



I'm Ok, You're Ok...Or Not: Promoting Mental Wellness

Chairperson:

Thomas Winters, MD, FACOEM,
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Principal & Chief Medical
Officer

Occupational & Environmental
Health Network

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11:20-12:20pm



Mental Workplace injuries under the law

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Overview

- Brief History
- Current Legal Standards
- Application to Real Life Scenarios

Brief History of Mental Workplace injuries under the law

Historically noteworthy cases:

- 1955 - Bailey's Case (Texas)
- 1960 - Carter v. General Motors (Michigan)
- 1975 - LaBuda v. Chrysler (Michigan)
- 1993 – Robinson's Case (Massachusetts)
- 2014 – “Frog Switch Case” (Pennsylvania)

Legal Standard for Mental Health Injury in MA

- *“Personal injuries shall include mental or emotional disabilities only where the predominant contributing cause of such disability is an event or series of events occurring within any employment.” – MA General Laws, Chapter 152, Section 1*
- More restrictive than physical injury standard
- Standard varies for jurisdiction to jurisdiction

Types of Mental Health Workplace Injury Scenarios

Mental

Physical

Physical

Mental

Mental

Mental



The Role of Imagery can be Determinant in Patient-Outcomes

Ken Larsen, DMin, PhD, ABMP
Clinical Psychologist
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Role of Imagery is Determinant in Patient Outcomes

INDUSTRIAL RELATED CASE INVOLVING A CATASTROPHIC BLAST INJURY

CASE: 49yo Male – Fiber Glass Manufacturing Oven BLAST INJURY

TREATED: Boston Medical Center Trauma Unit

DIAGNOSES: Concussion – Complex PTSD - Mutism & Memory Loss

IMAGES of the Explosion Haunted him for many months

Conscious or Unconscious the Role of IMAGERY can be Determinant in Patient-Outcomes

Conscious Imagery of Incident

There are two types of imagery in trauma work – the first are conscious images that keep patients either dissociated or agitated. Images so horrific they cause nightmares & flashbacks. These are images that keep patients stuck and need to be neutralized. Memories of injury often determine severity of the patient's psychological responses. Careful active listening to their narratives is important in Diagnosing PTSD.

Unconscious Imagery from Dreams

A second type of imagery comes from a deeper healing part of the brain where autonomous dream-images emerge from. These images come from the wisdom of the body itself. In this case there was a significant break-through to the patient's inability to speak about the horror he experienced. Through a series of dreams, he presented several significant image-schemas that led the way to his recovery.

First Two Dream-Image Schemas

1967 CHEVELLE MALIBU <> COMPUTER STATION

In the first dream he was rebuilding a 1967 Marina Blue Chevelle Malibu. He associated this car with self-esteem, empowerment, skill, and industry.

His second dream was about assembling a computer station for his musical interests.

The first dream foreshadowed the rehabilitation of his body – the second, foreshadowed the recovery of his cognitive processes.

Third Dream Image of the “Mill Room”

FOUR MONTHS INTO TREATMENT A MOST SIGNIFICANT DREAM OCCURED

His third dream provided the breakthrough...

The opening of the dream reflected the alchemical material David initially brought into therapy.

David initially brought into therapy – darkness of depression, suicidal ideation, and emotional flooding.

The second half of the dream brought up the metaphor of the MILL ROOM leading to his recovery.

Third Dream Image of the “Mill Room”

FOUR MONTHS INTO TREATMENT A MOST SIGNIFICANT DREAM OCCURED

The Mill Room was adjacent to the Ovens.

Industrial Milling Machine that milled the raw fiber glass

David’s job was to keep the mill going which meant he had to clean the clogged screens jamming the processing.

When he started talking about the milling operation, he suddenly came alive again.

The MILL was to become an archetypal metaphor for his recovery as he sifted, sorted, and unclogged his responses to this horrific accident.

Third Dream Image of the “Mill Room”

FOUR MONTHS INTO TREATMENT A MOST SIGNIFICANT DREAM OCCURED

In SUMMARY: While he no longer had nightmares after the Trauma Theater, he remained "clogged" emotionally and psychologically - in the same way the Mill often became clogged by fiberglass particles.

The alchemical characteristics of the Furnace & Mill provided the key as to how his psyche needed to be approached.

Once saw that “Image Schema” he began to psychologically sift and sort his life post injury – and eventually unclogged the impasse he experienced.

RECOVERY & Return to Function

FOUR MONTHS INTO TREATMENT A MOST SIGNIFICANT DREAM OCCURED

The patient himself, through his own dream imagery, discovered "his own way through" this trauma.

