



Peter Orris, MD, MPH, FACP, FACOEM

IBT Medical Advisory Committee

Professor and Chief

Occupational and Environmental Medicine

University of Illinois Hospital and Health Sciences System

A WHO Collaborating Center

May 15, 2019

Steelworkers Charitable and Educational Organization

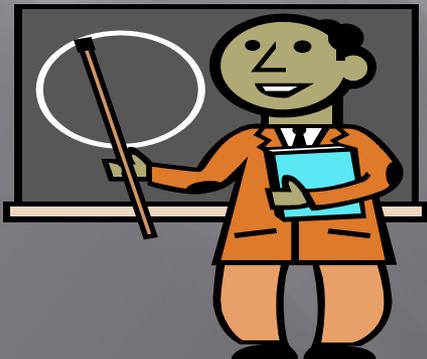
WTP Workshop

**POST TRAUMATIC STRESS DISORDER
&
TRUCK DRIVERS**

DISCLOSURES



I have no conflicts on this topic
All opinions expressed in this presentation are my own



**Traumatic Stress can occur when doing dangerous work, but this is not only police and Firefighting.
Construction work, Bridge work, and Driving can lead to stressful events**





Truck Drivers With PTSD

By JRC Trans in Health & Lifestyle Posted April 1, 2016 at 9:00 am

PTSD increasing among truck drivers

Involvement in or witnessing fatal accidents takes its toll on drivers.

Long-haul truckers are increasingly exposed to a variety of traumas often leading to more serious mental-health issues. Even more tragic is that the demands of the job often mean they have trouble accessing the care they need. Whether a driver is directly involved in a fatal accident or just a witness to one, the effects can be devastating.

[Mental Health Concerns Among Truckers Article | TheAtlantic.com](#)

🔍 TYPE AND HIT ENTER

Category

Safety & Compliance

Health & Lifestyle

Company

Road Safety

PTSD has gone by many names and was mostly associated with combat

- Railroad spine (Civil War)
- Soldier's Heart and Shell shock (WWI)
- Combat Exhaustion (WWII)
- Combat Stress Reaction (Vietnam)
- PTSD (current)



Witnessing

- ▣ Responding to others in danger or that are hurt is a highly stressful part of police work and firefighting, but can also occur in the course of many work circumstances
- ▣ Gruesome images become etched in memories
- ▣ PTSD is a common consequence of such trauma exposure



Rates of PTSD are high for urban police and firefighters, but often will not occur due to good selection, training, and experience

For others, not trained in trauma response, the risk of PTSD is even higher following trauma exposure

STIGMA

People often deny mental health problems and feel stigmatized from coworkers if they show weakness in this way.

Family support and support of supervisors, commanders and family are critical mitigators of PTSD, depression and alcohol abuse following trauma exposure (Menard & Arter, 2013)

For those who think PTSD is imagined, it is notable that Shucard et al (2012) found police with PTSD to have reduced amygdala, thalamus & globus pallidus volume & reduced hippocampal volumes. These brain structures are related to arousal and fear conditioning.



DIAGNOSIS STATISTICAL MANUAL OF MENTAL DISORDERS 5TH EDITION (DSM-V)

Post Traumatic Stress Disorder

.....the development of characteristic symptoms following exposure to an extreme stressor involving direct personal experience of an event that involves actual or threatened death or serious injury or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person.....

PTSD Prevalence

- PTSD Prevalence: 10-15% of law enforcement personnel
- PTSD Prevalence: 10-30% of those in fire suppression
- Up 45% of those exposed to workplace violence may develop significant psychological distress
- As many as 35% of those directly exposed to mass disasters may develop PTSD
- Estimates of 20 to 30% following traumatic workplace accidents (motor vehicle, fall from heights, crushing injury).
- Found to be as high as 30% among returning veterans from Iraq and Afghanistan

