

# **CLINICAL CONSIDERATIONS WHEN FORMULATING RTW RECOMMENDATIONS IN A WORKER'S COMPENSATION SYSTEM**

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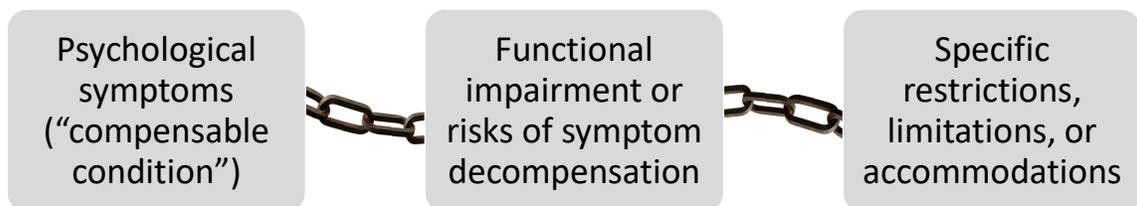
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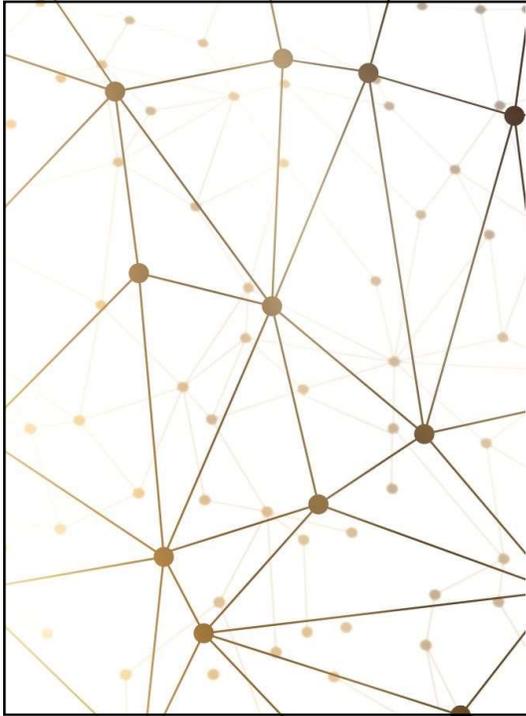
## Learning Objectives

1. What clinical/contextual information worker's compensation system decision makers need to know.
2. Differences between restrictions, limitations, and accommodations.
3. Necessary and sufficient clinical rationale when opining on a client's ability to work.

## Learning Objectives

4. Writing meaningful and actionable RTW recommendations with sufficient clinical rationale through linkages between a clients':





## Getting to Know the System

### Meredith Principles

- No-fault compensation
- Security of benefits
- Collective liability
- Independent administration
- Exclusive jurisdiction



## Worker's Compensation Board Responsibilities



- Review all reported incidents and determine benefits entitlement
- Issue benefits:
  - Healthcare
  - Loss of earnings/wages benefits
  - Return to Work (RTW)/vocational services
  - Non-economic loss (NEL)/permanent disability benefits
- Arrange specialist appointments and independent medical examinations, where appropriate
- Interpret and enforce workers' compensation legislation
- Review evidence and make decisions on appeals initiated by the worker or the employer.

## WCB Roles & Responsibilities

- Adjudicators/Case Managers: Apply policy to determine benefits
- Return to work/vocational services: Follow policy in support of safe and sustainable RTW
- Health care staff: Support decision making (e.g., some WCBs have nurse consultants who decide treatment approvals)



Note: Hierarchical Management/System

## Worker/Employer Roles & Responsibilities



### Worker

- Report illness/injury to employer
- Participate in treatment/support recovery
- Communicate / Cooperate with WCB
- Cooperate with the employer if/when suitable modified duties are offered



### Employer

- Provide first aid, arrange and pay for transport for medical treatment
- Report injury/illness to WCB
- Provide offers of suitable, modified work for early/safe RTW

