Mental Health Rehabilitation: Key tools and strategies

Dr. J. Douglas Salmon Jr.
CEO, Rehabilitation Research, Education & Evaluation Services (RREES)
Our Assessment Services

- **Clinical Assessment**
  - For diagnostic and psychological management purpose

- **Psychovocational/Neurovocational Assessment**
  - To provide occupational restrictions, vocational options & residual earnings with clinical component (and neuropsychological)

- **Neuropsychological Assessment**
  - To assess the presence of brain pathology; may include clinical component

- **Cognitive-Psychological JDA/FAE**
  - To assess functional status relative to cognitive/psychological job demands

- **Situational Work Assessments**
JDS Associates Psychological Treatment

- Adjustment disorders
- Major depression
- PTSD
- Phobias (in-vehicular, pedestrian)
- Pain disorders
- Sleep disturbance
- Cognitive disorders
- Cognitive behavioural approaches
- Stress/pain management
- Driving rehabilitation services
- Headache treatment
- Dizziness management
- P-GAP
Scope of Mental Illness Problem

- **Loss of productivity and Cost**
  - Ranked 7 out of the leading 20 economic burden contributors for Canada
    - Estimated direct and indirect costs of $14.4 billion/year for depression and general psychological distress, (Stephen & Joubert, 2001)
  - **Similar results reported in the US**
    - Annual costs per capital greater for depression than those for hypertension, heart disease and back injuries, (Druss, Rosenheck & Sledge, 2001)

- **World Health Organization (WHO) identified depression as the single disorder with the greatest disease burden worldwide (Astun, 2001)**
Distressed Individuals

- Are involved in 3 times MORE accidents
- Are 5 times MORE likely to file for WSIB
- Are 4 times MORE likely to miss work
- Make MORE health insurance claims
- Are MORE likely to produce errors
- May cause distress for others in the workplace
Indicators of Distress

- Frequent memory lapses/absent mindedness
- Preoccupation with a personal situation
- Patterns of dress have changed markedly
- Avoids peers and/or Manager
- Overly sensitive to comments
- Deadlines missed/performance declines
Everyone Has Personal Problems

- 40% of Canadian marriages experience significant distress
- 10% of the workforce abuses drugs/alcohol
- Up to 10% to 15% of the workforce is sufficiently distressed to affect productivity every day
- Lifestyle diseases account for half of ALL illnesses
Seminar Overview

- Sources of workplace stress
- Interaction between workplace stress and MH
- Review commonly presenting mental health tracks
- Rehabilitation profiling and Outcome guided mental health intervention
- Integrated vocational rehabilitation and disability assessment tools
- Modified/graduated RTW guidelines
Sources of Workplace Stress

- Management demands/expectations
- Management Structure
- Work activities
- Work environment/systems
- Ergonomic Issues
- Work Interactions
- Company financial performance/vulnerability
- External Factors
Management Demands/Expectations

- Overly critical
- Lack of recognition
- Ambiguity re: expectations
- Inconsistent demands
- Punish risk taking
Management Structure, Practices

- Under/over employment
- Advancement opportunities
- Inadequate pay
- Role ambiguity
- Unspecified goals
- Total control
- Lack learning/leadership opportunities
- Inadequate planning/spontaneous decisions
- Imbalanced workloads
Helping professions: incurable client
Clerical: never ending in-tray
Voluminous voice mail
Lack of control: methods, approach, priorities
Overload
Work Environment/Systems

- Inefficient systems
- Inadequate “tools”
- Resource bottleneck
- Prevalence of distractions
- Physical discomfort: temperature, air quality
- Noise, light
- Physical demands
Ergonomic Issues

- Body mechanics
- Tools
- Processes
- Seating
- Lighting
Work Interactions

- Ambiguous communications
- Interpersonal conflict
- Fractions/cliques
External Factors: Personal

- Juggling family responsibilities
- Personal commitments
- Financial obligations
Other External Factors

