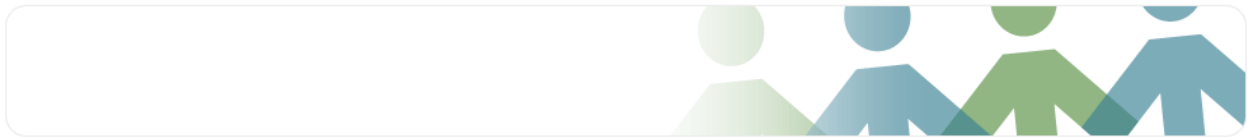




National Strategy for Operational Stress Injuries: Clarification and Inclusion Moving Forward

Author:
Meaghan Bailey



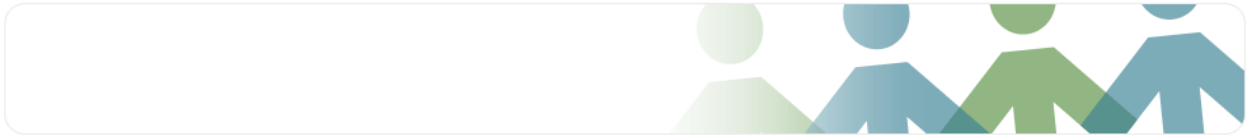
Founded in 1926 the Canadian Association of Social Workers (CASW) is the national association voice for the social work profession.

CASW has adopted a pro-active approach to issues pertinent to social policy/social work. It produces and distributes timely information for its members, and special projects are initiated and sponsored. With its concern for social justice and its continued role in social advocacy, CASW is recognized and called upon both nationally and internationally for its social policy expertise.

The mission of CASW is to promote the profession of social work in Canada and advance social justice. CASW is active in the International Federation of Social Workers (IFSW).

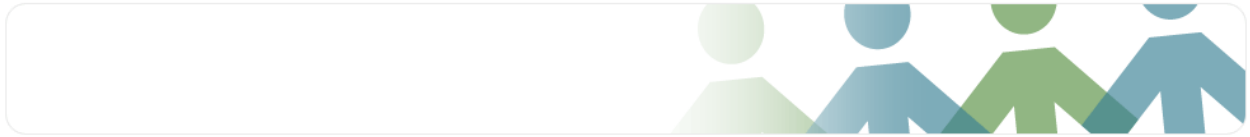


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Introduction

Currently, provincial legislation regarding treatment of post-traumatic stress disorder (PTSD) for public safety officers and first responders is inconsistent across Canada and there are growing discussions around the necessity of a national strategy.

The Canadian Association of Social Workers (CASW) is concerned about the restricted nature of the current discussions regarding a national strategy. Within the narrow scope of this investigation there is confusion about proper terminology and occupational inclusion. As this proposed national legislation becomes more feasible, CASW recommends the following:

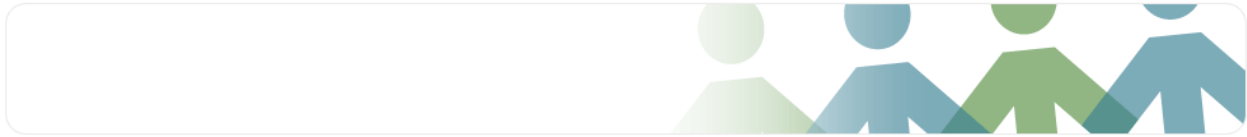
- 1) More research at the national level to better understand a larger scope of occupations affected by operational stress injuries (OSI) to better substantiate the need for a national strategy. CASW calls for more research specifically on the different areas of social work practice that are at risk of OSI, to either incorporate in the current proposed national strategy or to investigate the inclusion of a category of health and social occupations.
- 2) The creation of a framework that will improve the ability to track PTSD and OSI is necessary to establish guidelines for diagnosis, treatment and management, and create education materials to be used by public health providers.
- 3) Federal Bill C-211 is needed in this current climate, but must be reassessed for its inclusivity of all applicable occupations.
- 4) The federal government needs to further commit funding and resources to make mental health among public safety officers and first responders a priority.

