

Can a single conversation change your life?

Dr. Charl Els

MBChB, FCPsych[SA], MMedPsych(cum laude), Dip.ABAM, MROCC, DESS, ACBOM, FIAIME, CMLE
Psychiatrist, Addiction Specialist, Occupational Physician

Clinical Professor:

1. Dept. of Psychiatry; 2. John Dossetor Health Ethics Centre, and 3. Dept. of Medicine, University of Alberta



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Other:

- Clinical Professor: University of Alberta
- Former Assistant Registrar / FT employee (2021-4), CPSA
- Clinical Practice: CF, CPS

The opinions expressed are those of the speaker

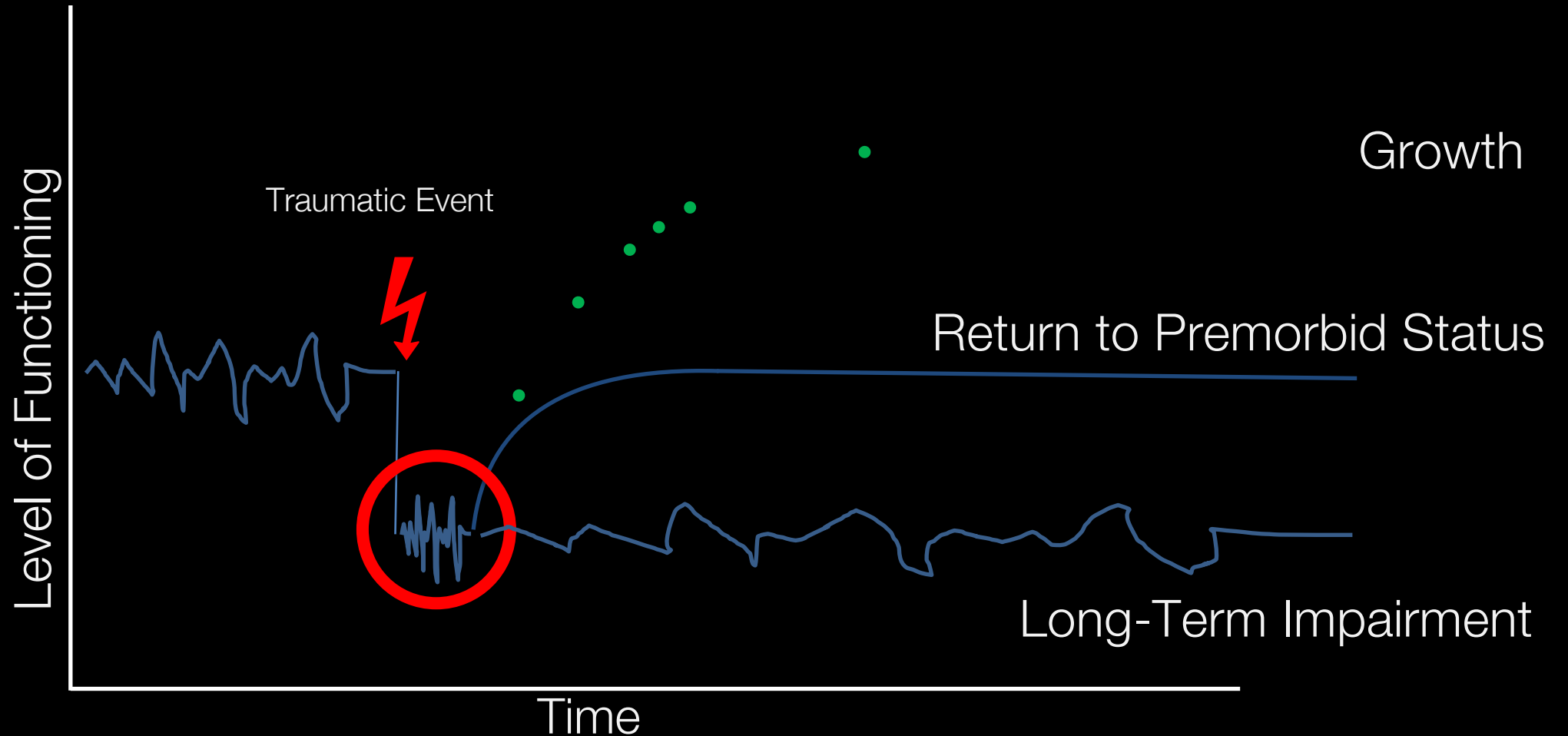
Exposure to trauma / adversity is ubiquitous

Kilpatrick DG, et al. National Estimates of Exposure to Traumatic Events and PTSD Prevalence Using DSM - IV and DSM - 5 Criteria. Journal of traumatic stress. 2013; 26(5):537–47.

