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CASE STUDY

WEBINAR:
Supporting clients/patients with PTSD to participate in good work

Patient background

Tracey is a 45-year-old woman who had a transport accident four months before presenting for psychological assessment. Tracey was in the driver's seat when the driver of an adjacent car lost control and drove into the passenger side of her car. Immediately, she felt a sharp pain in her back. Two of her colleagues were in the vehicle. The colleague next to her was motionless, with blood covering his face. Due to the intensity of the collision, she immediately thought he was dead. Twisting around she saw her other colleague was alive but injured. One colleague sustained facial lacerations, neck strain and a concussion; the other had a broken collarbone. Tracey sustained a back strain.

Workplace context

Tracey works four days a week (32 hours/week) for a not-for-profit community organisation offering youth and disability support services. As an experienced support worker, she is part of a team that works with young people and individuals with a disability to increase their independent living skills, form social and community relationships and participate in community programs and activities.

As part of her role, Tracey is required to accompany individuals to programs and activities in their local community. This usually involves transporting them from their home to the activity (and back). Tracey often works alone and in unfamiliar environments. In some cases, multiple support workers will travel together depending on the needs of the individual involved.

The last few years have seen significant changes to usual work practices for Tracey. Her workload increased significantly, there have been more expectations in her team and additional support staff to mentor and coach. There has also been a shift towards new ways of working, such as more hybrid ways of engaging and supporting individuals through face-to-face and teleconferencing facilities.

Although the increased role demands have been an added stress, Tracey maintains positive working relationships with her manager and colleagues.

Home context

Tracey is going through a separation from her long-term partner, with whom she shares two teenage children.

Although the separation remains amicable, Tracey has been attending mediation sessions with her ex-partner to come to agreements regarding parenting and financial arrangements. The inherent changes that come with separation, and the practical realities of no longer having the other parent around, are an added pressure. It has left her feeling exhausted and, at times, overwhelmed.

Presenting symptoms

Tracey has no history of mental illness. When she presented for psychological assessment she was having intrusive memories of the accident every day. She was also having intrusive thoughts and images of what could have happened and pictures her colleagues dead in the vehicle. Tracey often has flashbacks when she drives her car and feels hot and sweaty in those situations. She also wakes with nightmares once a week about the accident.

Tracey pushes memories of the accident out of her mind, especially at bedtime. She avoids places that remind her of the trauma, especially where it happened on the road. Although she remembers the accident, she cannot remember specific details. She has difficulty sleeping, feels irritable, has trouble concentrating and can be overly alert.

Tracey also continues to experience back pain. The pain is a constant reminder of the accident and can trigger intrusive memories and rumination.

Tracey was low in mood, tearful, felt unmotivated and preferred to stay indoors rather than engage in her previous activities, such as meeting friends or going out for meals with her family.

Feelings associated with her separation have become heightened. Tracey was worried that all her relationships with people would end. She feels a deep sense of guilt over both the dissolution of her relationship and as the driver in the transport accident. Tracey knew the accident was not her fault but felt as though it was. She questions her inability to keep her family and colleagues safe. She was also having difficulties communicating her issues, particularly with friends and colleagues.

Tracey described feelings of dread associated with going to work. She was worried about a lack of support, particularly managerial support, for her health and wellbeing with the recent increase in role demands. She feared nothing would change and her flashbacks while driving would impact her ability to perform her duties.

Work participation

Tracey was off work for eight weeks after the accident to recover from her back pain. In that period her employer engaged an occupational rehabilitation provider to assist her with her rehabilitation and return to work. Tracey also submitted a claim for workers' compensation for a back strain injury, which was approved. Tracey remained in contact with her manager and the rehabilitation provider in the lead up to her return to work.

Upon her return, Tracey worked four days a week on modified hours and duties (four hours/day; 16 hours/week). She was engaged primarily in office-based work, with the plan to gradually work up to her pre-injury activities and hours. After five weeks on modified hours and duties, Tracey contacted her manager to request annual leave; citing workload pressures and stress associated with her impending return to pre-injury activities. After a week off, Tracey raised concerns about her mental health and financial pressures due to her diminished leave with her GP, who referred her to a psychologist for assessment.

Tracey continued to extend her leave until the assessment. Her manager and the rehabilitation provider attempted to contact her while she was absent but found it hard to get a hold of her or engage with her when they did.