Member of Parliament, Todd Doherty, has introduced a private members bill, Bill C-211, which calls for a Federal Framework on the Post-Traumatic Stress Disorder Act (Bill C-211). As of June 2017, Bill C-211 is facing its First Reading in the Senate. Prime Minister Justin Trudeau has also asked that the Public Safety Minister, Ralph Goodale, research and produce a national plan for PTSD.

Answering this call to action, the House of Commons Public Safety and National Security committee has now urged the federal government to take action towards implementing a national strategy to aid first responders and public safety officers who develop mental health problems after experiencing traumatic events. The committee issued a unanimous report recommending the national recognition of OSI.

Regarding the report, Rob Oliphant, Liberal MP and chair of the committee, stated;

Communities will be safer if our public safety officers are healthier. So, this is a Canadian project to say it's part of the way we can keep our communities safe, by ensuring that



we have the best possible services and resources in our firefighters, in our paramedics, in our police officers and in those who assist them. (Crawford, 2016. October 4)

One concern noted by the committee and discussed at length was that the federal government must adopt a comprehensive definition of a “public safety officer.” In contemplating this, the committee concluded that this classification must include members of the RCMP, correctional officers, firefighters, and other first responders, but does not make reference to front line occupations such as social work professionals.

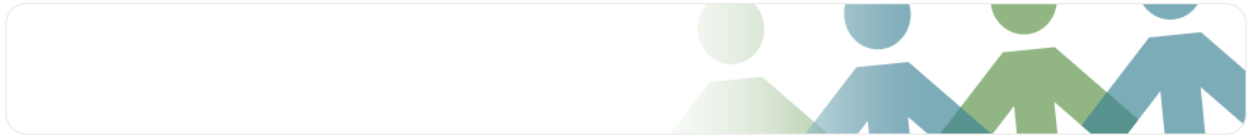
While CASW is pleased that the federal government is paying much needed attention to this important issue, CASW is concerned about the exclusion of front line social work as an identified profession affected by OSI.

Context and Terminology

This document serves as a discussion paper, proposing that research and proper investigation at the national level is needed to establish grounds for the inclusion of social workers as an occupation that should be covered under the proposed national strategy for OSI. This paper will outline various perspectives in the hope of generating dialogue around this issue.

With respect to the language used in this paper, CASW acknowledges that there are different terms used to describe the stress associated with first response occupations and the title of “public safety officer.” All terms will be explained and their use referenced in the context of the proposal of a national plan. Wishing to remain as neutral, and useful, as possible, CASW relies on the terms OSI, post traumatic stress disorder (PTSD), and public safety officer, as they are reflected in the language commonly used in legislation and government proceedings, and by medical professionals, policy makers and power holders.

The creation of a national strategy brings attention to the need for discussion around what qualifies as an affected occupation, and whether the terms first responder and public safety officer are inclusive. On this subject, each province interprets this criterion differently. There is general agreement that first responders such as police, firefighter, and paramedic should be included, and that the term public safety officer should include front line workers, correctional officers, and dispatch officers. Provincial legislations differ in the inclusivity of these definitions; with some including health care professions and social workers. It is the position of CASW that practicing social workers, especially those on the front line, are also at higher risk of OSI and should be included in the group of occupations covered under the proposed national policy. To this end, CASW is very interested in developing a national strategy for OSI, clarifying the terms and framework being used in order to ensure it is inclusive of all occupations that may reasonably be impacted, and establishing a provincial and federal consensus.