## Provider Role & Responsibilities

- Two clients: Worker and the WCB: CPA code, duty of care to person most vulnerable, responsible caring
- WCB funds care in order to return the worker to baseline functioning, where possible
- Health care practitioners who provide health care to or are consulted by a worker claiming WCB benefits must provide information as the WCB requires [e.g., WSIB (Ontario): Workplace Safety and Insurance Act (WSIA), 37.1]

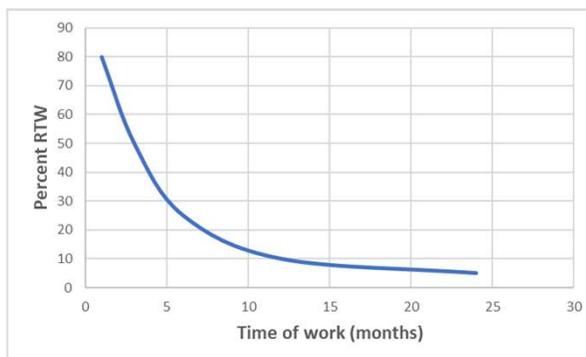
## The Adjudicative Process

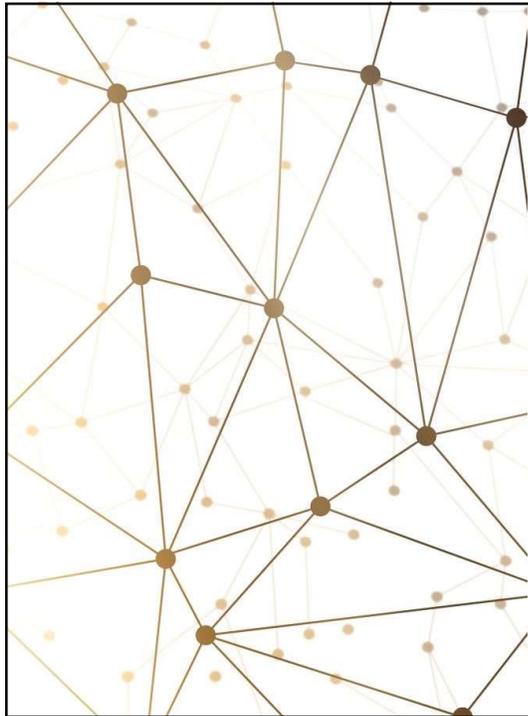
- Accident reporting and claim initiation
- Determinants of functional impairment/disability
- Worker benefits
- Entry points for psychological injuries
  - Primary Mental Health Claims
    - Psychological reaction to workplace events (e.g., held up in a convenience store, diagnosed with PTSD associated with the experience)
  - Physical Injury Claims with Secondary Psychological Injuries
    - Psychological reaction secondary to physical injuries (e.g., held up in a convenience store and shoulder was injured, diagnosed with depression associated with poor recovery of shoulder injury)



## Early RTW Focus

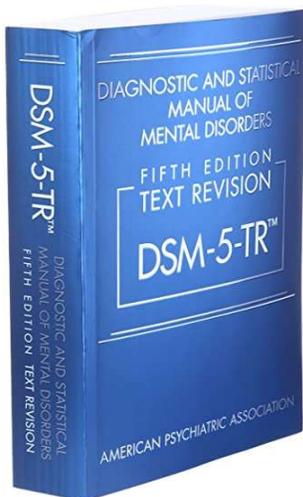
- Likelihood of RTW quickly diminishes over duration not working
- Short window of opportunity
- Activity hastens optimal recovery, while inactivity delays it (e.g., ACOEM Guideline, JOEM, 2006).