- Number or nature of clients
- Union presence, scope, strength
- Laws, regulations
- Suppliers, service providers
- Technological developments
- Consumer Trends
- Geographic location
Identifying Stress Producing Management Styles

- Early warning systems
- Employee Surveys
Early Warning Systems: Baselines

- Absenteeism
- Tardiness
- Turnover
- Poor morale
- Productivity

Above relate to both workplace and individual
Identifying Vulnerable Employees

- Conceptual model
- Signs and “symptoms”
A Conceptual Framework: Yerkes-Dodson Principle

- Curvilinear relationship between stress, productivity
- Relates anxiety, depression
- Curve moves depending upon job/task demands
Yerkes-Dodson Principle: Mental health and job demands

**DEPRESSION**
- low energy
- boredom
- no goals
- unproductive
- no progress
  -> Low self esteem

**ANXIETY**
- stress
- overwhelmed
- burnout
- physical signs
- immobilized
- exhaustion
- mental errors

**BEST PERFORMANCE**

LOW STRESS | MODERATE STRESS | HIGH STRESS
Patterns, Signs and Symptoms

- Workaholic
- Takes work home/work late frequently
- Never takes lunch/breaks
- Minimal vacations
- Reduced response time
- High volume output, many distractions
- Withdrawal, depression
- Stressed out
Identifying Stress Producing Employees

- “Jokesters”
- Procrastinators
- Gossip/chatters
- Complainers
- Need constant help/advice/stroking

Why are they stress producing?
“There’s More Beneath than meets the Eye!”
Factors “Beneath” the Surface

**Biological**
- Personal Physical
  - Health
  - Intrinsic Strength
  - Age
  - Tissue Tolerance
- Personal Psychological
  - Inheritance
  - Intrinsic Personality
  - Pain Tolerance
  - Childhood experiences
  - self esteem
  - vulnerability
  - locus of control

**Ergonomic**
- Workplace Risk Factors
  - High Force
  - High Repetition
  - Awkward Posture
  - Cold Temperature
  - Vibration
- Structure of Work
  - Overtime
  - Piece work
  - Long shifts
  - Changing shifts
  - Insufficient breaks
  - Excessive job demands
  - Lack of employee input into:
    - job pacing
    - tool design
    - work station design
- Perception of injury
  - Discomfort
  - Risk of injury
  - Fear of Injury
  - Bad past experiences
- Job
- Unfair laws
  - Illegal practices
- Injurious report

**Social**
- Stressors at work
  - Physical
  - Noise
  - Crowding
  - Extremes of temperature
  - Poor ventilation
- Psychological
  - Feeling unimportant
  - Unclear responsibilities
  - Conflicting authorities
  - Harrasment
  - Lack of control
- Sociological Influences
  - External
  - can work either way
  - Family
  - Culture
  - Media
  - Lawyers
Workplace stress factors:

- Can be the primary source of actual/presenting mental health disability &/or job burn out

- Can exacerbate a primary mental health condition

- Can be a barrier or counter-incentive to return to work after any (physical/mental) disabling condition
Return to Work Probability: The case for aggressive intervention and vocational management

- *Probability of returning to work:
  - 50% after 6 months
  - 20% after one year
  - 10% after two years


→ Early identification of those at risk of mental health leave

→ Consider workplace stressors & accommodations early
# Mental Health Tracks: Common Presenting Problems

<table>
<thead>
<tr>
<th>Interpersonal Conflict/Perceived Injustice</th>
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<tbody>
<tr>
<td><strong>Burn out/Work Stress Claims</strong></td>
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<td>• Home, Work, combo</td>
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<td>• Trauma: PTSD, Borderline PD</td>
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<td>• MSK chronic pain</td>
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<td>• Fibromyalgia</td>
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<tr>
<td>• Chronic disease</td>
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<td>• Cancer, heart attack, etc.</td>
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<td>• Learning disabilities (displacement, etc)</td>
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**Early Diagnosis/Identification:** Which track is it for a given claim?
Interpersonal Conflict/Perceived Injustice