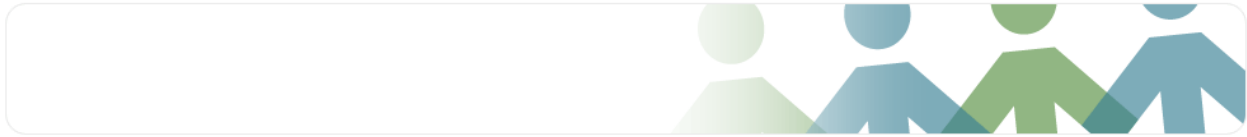


The term PTSD is more widely used when referring to a medical diagnosis, while OSI is used in government proceedings and policies regarding conditions of first responders and public safety officers. PTSD is a mental illness occurring after the experience of a traumatic event, and often involves exposure to trauma from single events that involve threat of serious injury, threat of death, or injury or death of another person, or may also include ongoing emotional trauma. PTSD can cause reoccurring symptoms including vivid nightmares, flashbacks, or thoughts of the event, which frequently results in the person avoiding things that remind them of the event (Canadian Mental Health Association). Some occupations put people in dangerous situations that may lead to residual affects leading to PTSD, some of the noted occupations with higher rates of PTSD are military personnel, first responders (police, firefighters, and paramedics), doctors, and nurses (Canadian Mental Health Association).

Generally, reports that identify the increased risk of PTSD only include data on first responders – police, firefighters, and paramedics. Some would argue though that other occupations can also be categorized as risky or trauma inducing. In its investigation of increased occupational stress injuries, the government uses a limited definition of what qualifies as an at-risk occupation. In their examination, they discovered that first responders are at least twice as likely as the general population to suffer from PTSD, with an increased rate of suicide attempts and all other anxiety disorders (The Canadian Press, 2016, April 5). This type of data has not been collected on the same scale for social workers, but similarities between the professions will be highlighted and other data explored.

Lieutenant Colonel (Retired) Stéphane Grenier, founder of the Operational Stress Injuries Social Support (OSISS) program, coined the term “operational stress injuries” in 2001. The term was used as a way to broaden the scope to include more than just PTSD, and to give mental injuries the same legitimacy as physical injuries, thereby reducing stigma (Healthy Minds, Safe Communities, 2016). The OSSIS program was focused on recovery and support for the victim and the family.

In the report, *Healthy Minds, Safe Communities: Supporting our Public Safety Officers Through a National Strategy for Operational Stress Injuries*, the Standing Committee on Public Safety and National Security adopted what was deemed a broad definition of the term public safety officer: “a person who fulfils public functions with duties related to public safety” (Canadian Parliament, 2016, October). This definition included such occupations as first responders, parole and program officers, dispatch officers, and other personnel who work in supportive occupations alongside public safety officers. The committee did note that the inclusion of certain occupations may not seem obvious, but due to work conditions they incur trauma that is more complex and difficult to define (Canadian Parliament, 2016, October). Most accounts of trauma in this context are the result of the cumulative affect of collecting detailed accounts of trauma and violence from others. By this definition, the professional is categorized as a secondary witness to the traumatic event.



In the committee's recommendations, they outlined that when creating a national strategy on OSI, Public Safety Canada recognizes that other occupations that work alongside and support public safety officers may also be affected by OSI, and should be included (Canadian Parliament, 2016, October). In the report it is identified that PTSD is a formal diagnosis, while OSI is used as a way to encompass all mental health concerns incurred occupationally.

The Standing Committee on Public Safety and National Security devoted seven meetings to this issue and compiled expert knowledge from the medical community, representatives from the federal government, public safety officers and first responders, as well as non-governmental organizations (Canadian Parliament, 2016, October). Evidence provided highlighted the gaping dichotomy in definitions as a key issue to be clarified. The information that was provided advocated for the inclusion of various occupations from the following sectors; federal departments and agencies involved in border protection, law enforcement, national security activities, and corrections, as well as provincial and municipal governments and the broader emergency response community. Through this variation, it was evident to the committee that even after release of the report on OSI that there may be some occupations that have been wrongly omitted from the definition of public safety officer.