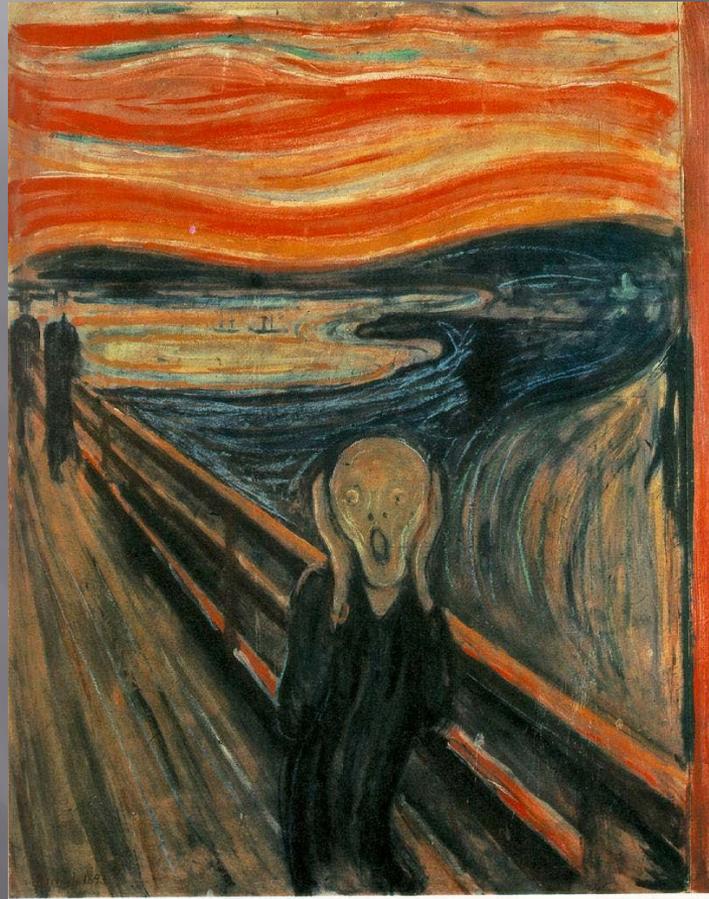
POST TRAUMATIC STRESS DISORDER (PTSD) SYMPTOMS CRITERION

- Intense fear, helplessness or horror
- Persistent reexperience of the trauma
- Persistence avoidance of trauma stimuli
- Increase of negative emotions (shame, anger) or cognitions
- Persistent symptoms of increased arousal
- Symptoms continue beyond 1 month
- Symptoms may be acute, chronic or of delayed onset

Persistent reexperience of the trauma is a classic symptom



The anxiety, arousal component is a major aspect of ASD and PTSD



Those with PTSD often show performance dysfunction

- Non-compliance with command or supervisors
- Violence
- Antisocial Acts
- Avoidance
- Diminished Personal Care
- Immobility in work circumstances that resemble the trauma
- Persistent Sleep Disturbance (e.g. nightmares)



PHYSICAL DISTRESS

- Tachycardia or Bradycardia
- Headaches
- Hyperventilation
- Muscle Spasms
- Psychogenic Sweating
- Fatigue/Exhaustion
- Indigestion, Nausea, Vomiting
- Hypervigilance
- Impaired immune function
- Inflammatory processes



PTSD and Post Traumatic Depression can be Accurately Diagnosed

- ▣ Combination of clinical interview and array of standardized testing
- ▣ Testing includes validated measures for malingering
- ▣ Psychological Evaluation can Accurately Assess ability to return to work
- ▣ Clinical Interview, including CAPS (Clinician Administered PTSD Scale)
- ▣ SCID (Structured Clinical Interview) for Depression and Possibly Other Disorders
- ▣ MMPI-2 or MMPI 2RF (includes most validated assessment of malingering)
- ▣ Beck Depression and Anxiety Scales-II
- ▣ PSS-I (Post-Traumatic Stress-Interview)

PYSCH MANAGEMENT: PTSD BEST PRACTICES

- The term “debriefing” should be used only to describe operational debriefings. Psychological debriefing is negatively indicated
- Benzodiazapines, only if necessary and only short term
- SSRIs often used long-term. Little evidence that they work



EFFECTIVE PTSD TREATMENT

- Prolonged Exposure Therapy and Cognitive Processing Therapy are highly successful treatments
- EMDR (Eye Movement Desensitization and Reprocessing) has also shown good success
- Both exposure treatments involve repeated retelling (or rewriting) of the trauma events until calm is paired with the memory rather than an anxiety-memory pairing
- Treatment also involves exposure to traumatic places where events occurred or exposure to traumatic objects (gun, car, crowds, place of the shooting)
- Psychological strengthening (stress inoculation) is also recommended which might include building better coping tools, addressing relationship intimacy, and addressing alcohol and drug use.

PTSD, if responded to quickly and with empirically-based treatment, is one of the most successfully treatable psychological disorders

If treatment is delayed or avoided, or non-empirically based treatment is applied, the consequences are often severe and long-lasting

ACKNOWLEDGEMENTS

Slides Developed From
Materials of

Stevan E. Hobfoll, Ph.D.
STAR-

STress, Anxiety and Resilience Consultants

THANK YOU