His work for over 25 years maintaining the Mill Room now became his own life pattern for self-healing.

He could then focus on treatment and return to function.

He started his own music recording studio and business attached to his home at the end of therapy.



Experiential Mindfulness Based Stress Reduction

Ken Larsen, DMin, PhD, ABMP
Clinical Psychologist
New England Baptist Hospital

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Workshop**

AMERICAN PSYCHOLOGICAL ASSOCIATION

MINDFULNESS MEDITATION A RESEARCH PROVEN WAY TO REDUCE STRESS

People have been meditating for thousands of years. In more recent years, mindfulness has become a popular way to help those who struggle to manage their stress and improve their overall wellbeing.

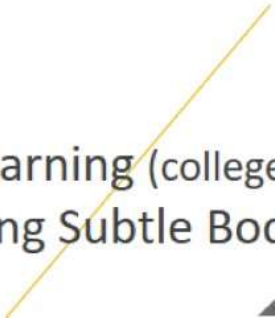
Psychologists have found that mindfulness meditation changes our brain and biology in positive ways, improving mental and physical health.

A wealth of research shows it's effective.

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There are Many Forms of Mindfulness

MINDFULNESS IS LIKE RELIGION – EVERYONE HAS THEIR OWN UNIQUE WAY

1. Mindfulness Meditation – (a general umbrella term)
 2. Mindfulness-based stress reduction (MBSR)
 3. Mindfulness-based cognitive therapy (MBCT)
 4. Progressive Muscle Relaxation
 5. Concentration Meditation (following one's body signals)
 6. Experiential Stress Reduction
 7. Socio-Cognitive Mindfulness
 8. Mindfulness in Everyday Life
 9. Sitting with Mindfulness
 10. Mindfulness and Experiential Learning (colleges)
 11. Journaling Your Dreams – Tracking Subtle Body
- 

Mindfulness is an Important Tool in Healthcare

PREOP <> PAIN MANAGEMENT <> FEARS & PHOBIAS<> RIGORS OF REHAB

1. Pre-surgical Preparation: Fears of Anesthesia and being “Cut”
2. Pain Management related to Medical/Surgical Recovery
3. White Coat Syndrome
4. The Rigors of Rehabilitation
5. Injured Workers whose World has Turned Upside Down
6. Preparation for and During Physical Therapy
7. In the case of Needle Phobia
8. Those who have claustrophobia having an MRI

Experiential Mindfulness Involves ‘Noticing’

MINDFULNESS PRACTICE BRINGS BALANCE AND OPENS THE HEAD TO THE HEART

Professionals tend to live in their heads and are less focused on their feelings.

Mindfulness Practice strengthens the connective tissue between the conscious rational mind and the deeper hidden mind of the unconscious. Mindfulness practice can bring a sense of balance and can open the Head to the Heart.

Mindfulness is by definition an Experience – it involves noticing perhaps an unclear feeling and attending to that feeling – it’s shape, contours, colors, movement, it’s location in the body – rather than using cognition to “analyze it.” In Meditation practice one focuses on “what is at that moment.”

Mindful Attitudes [Jon Kabat-Zin]

JON KABAT-ZIN'S NINE ATTITUDES FOR MINDFULNESS

FOCUSING ON "WHAT IS IN THE MOMENT"

1. Non-judging
2. Patience
3. Letting go of what we 'Know' to 'See Things As They Are'
4. Trust in your own intuition and your own inner wisdom
5. Non-Striving / Non-Doing
6. Acceptance
7. Letting Go vs Holding On To
8. Gratitude
9. Generosity

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Experiential Mindfulness thru Photography

Images and Poetry are my form of Meditation

On a Cold & Windy December Saturday

I set out to find elements of beauty in an ordinary
and scruffy unattractive environment most would ignore

All the images you'll see were taken in the
area between the first two electrical poles

The project goal was to meditate on one image each
successive day over a month's time

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Shadows

No matter the delicate
presenting view
advancing shadows
fill the landscape

Oh how they persist
in moving forward
making their
presence known

Without them
this conscious life
would be spotty
thin and dull



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Red

Sometimes
a concentration
of color
nestled in the
'illusion of
uniformity
and order'
makes
the difference





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Winds of Time

Winter whirling
color swirling
cats swaying

Seeds in
lift-off

Ready to
spread
time

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Nature's Insistence

One's spirit is a strange
Pollock like hologram of
grizzled grey tangles
under embryonic lace
in creative tension

Delicate new constructs
overcoming
complacency
outdated values
exhausted mentation

One can feel the
pulsating rhythm
of blood coursing
ideas rippling
relationships forging

Hope for our children



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Stand up and listen once in awhile
to the choir, the soloist and the one who dropped the note.

