD symptoms can develop in anyone through a number of different ways:

- You directly experience the traumatic event
- You witnessed the traumatic event

- You learned someone close to you experienced or was threatened by a traumatic event
- You are repeatedly exposed to graphic details of traumatic events

Critical factors that increase a person's vulnerability, jeopardize their ability to stabilize after an event, and influence the development of PTSD:

- Perceives personal safety was threatened
- Unable to deescalate emotions and reactions after event
- Multiple stressors present in life, such as going through a divorce, or recent loss of a loved one
- Having a negative view of your reaction to an event
- Degree of perceived responsibility for the event
- You are personally connected to, or can relate and identify with persons directly impacted

Resilience factors that may reduce the risk of PTSD:

- Seeks support from others, such as family, friends, or qualified medical professionals
- Joins a support group after a traumatic event
- Develops positive coping strategies, and adopts learnings and practices to overcome the event
- Is able to act and respond effectively despite feelings of insecurity and fear

As PTSD begins to become well-known in the non-uniformed workplace, more individuals are beginning to come forward with PTSD concerns. Over 70 percent of Canadians have been exposed to at least one traumatic event in their lifetime, and nearly 1 out of 10 Canadians may develop PTSD at some point in their lives.¹

Although PTSD is a distinct disorder, it can be accompanied by other conditions. PTSD is often accompanied by anxiety, depression, and substance use as a coping strategy. PTSD can lead to impaired functioning and interpersonal difficulties. It also poses an increased risk for suicidal ideations.¹

Katherine Sisak, MSW, RSW, RP, is the Trauma Therapy Specialist at The Homewood Clinics, Mississauga location. The Homewood Clinics offer immediate access to a multidisciplinary team of counsellors, psychologists, social workers, occupational therapists, psychiatrists and addiction medicine physicians, applying the latest evidence-based treatment care for PTSD, anxiety, depression, addiction and co-occurring conditions.

Sisak said the types of traumas commonly seen in patients include intimate partner violence (direct or witnessed), developmental trauma, neglect, single incident trauma, such as break-ins, intergenerational trauma issues, such as political / social persecution and immigration experiences, sexual assault, and occupational trauma.

“Some of the common symptoms among those suffering from PTSD include flashbacks, nightmares, interpersonal problems, avoidance, hyperarousal, and changes in beliefs about one’s self, others and the world.” Sisak explained.

Common symptoms of PTSD:²

- **Intrusive Memories** – such as flashbacks, bad dreams, or frightening thoughts, that may affect someone’s everyday routine.
- **Avoidance and Numbing** – such as staying away from places, events or objects that are reminders, or avoiding feelings and thoughts related to the traumatic event.

- **Physical and Emotional reactions** – such as having angry outbursts, having difficulty sleeping, feeling on edge, and being easily startled. These affect daily tasks and are usually constant.
- **Negative Thoughts and Mood changes** – such as trouble recalling features of the traumatic event, negative thoughts about oneself, loss of interest in enjoyable activities, and unnatural feelings of guilt or blame. These symptoms can become progressively worse and can cause someone to alienate or detach themselves from friends or family.

Coping with trauma – a personal journey

Individuals suffering from PTSD may engage in self-coping mechanisms with limited improvement. They may continue to experience challenges with work and/or home life, and often feel like every aspect of life is regressing before seeking and accepting help. A former patient of the Homewood Clinics takes us through this journey.

The former patient explained their “symptoms began with sleep deprivation, which turned to nightmares, and eventually escalated to night terrors. I also experienced flashbacks and anxiety.”

To try to cope, “I engaged in addictive behaviours”, they said. “I was self-coping through addictions and alcohol. My work life and productivity was no longer the same. My work life fell apart. Even though my symptoms were identified as those related to PTSD, I didn’t take the advice of those around me to get help.”

“My family was destroyed. I no longer felt like life mattered – I felt numb. My thoughts and feelings were distorted from the shame and guilt I felt, such as feeling my family was better off without me. Things became progressively worse to the point where everything crumbled around me ... at this point, I contemplated suicide”.

“Initially, I didn’t take the advice of my doctor to get help. Only after I tried to take my life and I was placed on the mental health ward at a hospital where a psychologist told me about and referred me to Homewood Health did I then go.”

“Going to Homewood was the best decision I made – Homewood Health saved my life.” The former Homewood Clinic client shares some advice with those looking to attend or currently attending treatment, “There’s always room for improvement. Be patient and hang on. It’s a process – you won’t be healed immediately. Keep advocating for yourself and trust those who keep advocating for your help.”

PTSD and work impairment:

People suffering with PTSD may show various symptoms at work.

	PTSD Symptoms	Work Impairment
Emotional	Anxiety Irritability Sadness	Conflict Family problems Isolation
Situational	Flashbacks Hopelessness Intrusive reminders Nightmares	Avoidance of triggers Substance use Unexpected reactions
Cognitive	Distractibility Impaired concentration Memory problems	Increased errors Loss of confidence Reduced productivity
Physical	Fatigue and pain Medication/Treatment Sleep changes	Missed days Problems working shifts Reduced endurance
Values/Beliefs	Loss of trust Stigma of mental illness	Disputes with employer Confidentiality concerns



Strategies to advocating for yourself and assisting colleagues with PTSD:³

1. Keep lines of communication open – communicate with your manager regarding any issues and be an empathetic listener to your colleagues.
2. Your individual challenges and symptoms are unique to you.
3. Suggest your workplace raise awareness of PTSD and its symptoms, so people can be more understanding of what those with PTSD may be going through and be more patient and sensitive when dealing with others.

Surviving PTSD

Although many find it difficult to take that first step in getting help, with treatment you can get better.

Treatment may help improve symptoms by:⁴

- Teaching you skills to address your symptoms
- Learning ways to cope should any symptoms arise again
- Helping you think more positively about yourself, others and the world
- Treating other problems often related to traumatic experiences, such as anxiety, depression, or misuse of substances including alcohol or drugs

The former Homewood Clinic client shared some valuable personal advice. “Be 100% honest with yourself – put both feet in. You have to be completely vulnerable, remove any barriers or safeguards you have, this is how you truly rebuild. You have to open up and be honest, so that you and the Homewood team working with you know what you’re working with and how to work with it.” They also added, “You don’t have to have a breakdown before getting help. Go early – even if you are only feeling anxiety. Go get intervention now before it escalates – don’t wait for life to become unmanageable.”

References:

1. Feinstein, A., & Staniloiu, A. (n.d.). Post-Traumatic Stress Disorder (PTSD) in Canada. Retrieved from <http://www.thecanadianencyclopedia.ca/en/article/post-traumatic-stress-disorder-ptsd-in-canada/>
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4. Post-traumatic stress disorder (PTSD). (2017, October 25). Retrieved from <https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/diagnosis-treatment/drc-20355973>

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