## Occupational Mental Health Disorders & Disability

### Common Mental Stress Injuries



- More Common
  - Trauma and Stressor-Related Disorders
  - Anxiety Disorders
  - Mood Disorders
- Common, but less commonly compensable
  - Substance Related and Addictive Disorders
  - Somatic Symptom and Related Disorders

## Purpose of a Clinical Assessment

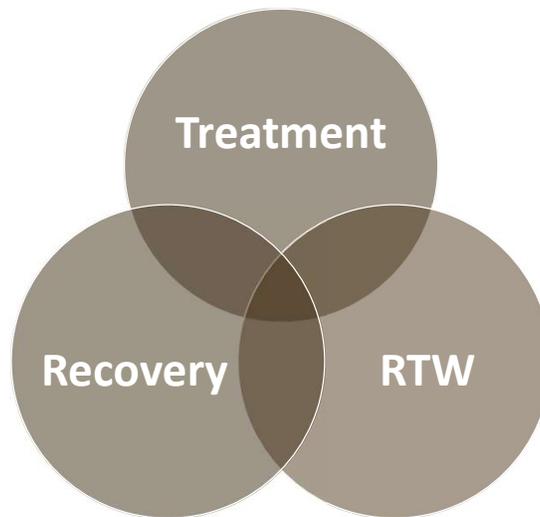
- Claims Adjudication
- Determination of functional abilities
- Treatment planning with a focus on function/RTW
- Important elements in a psychological report
  - DSM diagnoses including initiating events, time course, functional impairments (i.e., ADL/iADLs, social, occupational) and abilities in comparison to baseline/pre-accident functioning, including pre-existing/co-existing conditions).
  - Detailed behavioural observations
  - Barriers to recovery (e.g., issues with employer relationship, medical issues, etc.)
  - Treatment recommendations, including frequency, duration, recommended clinical intervention approach
  - Prognosis
  - RTW recommendations
  - Note: your report audience are often non-healthcare providers

## Work Disability

- Work disability is not solely tied to clinical factors:
 

**DIAGNOSIS  $\neq$  DISABILITY**
- Work disability predicted by many factors
  - Clinical factors (e.g., medical factors, psychological disorders, other/prior injuries, treatment obtained)
  - Worker factors (e.g., age, social support, attitudes towards injury and RTW, cultural views of injury)
  - Workplace factors (e.g., work environment, availability of modified work, relationship with employer)
- WCB will follow policy to determine RTW suitability

## Work-Focused Mental Health Intervention

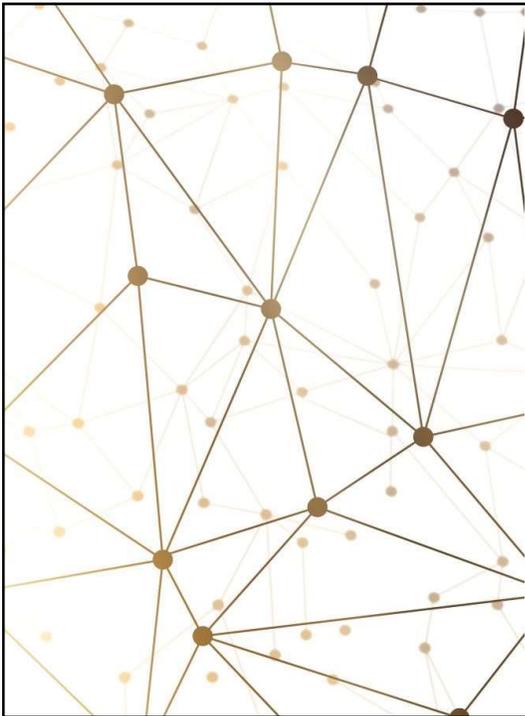


## Not Work Ready

- **Too symptomatic and impaired to work**
  - Examples include:
    - Panic attacks in the parking lot even before getting to work
    - Not even getting out of the house, let alone able to get into work
- **What is the focus in treatment?**
  - Improving overall symptoms and impairment to facilitate recovery and resume occupational functioning

