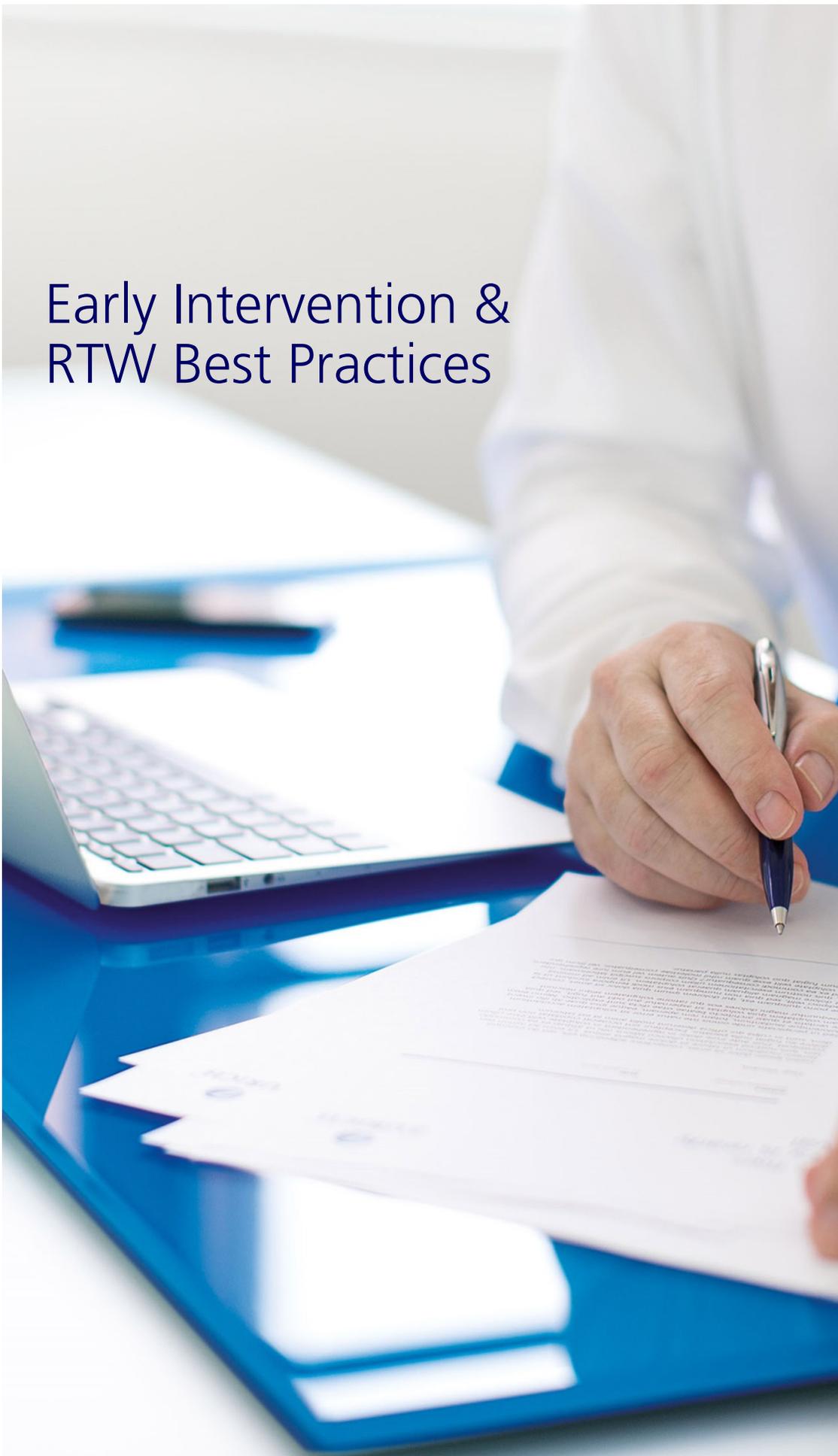


# Early Intervention & RTW Best Practices



### **Understanding the Injured Worker**

We have often heard that “early intervention” is a key factor in effective workplace disability management and the principle of “early return to work” is essential to achieving successful rehabilitation outcome. Why is that? According to Donald E. Shrey, co-author of “Principles and Practices of Disability Management in Industry”, an important underlying factor of “early return to work” is the “occupational bond” the worker has to his/her work environment.

Occupational bonding refers to the “mutually beneficial relationship between the worker and the employer. For example, workers have bonds with co-workers, supervisors, work processes and work environments. Workers are accustomed to a daily routine of going to work, producing and socializing with others in the workplace. When injury or disability strikes, this bond becomes “unglued” especially when the balance between the workers’ expectations and the employers intentions become confusing or unclear.

We all recognize that employees come with various skills, training, experience and qualities. We are unique, every one of us, with different personalities, traits and cultural characteristics. Therefore, it is not usual for people to have different reactions to work related injury or non-occupational disability. Some of us may be eager to participate in rehabilitation and return to work, and others may be defensive or even challenge such efforts. Nevertheless, key steps to achieving compliance with the Americans with Disabilities Act (ADA), requires employers to communicate, to interact with disabled individuals and promote return to work.