Keyes KM, et al. Potentially traumatic events and the risk of six physical health conditions in a population-based sample. Depression and anxiety. 2013; 30(5):451–60.

Scott KM, et al. Associations between Lifetime Traumatic Events and Subsequent Chronic Physical Conditions: A Cross-National, Cross-Sectional Study. PloS one. 2013; 8(11):e80573.

What happens next?



“Post-Traumatic *Growth*”

Calhoun LG, Tedeschi RG, et al. UNC Charlotte; PTG Research Group.

Domains of PTG

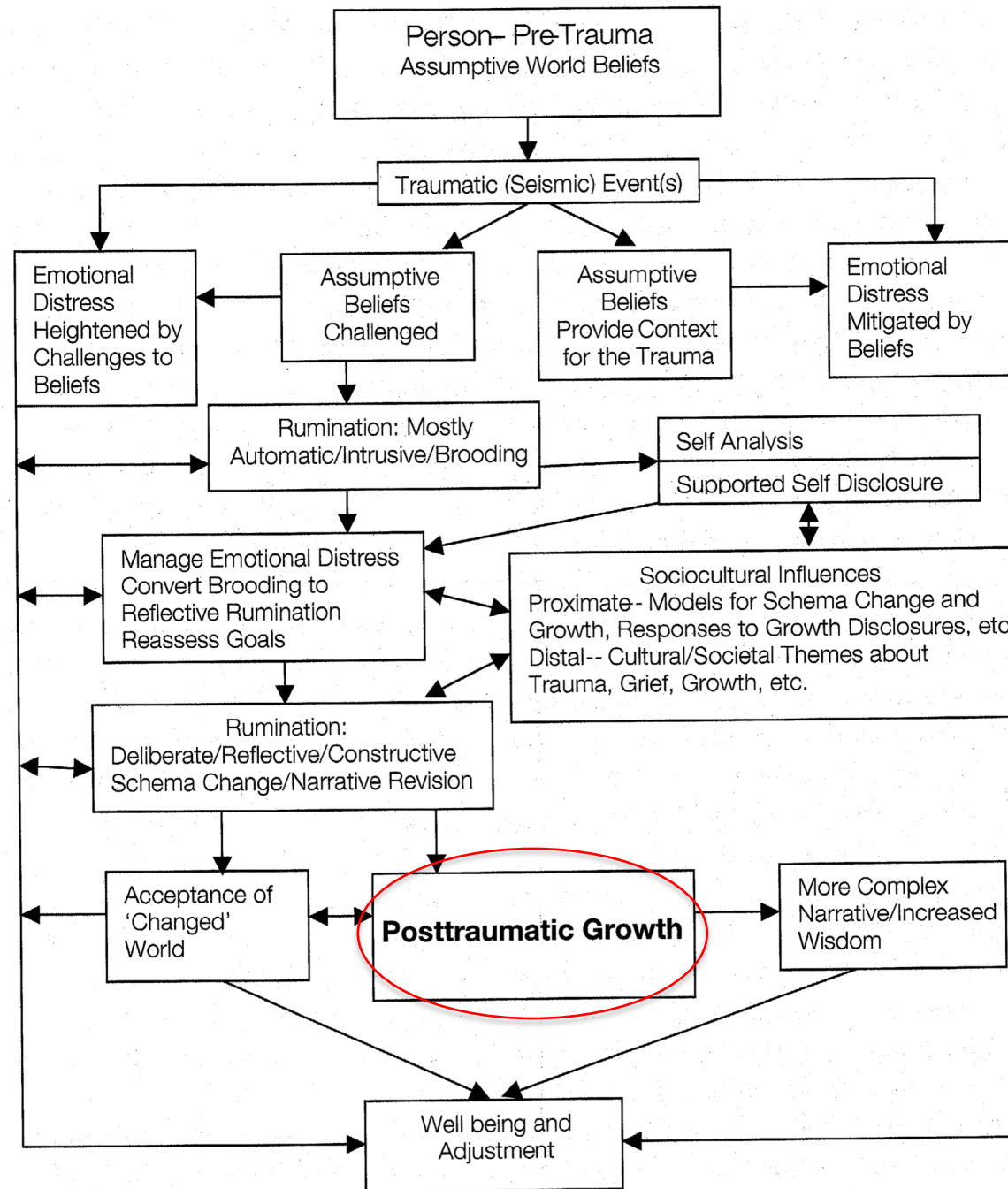
1. Greater satisfaction, meaning, and purpose
2. New possibilities
3. Personal strength
4. Relationships
5. Existential beliefs

Calhoun LG, Tedeschi RG. The foundations of posttraumatic growth: an expanded framework. In: Calhoun LG, Tedeschi RG, eds. *Handbook of Posttraumatic Growth: Research and Practice*. New York, NY: Taylor & Francis; 2006:1-23.