## Work Ready, With Recommended Modifications

- **Trauma Cues may be an issue - examples include:**
  - Work location or specific site
  - Machines
  - Reading or hearing about traumatic material (e.g., first responder)
  - Patients for a nurse who has been assaulted
  - Subway driving for a TTC employee
  - Amount of hours and duties
- **What is the focus of treatment?**
  - Work hardening
  - Adjustment of RTW transition/stressors
  - Pre-accident duties



## RTW Objectives & Terminology

## Return to Work/Vocational Services

- Incident employer obligation
  - Advantages for worker/employer
    - Not entering competitive job market
    - Modified RTW/flexible plans
    - Benefits
    - Less cost for employers (typically less retraining, loss of earnings costs)
  - If incident employer is “ruled out” by the Board
    - Competitive job market
    - Direct entry or retraining (decision influenced by many factors; capabilities, age and pre-accident wages are influential factors)
- Note: Concurrent planning: Vocational/re-training planning that may be initiated in advance of formal board decision if return to the employer is looking unlikely.



## Psychological Functional Abilities

- Refers to a person’s mental, emotional, cognitive, and interpersonal abilities to perform their activities of daily living (including work).
- “Abilities” refers to what a person can do safely and effectively.



## Limitations



- Limitations are when the person has reduced capacity or tolerance for given tasks, demands, or cues in the workplace due to physical, cognitive or emotional factors.
- They can relate to activities or environments
- \* May be temporary or permanent.

## Limitations Example

Psychological symptoms  
("compensable condition")

Functional impairment or risks of symptom decompensation

Specific limitations

## Limitations Example

Delayed sleep onset and middle of the night awakenings

Fatigue  
Slower task completion/  
inefficient  
Inattentive

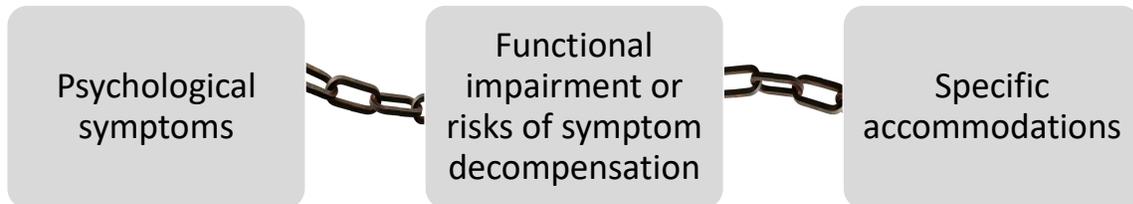
Reduced workload (e.g. 75% productivity)

## Accommodations

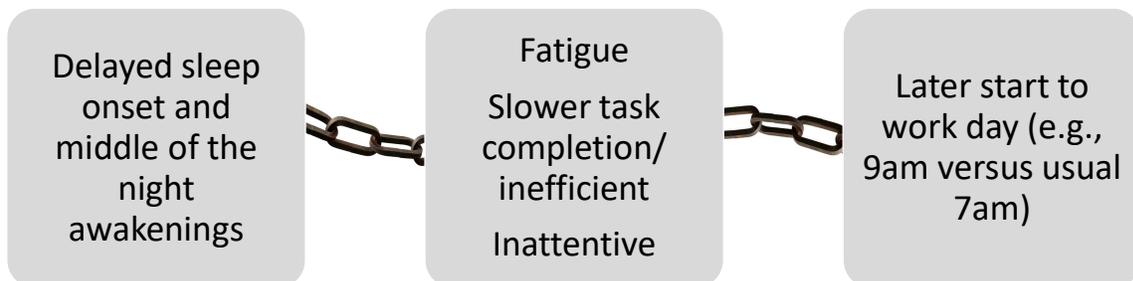
- Adaptation of structures, procedures, demands, expectations or degree of exposure to specific elements in the workplace to facilitate the worker's engagement and productivity in work tasks.
  - We may not have enough information as clinicians to determine what accommodations are appropriate.
- \*May be temporary or permanent.