- Early problem identification key:
  - Often not diagnosable condition
  - May be strong entitlement orientation and/or objective injustice
  - STD/LTD may be form of punishing employer
  - Only resolvable via employer acknowledging/addressing employee concerns
  - Counselling may help overcome employee misperceptions
  - May require re-assignment of employee
Burn out/Work Stress Claims

- Sources of work stress must be clearly identified
  - Ergonomic assessment ➔ identify job/task modifications/accommodations
  - If family life/balance contributing ➔ reduce/alter work schedule &/or individual/family intervention
  - Burn out (work stress) typically requires work re-allocation, re-assignment or alternate work
  - Early psychovocational assessment may be indicated, with vocational rehabilitation follow up
Mental Health Diagnostic Conditions

- Primary/secondary mental health conditions
- Substance abuse
- Neurocognitive disorders

Require:
- Diagnosis
- Clinical/functional intervention
- Expedited vocational accommodation/support/rehabilitation
Mental Health Tracks: Common Presenting Problems

**Interpersonal Conflict/Perceived Injustice**
- Burn out/Work Stress Claims
  - Home, Work, combo

**Primary Mental Health**
- Major depressive disorder
- Generalized anxiety disorder
- Panic disorder with/out agoraphobia
- Obsessive compulsive disorder
- Schizophreniform spectrum disorders
- Trauma: PTSD, Borderline PD

**Secondary Mental Health**
- MSK chronic pain
- Fibromyalgia
- Chronic disease
- Cancer, heart attack, etc.

**Substance Abuse**

**Neurocognitive Disorders**
- CVA, brain tumors, early dementia, TBI
- Learning disabilities (displacement, etc.)

What strategies do you currently use to discern the first two?
Early Diagnosis/Identification: Which track is it for a given claim?

- Tools of the trade:
  - Psychological/psychiatric assessment → Diagnosis
  - Rehabilitation Baseline/Profile → Rehab barriers, coping/functional status & outcome monitoring
  - Combined approach
Rehabilitation Baseline/Profile & ROMS

Outcome Measurement

- Graphical tracking presentation of employee’s perception of disability and recovery.

- Derived from three well validated rehabilitation measures addressing:
  - Prioritized rehabilitation barriers
  - Physical/emotional/cognitive symptom & coping profile
  - Activity of daily living limitations (and responsible symptoms)
  - Perceived life-role limitations
  - Perception of physical/emotional recovery
RIHM Integrated Clinical-Vocational Intervention

Illness Onset

Pre-condition Functioning

Essential Job Tasks Criterion (Physical, Cognitive, Socioemotional)

Integrated Treatment

Vocational Rehabilitation

ROMS Measures Progress Towards Essential Job Task Criterion
Outcome Guided Mental Health Intervention Stages

1. Diagnosis
2. Rehab Baseline: Barriers & Disability Profile

3. NON-MENTAL HEALTH PRIMARY BARRIERS ASSESSMENT
   "Physical manifestations of fatigue/depression and common MH misdiagnoses"
   - Sleep assessment
   - Headache assessment:
     - Thyroid, common eryth, insulin resistance, stroke, CFS, loss of orthosis vs. depression
     - Dizziness, substance abuse vs. anxiety/panic attacks
   - Visits/medical assessment
   - General medical (e.g., blood work for deficiencies)

   Respective Physical Intervention

4. LEVEL I INTERVENTION
   - Pharmacological
   - Psychological intervention
     - Cognitive behaviour
     - Stress/symptom management counselling

5. LEVEL II INTERVENTION
   - Pharmacological
   - Psychological intervention
     - Cognitive behaviour
     - Stress/symptom management counselling