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For we are one

The note expressed
may not always
bear life

The note dropped
though inferior
may bear the seed

Look around
you who are
standing alone
on the smoky
field of battle

On Depression

Depression
hangs around
the neck
stifling
creativity
like a proud
jewel

entangled
knot-like
dread
twisting
turning
pulling in
pulling out
circling
obsessing
mulling over
and over

In the end
it may be the
very thing
that will
refocus
the spirit



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Dancing

Have
you
ever
danced
until
your
skin
pruned?

gleefully
holding
onto
life
to
the
bitter
end?

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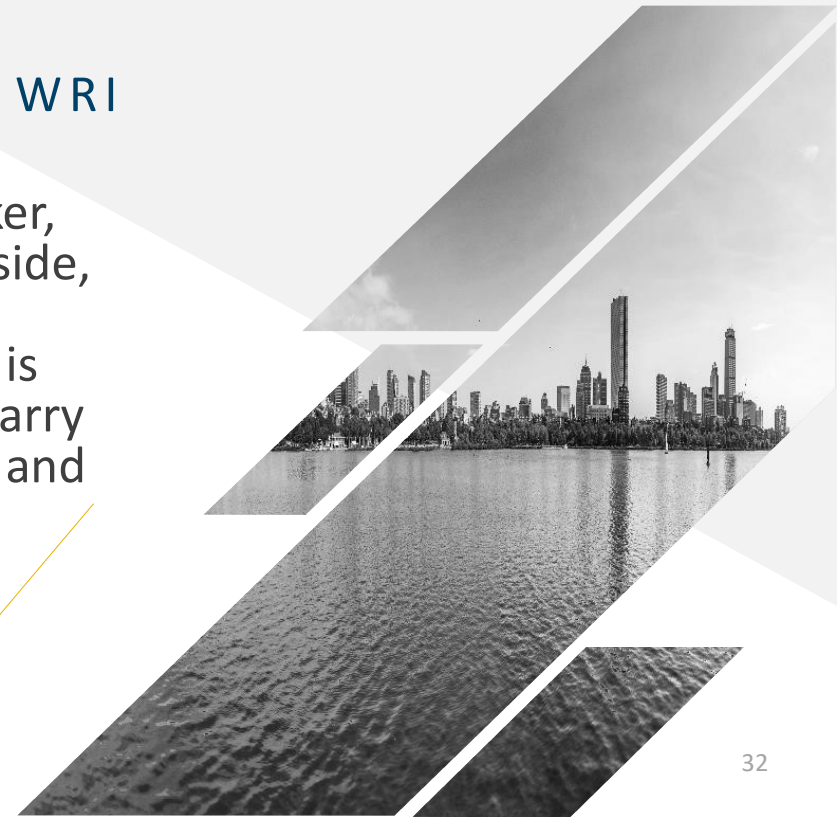

The Voice of The Injured Worker

Mary Taschner, DNP, ANP-BC

VOICE OF THE INJURED WORKER

INITIAL MENTAL HEALTH STRESSORS AFTER WRI

Harry Torpe, a 40 year old biotech manufacturing worker, sustains a right fractured radius/ulna on his dominant side, after an accidental fall at work two days prior. He is worried the company blames him for the accident and is concerned about missing work, especially overtime. Harry is unsure what to say during the accident investigation and has not heard from management. He is in severe pain, can't sleep and is now realizing how much this injury affects his ability to care for himself and his family.



VOICE OF THE INJURED WORKER

ONGOING MENTAL HEALTH STRESSORS AFTER WRI

Harry Torpe's recovery is proceeding slowly having missed weeks of work after orthopedic surgery. He is frustrated his recovery is incomplete. He is having difficulty scheduling therapy in a timely manner, obtaining rides to/from therapy, and tired of friends and family assistance with transportation and other family needs. The WC carrier will not call him back and he has not been receiving his paycheck in a timely manner. Harry acknowledges his fear of returning to work and concern about the injury impact on his life and family.

VOICE OF THE INJURED WORKER

MENTAL HEALTH STRESSORS AFTER WRI

SUPPORT

Patient Centered
Communication
Collaboration
Coordination

INTERVENTION

Meditation
Yoga
Mental Health Referral