## Accommodations Example



## Accommodations Example



## Restrictions

Activities or environments the person cannot engage in.



- Functional changes likely to cause performance errors or reduced performance that could pose a risk of injury to self or others, and/or
- Disruption of equipment, production or the environment, and/or
- Intolerable elevated distress to the person that could result in decompensation of the compensable or other physical or psychological condition

\* May be temporary or permanent.

## Restrictions Example

Psychological symptoms  
("compensable condition")

Functional impairment or risks of symptom decompensation

Specific restrictions

## Restriction Example

Delayed sleep onset and middle of the night awakenings

Fatigue  
Slower task completion/  
inefficient  
Inattentive

No working with power tools

## Value of RTW Recommendations

- A graduated RTW plan with restrictions, limitations, and/or accommodations:
  - Provides opportunity for skill development and confidence building
  - Enables RTW earlier and in a safe and sustainable manner
  - Reduces the likelihood of a relapse



**ULTIMATE GOAL:** Support the individual and increase the likelihood of recovery and a successful return to pre-incident functioning, including RTW.

## Determining RTW Fit

- Influential paper by Waddell and Burton (2006) commissioned by the Department for Work and Pensions in the UK
  - Systematic reviews 1990s to 2006 pertinent to the question of whether work is good for health and wellbeing.

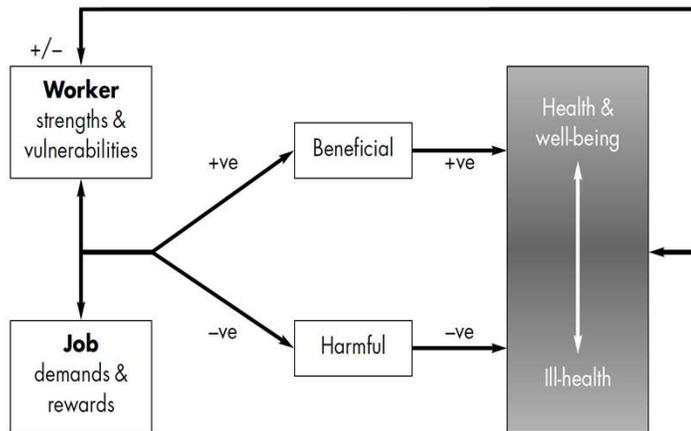
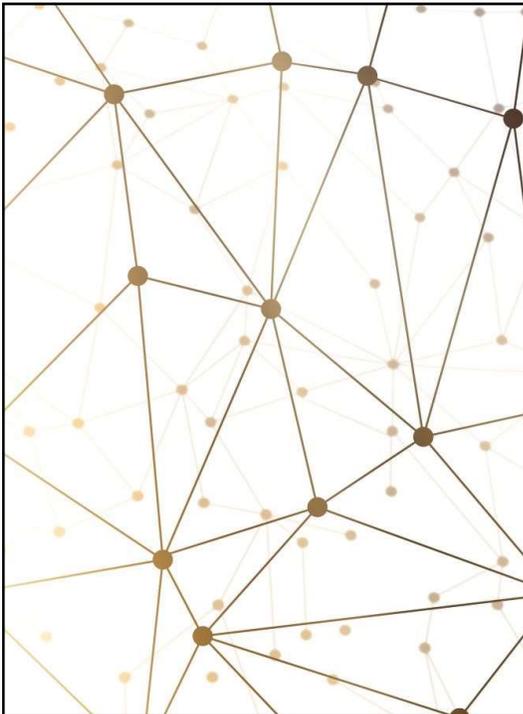