Rehabilitation professionals have studied and published many articles and books describing how disabled workers approach vocational rehabilitation with a wide assortment of distinctive skills, assets and problems, including certain emotional difficulties that represent barriers to productivity. An individual’s personality can influence rehabilitation goals and return to work. Some categories have been identified by experience in working with rehabilitation clients throughout the years (Power, 1991).

### **The Restorer-Achiever**

Restorer-achievers have usually incurred a disability after a period of satisfying work. Generally, they are younger (30 – 45 years), have a strong work ethic, and through working have gained a sense of both stability and identity in their lives. These believe they possess many work-related skills. Although they harbor feelings of loss because of disability-related limitation, they are anxious to return to work and are usually open to many job alternatives. They perceive their disability as a fact of life, an inconvenience, and/or a cause of frustration. However, these people can manage their own affairs and come to seek help from their employer for leads on alternative or modified employment, or even for training in preparation for other jobs within the organization. They may also explore external public or private resources for help. They need and want help to return to work and most have many of the employable traits that are necessary to hold a job.

### **The Ambivalent**

The individuals have mixed feelings about returning to work and may come across as unmotivated and slow to recuperate from injury. Ambivalent injured (disabled) workers want to go back to work and believe they may return

to their former job, but deep down they harbor strong suspicion that it is not going to be possible, or may not work out in a positive manner. Often the insurance payments received are seen as a dependable, secure and steady benefit. They view themselves as suffering individuals. They feel incompetent and unable to meet the standards of being productive in the labor market. They are afraid of losing their newly gained benefit if they return to work. Competition involves too many risks of failure. Disability gives them a convenient and socially acceptable excuse for their continued hesitation to work.

### **The Secondary Gainer**

These people make no pretense about their desire to return to work. They will usually go through required return to work programs because they must to receive disability related benefits. However, they may sabotage return to work programs by maximizing the extent of work limitations resulting from a chronic condition, of which many of these limitations are self-imposed. The concept of secondary gainer proves to be of particular concern with regard to receiving insurance payments.

### **The Angry Resister**

Some people who begin the rehabilitation process with good work histories, motivation to work, and confidence in themselves as workers at the same time show a “you owe me something” attitude, or say, “I will go back to work, but only on my terms.” They may have been involved in troubling life situations in their pre-disability. Their personality structures made it almost impossible to cope with their life problems. The occurrence of disability brings another source of inadequate coping.

### **The Medicated**

Individuals with mental or physical disabilities usually take some form of medication. Those with chronic conditions often receive a continued, regular dosage, either to alleviate pain or to counteract harmful symptoms that threaten active responses to daily demands. Many chronic pain patients enjoy talking about their symptoms and the various remedies they choose to reduce the discomfort. They usually have a pessimistic outlook toward rehabilitation and are even predisposed toward failure. They self-impose limitations (many of which are unwarranted) on their daily performances.

### **Key to Successful Disability Management Intervention**

For some, work is all encompassing, intertwined into the fabric of the person’s self-esteem. For others, work is simply a pay check and has no intrinsic value. Motivation is a significant concept when we address return to work with a disabled worker. There is no motivation switch that is turned on or off. Motivation appears to be a product of key behavioral and cognitive functions, such as the value of work, perceived change of successful return to work and the cost of going back to work.

Early intervention is the key to preventing long term disability. Research confirms that people who never lose time from work have better outcomes than people who lose some time from work. Studies have shown that the odds for return to full employment drop to 50-50 after six months of absence. Even less encouraging is the finding that the odds of a worker ever returning to work drop 50 percent by just the 12th week. The current practice of focusing disability management effort on those who are already out of work rarely succeeds.

Using proactive strategies can help minimize the cost of claims before they spiral out of control. Targeting claims early – from day one to 180 days out – can dramatically impact claim severity.

### **Zurich Solutions – Return to Work (RTW) Program Best Practices**

- Develop workplace policies that include a formal RTW program, policy statement and ADA processes
- Establish preferred health care providers
- Assign responsibility and procedures for immediate claim reporting and ongoing contact with injured employee
- Develop job descriptions including physical job demands
- Identify temporary transitional work assignments
- Communicate RTW policy, purpose and responsibilities to all parties (employees, managers, HR, Safety, carrier, healthcare providers)
- RTW as soon as medically appropriate; follow established RTW hierarchy
  1. RTW in own job with restrictions
  2. RTW in same department/location with restrictions
  3. RTW anywhere within company
  4. Alternative work
- Develop metrics to measure impacts of RTW/SAW process

### **Conclusion**

Although The Americans With Disabilities Amended Act and most state disability statutes do not specifically require employers to provide temporary modified/transitional work duties, as a general purpose and goal, keeping the disabled individual at work or promoting return to work early can reduce the overall cost of disability to the organization.

For information on Zurich's Absence, Health & Productivity services visit [Zurichna.com](http://Zurichna.com)

**Resources**

Power W. P. (1991). A Guide to Vocational Assessment. *Understanding the Client*. Second Edition, pp. 33-53. Austin, TX:Pro-Ed

Kenneth Mitchell (2000). *The Dance of the Invisible Impairments: Chronic Pain Syndrome & the Disability Insurer*. Disability Prevention Partnership.

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Donald E. Shrey, Michel Lacerte (1997). Principles and Practices of Disability Management in Industry. Pp. 6-7. Boca Raton, FL: CRC Press

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