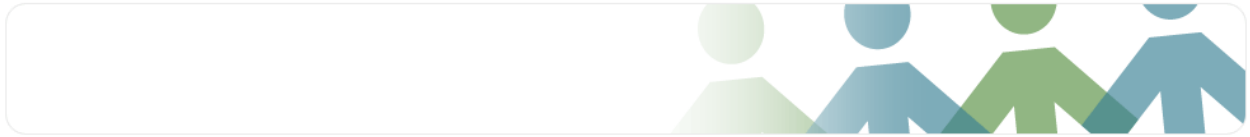
As Bill C-211 is reviewed and Public Safety Canada considers the implementation of the recommendations by the Standing Committee on Public Safety and National Security, it is obvious that much clarification is needed to guarantee inclusivity in a national strategy. It is imperative that the terminology is solidified, as talks of a national strategy are proposing to include a plan for the assessment, treatment, and long term care of Canada's public safety officers affected by OSI.

Purpose

This discussion paper is concerned with policy and legislative options that will provide the most safety, dignity, and positive social and health outcomes for Canadians. With this said, this paper will consider the differences in the use of terminology, and the various provincial legislation already in place for OSI. Finally, CASW advocates for the federal government to move forward with the implementation of a national strategy for OSI and provides reason for further research and investigation of the inclusion of front line social workers as an impacted occupation.

To achieve this end, the paper outlines current legislation and the discrepancies that are apparent, and how provincial government progression can influence national development. The need for this type of legislation will be discussed but with critique of the current proposal.

CASW recognizes the inherent importance of generating needed discussion on this topic, but will not offer critique without producing suggestions in terms of moving forward. CASW further



acknowledges the importance of moving forward with this national agenda, but notes the equal importance of implementing policy options that will produce the least harmful effects while striving towards moral, ethical, or philosophical ideals.

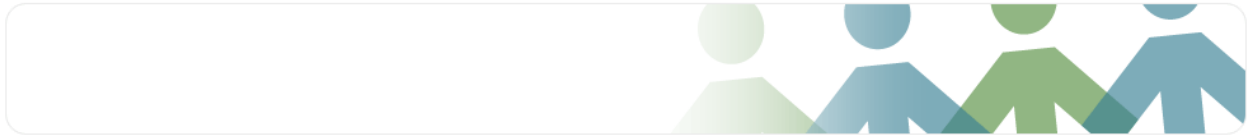
Provincial Legislation and The Proposed National Strategy

The report released by the Public Safety and National Security committee recommended that the federal government investigate the possibility of establishing legislation that would include “a presumption of OSI for public safety officers for whom workplace safety and compensation falls under federal jurisdiction” (Canadian Parliament, 2016, October). Currently, the responsibility of OSI for public safety officers falls to the provinces and territories. The report acknowledges that some provinces and territories already have legislation in place regarding OSI. It recommends that the federal government build upon already existing legislation in order to develop federal regulations and invite all provinces and territories to adopt a common policy.

Current provincial and territorial legislation outlining a presumption of OSI has only recently been enacted in Ontario (since 2016), Manitoba (since 2016), Saskatchewan (since 2016), and Alberta (since 2012), with New Brunswick and Nova Scotia tabling bills to include the presumption of PTSD as a workplace injury (Bill C-211). While the adoption of this legislation at the provincial level is moving in the right direction, there are substantial differences between each jurisdiction. There have been calls within the House of Commons to guarantee equity at the national level for those suffering from OSI.

Of those that have adopted provincial policy, Saskatchewan is the first province to amend legislation to cover all forms of psychological injury that workers could experience as a result of being exposed to traumatic events or situations at work (Government of Saskatchewan, 2016). The new amendment is applicable to all workers within Saskatchewan. The government stated that this was meant to recognize that anyone can be exposed to traumatic situations at work and that seeking help for psychological injuries can be daunting. The legislation was quoted as being a needed change to reduce barriers and expand coverage.