Figure 2. Work and health: interactions can lead to differing consequences

Figure from Waddell and Burton (2006), p. 36

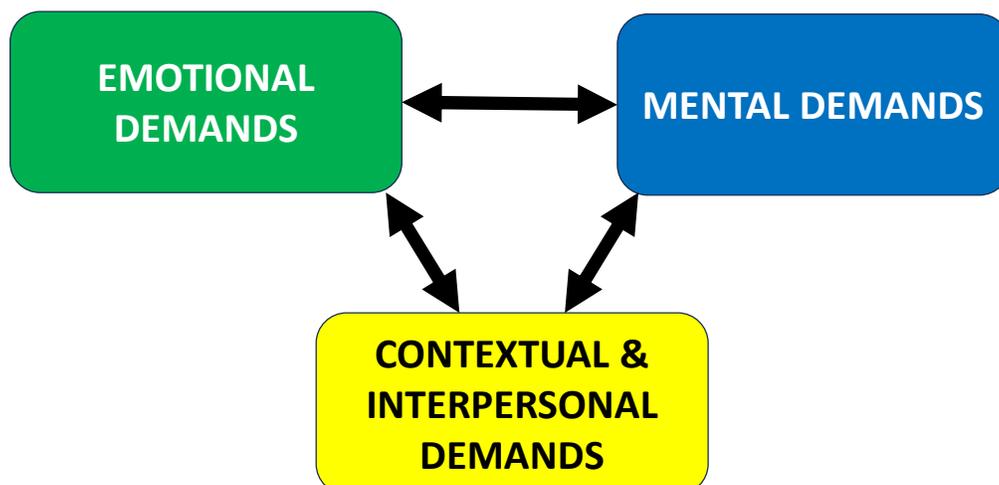


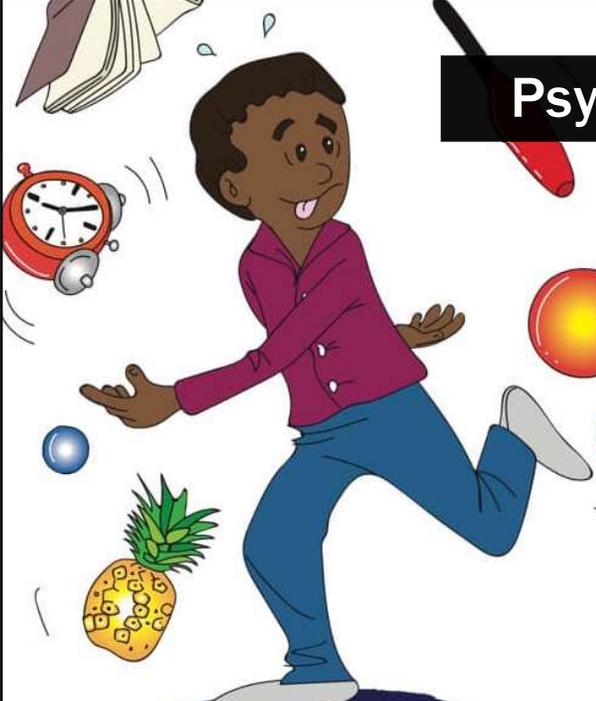
Psychological Work  
Demands  
& Determining Fit

## Psychological Work Demands

Refers to environmental pressures in the work environment that a person must contend with and call upon their internal emotional, mental, cognitive, and interpersonal/social skills and resources to respond safely and effectively.