Melhorn MJ, Talmage JB, Ackerman WE, Hyman MH. The American Medical Association Guide to the Evaluation of Disease and Injury Causation, 2nd Edition. 2013. American Medical Association.

How to stimulate resilience and PTG

Calhoun LG, Tedeschi RG. Posttraumatic Growth in Clinical Practice, Taylor and Francis, 2013;
Seligman ME. Resilience, *Harvard Business Review*. Boston, 2018;
Tedeschi R, McNally R. PTG Module in CSF, 2018 (adapted from HBR).



Practical Steps to Promote PTG

1. Introspect
2. Choose optimism
3. Appreciate the ubiquity
4. Embrace change
5. Articulate a new narrative
6. Identify meaningful activity
7. Reduce distress
8. Mobilize support
9. Seek care as needed
10. Practice self-care

Work & Disability Implications: PTG

- Severe psychological disturbance after trauma is **rare**.
- **Transient** if it occurs
- Most will resume **normal** psychological functioning
- Most report experiencing psychological **benefits**
- **Positives** >> negatives

Andersen BL, Anderson B, de Prose C. Controlled prospective longitudinal study of women with cancer: II. Psychological outcomes. *J Consult Clin Psychol*. 1989;57(6):692-697.

O'Connor AP, Wicker CA, Germino BB. Understanding the cancer patient's search for meaning. *Cancer Nurs*. 1990;13(3):167-175.

Collins RL, Taylor SE, Skokan LA. A better world or a shattered vision? Changes in life perspectives following victimization. *Social Cognition*. 1990;8(3):263-285.

Richards JS. Psychologic adjustment to spinal cord injury during first post-discharge year. *Arch Phys Med Rehabil*. 1986;67(6):362-365.



Recovery-Friendly Workplaces: Practical Recommendations for Employers, Employees and the Occupational Medicine Community

Authors: Charl Els^{1,2*}, Maire Durnin-Goodman³, Paul Farnan^{3,4}, Ray Baker³, Ash Bender⁵, Cherie Klassen⁶, Barry Gelinas⁷, Alex Dyck^{1,8}, Anna A. Noga⁹, Riley Stewart-Patterson⁹, Liz Dennett¹⁰, Sebastian Straube^{1,11}.

Author Affiliations:

1. Division of Preventive Medicine, Department of Medicine, Faculty of Medicine & Dentistry, University of Alberta, Edmonton, Alberta, Canada
2. Department of Psychiatry, Faculty of Medicine & Dentistry, University of Alberta, Edmonton, Alberta, Canada
3. Department of Family Practice, University of British Columbia, Vancouver, British Columbia, Canada
4. Faculty of Health Sciences, Simon Fraser University, Burnaby, British Columbia, Canada
5. Centre for Addiction and Mental Health, and University of Toronto, Toronto, Ontario, Canada
6. Blair-Chahley-Klassen Lawyers, Edmonton, Alberta, Canada
7. International Academy of Independent Medical Evaluators (IAIME), Vancouver, Washington, United States
8. Department of Psychiatry, Max Rady College of Medicine, Rady Faculty of Health Sciences, University of Manitoba, Winnipeg, Manitoba, Canada
9. Consultant, CoRE@WoRK project, CEPC, Edmonton, Canada
10. Geoffrey and Robyn Sperber Health Sciences Library, University of Alberta, Edmonton, Alberta, Canada.
11. School of Public Health, University of Alberta, Edmonton, Alberta, Canada

Bringing *RECOVERY* into Workplace Policy and Practice

1. Recognize & communicate: MI is common; recovery is likely
2. Recovery is achieved by formalizing the process:
 - Optimizing recovery capital
 - Supporting workers
 - Prevention, early detection, access to care,
 - Accommodations

Bringing *RECOVERY* into Workplace Policy and Practice

3. Adopt policies: Hiring and retaining persons in recovery
4. Further educate
5. Reduce stigma
6. Leverage perspectives, strengths, & skills of people in recovery
7. Optimize & frequently communicate: available supports
8. Optimize accommodations
9. Declare commitment to RF workplace