Currently in Nova Scotia, Bill-4 titled *Workers' Compensation for Emergency Responders with Post-Traumatic Stress Disorder Act* was tabled in the fall of 2016, the government is continuously monitoring other jurisdictions, conducting research but has not yet reached an agreement. The proposed amendment is currently the only one of its kind, which categorizes social work as an affected occupation, similar to other emergency responders such as police officers, child and family service agents, medical practitioners, and correctional services employees (CNW: A Cision Company, 2016). Social workers are included based on the definition of social worker and the practice of social work as outlined in the Nova Scotia Social Workers Act of 1993.



Also, similar to Saskatchewan, Manitoba PTSD presumption clauses stipulate the inclusion of all occupations, and do not make any reference of applicability for different professional titles. By doing so, acknowledging that all occupations can and may be affected by PTSD.

Most provinces and territories that do not have existing legislation specifically identifying OSI as a workplace injury, are left to govern this issue based on existing workers' compensation legislation that wrongly request people applying for insurance benefits to prove that their PTSD diagnoses was directly caused by workplace activity (Ireland, 2016, April 8).

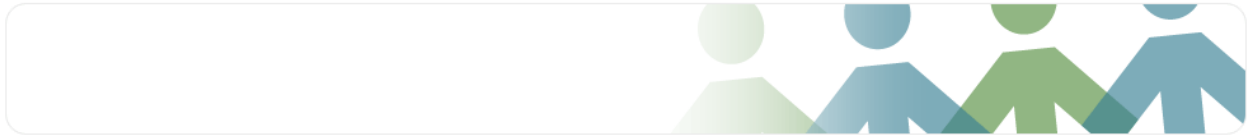
Changes to provincial legislation are being rightfully implemented as a response to the rising increase of reported cases of OSI and increased suicides due to work related trauma. As noted, workers are covered under existing regulations of Workplace Safety and Insurance Boards for PTSD, but the addition of PTSD presumption clauses creates a more accessible and responsive process for those occupations most affected by traumatic experiences (Laucius, 2016, April 24).

In direct connection to this changing tide in provincial legislation, federal agencies have acknowledged this profound issue and have taken steps to recognize that repeated exposure to traumatic events does have an impact on the mental health of public safety officers.

The title public safety officer is defined by Public Safety Canada (PSC) as a term meant to include front-line personnel who ensure the safety and security of Canadians. Occupations included in this umbrella are: fire fighters, police, paramedics, search and rescue volunteers, correctional services officers, border services officers, operational intelligence analysts, Indigenous emergency managers, and others working in the field (Public Safety Canada, 2017, February 20). PSC also uses the term PTSI, instead of PTSD, stating that the term injury allows for the inclusion of other mental health issues, including depression, substance use, and clinically diagnosed PTSD.

PSC is attempting to further research federal action needed and to work collaboratively with a broad stakeholder community to develop a coordinated action plan on PTSI in support of public safety officers. In doing so they have adopted what they feel are inclusive definitions to be used within a federal framework. The 2016 federal budget highlighted the government's commitment to ensuring that public safety officers have access to support and treatment for post traumatic stress injuries (PTSI) (Public Safety Canada, 2017, February 20).

PSC and the Public Health Agency of Canada hosted two roundtable discussions to gather input on this issue, and have also organized a Tri-Services Advisory Committee, included were representatives from firefighting, police and paramedic professional organizations to advise on the development and implementation of a collaborative approach.



It has been estimated that one in 10 Canadians will develop PTSD, but this approximation is doubled in first responders and public safety officers due to the increased risk of exposure to traumatic stressors (Standing Committee on Public Safety and National Security, 22 March 2016). This also contributes to higher risk of suicide due to occupational risks. For these reasons inquest into the necessity of federal legislation is being further investigated.