## Psychological Work Demands

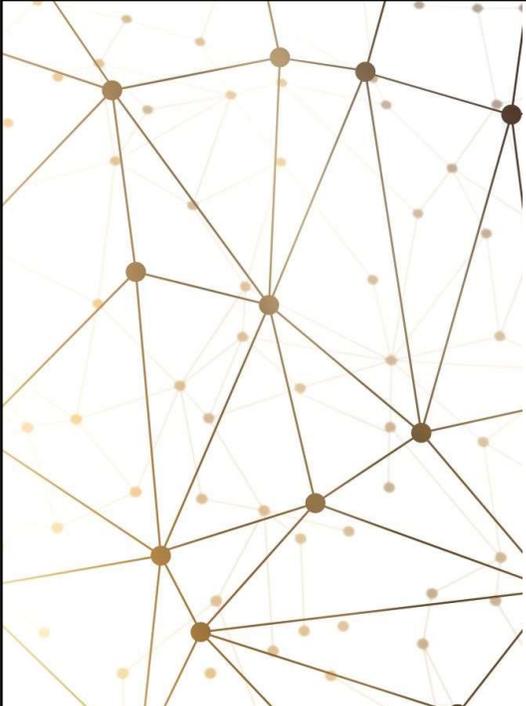




**Psychological Work Demands**

- Emotional/Affective Demands
- Behavioural Demands
- Coping/Safety Demands
- Interpersonal/Social Demands
- Thinking/Cognitive Demands
- Self/Identity

The illustration shows a man in a purple shirt and blue pants juggling several items: a red alarm clock, a stack of papers, a blue ball, a pineapple, a red ball, a green and yellow ball, and a red baseball bat. This visualizes the concept of psychological work demands.



**Formulating RTW  
Recommendations &  
Teamwork**

The illustration shows a network graph with nodes and connecting lines, representing teamwork and communication.

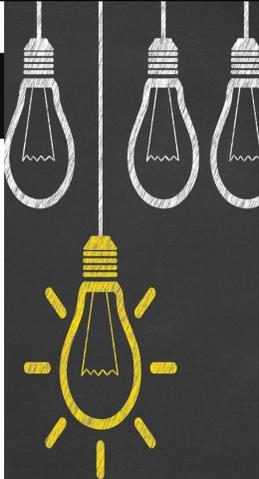


## Deciding Appropriate RTW Recs

- Pre-Post functioning comparison
- Specific psychological symptoms and/or overall distress and the connection to specific functional deficits
- What role is under consideration?
  - Return to incident employer to same vs. different role
  - Direct entry to competitive job market
  - Concurrent planning?
  - Job role / demands
  - Abilities in context of demands

## Writing RTW Recommendations

- Remain within scope of competencies, particularly within psychological domain
- Link specific psychological symptoms of compensable diagnosis to functional abilities, limitations, accommodations, and restrictions
- Understand strengths and comment on opportunities that could optimize success
- Avoid directing RTW



## Writing RTW Recommendations

- Comment on duration or timeframe for re-evaluation
- Aim to scaffold for sustainability
- Provide clear clinical rationale for any necessary ongoing treatment to support:
  - maintaining RTW
  - opportunities to monitor symptoms and adjust recommendations
  - ongoing recovery
  - monitoring of RTW plan



## Collaboration and Teamwork

- Relationship management and diplomacy
- Understand obligations, rights, and responsibilities of all parties (i.e., WSIB, injured person, employer, clinician)
- Understand potential motivations, drivers, and responsibilities of each party
- Understand what is possible for RTW and potential outcomes of each
- Mind your boundaries and stay in your lane!



## Responding to Difficult Interactions

- Be aware of the potential for “splitting” or “triangulating”, and the potential for transference and counter-transference
- Avoid communicating in ways that could reinforce negative thoughts/beliefs (e.g., find ways to validate feelings without amplifying sense of injustice)
- Know the system and resources so you can empower the client to advocate for themselves to better navigate challenges, or alternatively, suggest they find a representative who can do so on their behalf

## WORKSHEET



[RTWmentalhealth.ca](https://www.rtwmentalhealth.ca)

## Take Home Points

- Get to know the system, including streams of claims
- Understand rights and responsibilities of each party
- Understand on a claim level: Entitlement status, RTW planning in the claim
- Clearly define symptoms and make intentional linkages to functional impairments and RTW recommendations
- Reach out for support: Colleagues, RTW staff
- Get to know options for action in the event of barriers/difficulties

## Contact

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