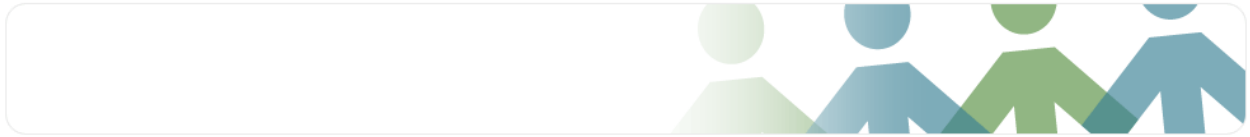
During a meeting of the Standing Committee on Public Safety and National Security, Dr. Donna Ferguson, Psychologist at the Centre for Addiction and Mental Health, was cited as recommending that all provinces and territories adopt legislation that gives first responders faster access to workplace insurance benefits (Canadian Parliament, 2016, October) It is identified that this needed support would be furthered by the adoption of federal guidelines on the treatment of those at higher risk of incurring PTSD.

To ensure equity of service across the country there have been calls for a national plan for OSI, guaranteeing that similar services are available and administered in each province and territory (Ireland, 2016, April 8). Responding to this issue, British Columbia Member of Parliament, Todd Doherty introduced a private member's bill, an Act respecting a federal framework on post-traumatic stress disorder, which would bring about a framework to track PTSD; establish guidelines for diagnosis, treatment and management; and create education materials to be used by public health providers (Kane, 2017, January 22).

This federal framework outlines that it would expand support to ensure long-term solutions and provide best practices, research, education, awareness and treatment. This Act would require that the Minister of Health work in conference with the Minister of National Defence, the Minister of Veterans Affairs, provincial and territorial government representatives responsible for health and representatives of the medical community and patients' groups to develop an inclusive federal framework (Bill C- 211).

Consultations and the committee report conducted on this issue has emphasized the need for prevention and early intervention, more research, reduction of stigma, and further support for diagnosis, care, and treatment (Kane, 2017, January 22).

Discussion on inclusion of occupations within national legislation has been noted by some Members of Parliament during the first and second readings of Bill C-211. There is disagreement about which occupations would be categorized as public safety officers, therefore designating them at higher risk for OSI. As this bill is being reviewed, CASW is advocating for needed research before any informative framework can be developed. CASW would argue that the inclusion of front line social work is a plausible addition to the national framework and would advocate for further research and investigation into affected occupations.



Argument for Inclusivity

Social workers work in a variety of settings and are routinely engaged in direct practice and front line interventions, which also commonly includes treating trauma survivors. Interest in the affects of this type of work on the clinician has sparked some research on this topic (Cunningham, 2003). Vicarious traumatization, secondary witness to trauma, or secondary traumatic stress are terms used to describe social workers experiencing trauma in the workplace (Horwitz, 2006).

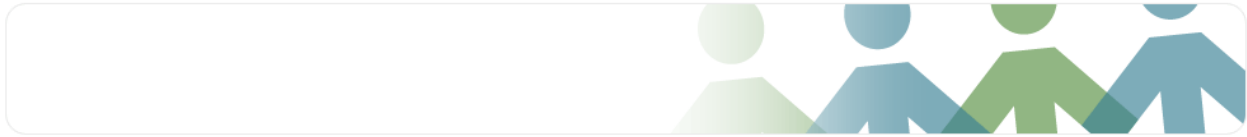
Vicarious traumatization is most often used to characterize the effects of trauma on clinicians and professionals who work directly with trauma survivors (Horwitz, 2006). Secondary witness to trauma is used when a clinician or other professional is a direct witness to a traumatic event while on the job (Canadian Parliament, 2016. October). Studies have been conducted to show that clinicians can experience reactions associated with traumatic stress as a result of indirect exposure to their client's trauma. These findings indicate that the concept of vicarious traumatization is useful in understanding the impact on the clinician. This term also meets the criteria of OSI as it is a mental health concern that is incurred operationally.

Some events noted as being the largest contributors to OSI for social workers are working with clients experiencing sexual abuse, child abuse, and partner (Cunningham, 2003). Researchers have acknowledged that recognizing the negative impact of working with trauma victims is a vital step in addressing the potential effects on front line social workers (Cunningham, 2003).

This incurred trauma has often been overlooked by alternatively using the term "burnout" to describe a clinician's experience in the workplace. While this term is often used within the social services field as a way to describe the emotional state of the worker, the term often diminishes the severity of work related stress (Cunningham, 2003). This hinders the development of interventions and treatment that could assist workers experiencing OSI.

A specific subset of front line social workers at high risk of OSI are child welfare workers. They are routinely exposed to a variety of workplace events that could lead to OSI. They often work in client homes, schools and communities and are witnesses to deprivation and abuse that are a reality in their clients' lives (Horwitz, 2006). Child welfare workers often have to make decisions regarding both removing children from their parents' care and allowing children to remain in potential abusive situations. They can be direct witnesses to client suffering, are often criticized for their work, and may experience direct threats or actual assault (Horwitz, 2006).

Research shows that incidences of direct and indirect traumatic events were positively associated with the presence of workplace trauma effects. Possible effects of trauma incurred in the workplace may be; feelings of numbness outside work, experiencing intrusive thoughts about work, distressing thoughts about work, difficulty sleeping because of work, nightmares



because of events at work, and being easily startled (Horwitz, 2006). These effects are comparable to symptoms of PTSD.

Further research conducted on secondary traumatic stress among social workers indicates that the psychological effects of traumatic events can extend to those working with individuals directly effected. Secondary traumatic stress is referred to as an occupational hazard incurred while providing direct services to traumatized populations (Bride, 2007). As also noted in other research, this is becoming an increased issue for social workers as they are more frequently working with populations dealing with childhood abuse, domestic violence, violent crime, disaster, war, and terrorism. This specific study revealed that 15% of the social workers that were sampled were categorized as experiencing secondary trauma and met the core criteria for a diagnosis of PTSD. While over 70% experienced at least one symptom of PTSD in the last week. This study concluded with the alarming finding that the rate of PTSD in social workers due only to indirect exposure to trauma is twice that of the general population (Bride, 2007).

These findings demonstrate that front line social workers are in direct risk of experiencing OSI, with more research needed on other areas of practice in which social workers may be affected by trauma in the workplace. This information should be taken into consideration for the formulation of an inclusive definition in the sanctioning of any national strategy dealing with the impact of OSI.

Moving Forward with Common Goals

Louise Bradley, president and CEO of the Mental Health Commission of Canada, was cited during a meeting of the Standing Committee on Public Safety and National Security as saying;

Canadian first responders and public safety officers bear the weight of tremendously responsible jobs. These unsung heroes are quick to act in times of crisis, courageously putting their personal safety at risk in an effort to help others. In a relatively short time, the true toll exacted by this work has become the focus of an impassioned national dialogue. (Canadian Parliament, 2016, March 10)

This exceedingly powerful statement is arguably true for the responsibilities given to social workers on the job as well.

Todd Doherty, the Member of Parliament that introduced Bill C-211, was cited during its second reading as saying;

The bill sends a message to our silent sentinels that this is not a battle they have to fight themselves, that someone is fighting for them. It is up to all of us, federal, provincial, and



territorial legislators, to come up with a plan to ensure that no one is left behind; that our terminology and laws are consistent across the country. (Bill C-211)

Other members of parliament acknowledged in their testimony during the reading that work still remained to be done on the clarity of terms used in the bill itself and in the report published by the Standing Committee on Public Safety and National Security.

CASW encourages the implementation of a national strategy for OSI, and echoes the committee's acknowledgement of the importance of recognizing OSI as a growing issue for public safety officers. Although, as demonstrated in this paper, the definition of public safety officer should be re-examined for the inclusion of front line social workers.

Todd Doherty further endorsed the development of national legislation by stating;

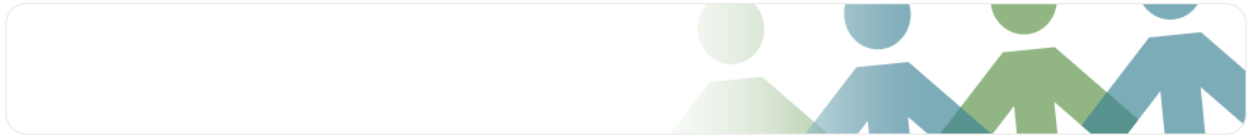
Bill C-211 is about being human. It is about taking a stand. It is not about assigning blame, not passing the buck, not turning a blind eye and saying that it is not our problem. Bill C-211 is about breaking the stigma of mental health injuries. It is about helping them build the courage to come forward and tell their story and seek help (Bill C-211).

CASW strongly believes in this same commendation for a national strategy. OSI and the stigma regarding mental health injury is an issue of key importance and should be addressed at the national level.

After discussion and analysis, CASW believes that Bill C-211 is needed but not without the consideration of inclusivity of all applicable occupations. This discrepancy calls for further discussion and resolution before dialogue pertaining to a national strategy be continued.

To restate, CASW is strongly advocating for the following recommendations:

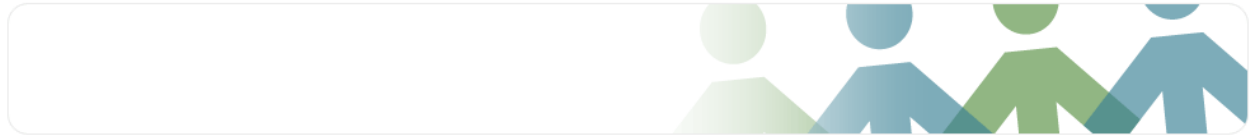
- 1) More research at the national level to better understand a larger scope of occupations affected by 'operational stress injuries' (OSI) to better substantiate the need for a national strategy. CASW calls for more research specifically on the different areas of social work practice that are at risk of OSI, to either incorporate in the current proposed national strategy or to investigate the inclusion of a category of health and social occupations.
- 2) The creation of a framework that will improve the ability to track PTSD and all OSI is necessary; to establish guidelines for diagnosis, treatment and management, and create education materials to be used by public health providers.
- 3) Federal Bill C-211 is needed in this current climate for its attempt to establish guidelines, but must be reassessed for its inclusivity of all applicable occupations.



- 4) The federal government needs to further commit funding and resources to make mental health among 'public safety officers' and 'first responders' a priority.

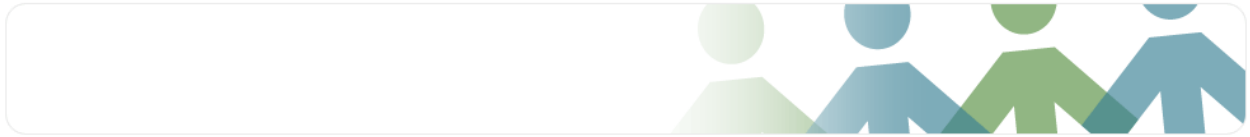
The call for consistency in occupational inclusion is in line with the recommendations of CASW. There is a clear need for more research at the national level to better understand a larger scope of occupations affected by 'operational stress injuries' (OSI), specifically on the different areas of social work practice that are deemed to be at higher risk of trauma induced injuries. The federal government needs to further commit funding and resources to make mental health a priority for those at higher risk, and a commitment to further research and implementation of an informed national strategy are the first steps.

More collaboration is needed at the national level to reach consensus among provincial legislators to address mental health concerns and the rising toll on higher risk occupations. This is why members of parliament are calling on all levels of government to step forward and work unanimously to address these concerns. There is a need for consistent diagnosis, consistent treatment, and consistent care, but also a great need for consistency in occupational inclusion.



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