6. LEVEL III INTERVENTION
   - Home/community behavioural programming (12-16 weeks)
   - Psychological support

   ROMS RE-ASSESSMENT
   (If intervention occurred for non-MH primary barriers)

7. OCCUPATIONAL DISABILITY DETERMINATION (See "Own occ." & "Any occ." diagrams)

8. VOCATIONAL REHABILITATION/INTERVENTION
   - Counselling support should generally accompany vocational rehabilitation to manage symptom relapse

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Outcome guided mental health.pdf
Outcome Guided Rehabilitation Intervention Stages

1. Rehab Baseline: Barriers & Disability Profile
   - ROMS BASELINE

2. Respective Primary Barriers Assessment
   - Neurological assessment
   - Orthopedic assessment
   - Psychiological assessment
   - Social work/family assessment
   - Sleep assessment
   - Headache assessment
   - Dizziness, substance abuse vs. anxiety/panic attacks
   - Vision/hearing assessment
   - Indicated Intervention(s)
   - ROMS RE-ASSESSMENT I
     (If intervention occurred for initial Primary Barriers)

3. Physical Intervention(s)
   - Physiotherapy
   - Work conditioning
   - Vestibular rehabilitation
   - In home OT
   - Work hardening
   - ROMS PHYSICAL RE-ASSESSMENT II

4. Psychological I Intervention
   - Pharmacological
   - Psychological intervention
     - cognitive behavioural
     - stress/symptom management counselling
   - ROMS Demonstrated Progress
   - ROMS RE-ASSESSMENT III
     Determine status after Level I Intervention and/or at interim

5. Psychological II Intervention
   - Home/community behavioural programming (12-16 weeks)
   - Psychological support
   - ROMS Demonstrated Minimal/No Progress
   - ROMS RE-ASSESSMENT IV+
     Determine status after Level I+ Intervention and/or interim phases

6. Occupational Disability Determination (See “Own occ.” & “Any occ.” diagrams)

7. Vocational Rehabilitation/Intervention
   - Counselling support should generally accompany vocational rehabilitation to manage symptom relapse
Impairment & “Own Occupation” Disability Determination

Illness/Injury

Impairment/Diagnosis Determination

Physical Impairments/Dx
- IME/s (neurol., orthop., etc.)
- Allied physical assessment (PT, speech, etc.)

Emotional/Behavioural Impairments/Dx
- Psychological assessments
- Psychiatric assessment

Cognitive Impairments/Dx
- Neuropsychological assessments

Occupational Disability Determination: Can client perform essential job tasks?

Physical Functional Abilities (FAE)
- IME’s – basic sensory-motor (e.g. visual, hearing)
- FAE Specific

Emotional/Interpersonal Functional Abilities (CP-FAE)
- Comprehensive Psychological Disability Assessment
- Cognitive/Psych. FAE
- Neuropsychological

Cognitive Functional Abilities (CP-FAE)
- Neuropsychological (Neurocognitive impairment)
- Cognitive/Psych. FAE (or NPA) (Non-neurological impairments)

Situational Work Assessment: All demands (sedentary/light & non-technical/managerial)

Physical Demands (PDA)

Emotional/Psychosocial Demands (CP-JDA)

Cognitive Demands (CP-JDA)

Job Demands Analysis

Dr. J. Douglas Salmon, Jr. © 2001, 2006
“Given recent estimates that about 75 percent of the new jobs in the economy have to do with cognitive ability, not physical ability, and that the heavy lifting in the economy is now being done with people’s minds, not with their backs, this aspect of mental disability is more significant than it might have been a number of years ago”.

Rod Phillips, President/CEO, Warren Sheppell Consultants Corp
Cognitive/Psychological Job Demands Analysis (CP-JDA)

- Parallel’s *physical* job demands analysis (JDA)

- For occupational requirements/essential job demands substantially cognitive/interpersonal in nature

- Assesses workplace characteristics relative to cognitive and psychological demands

- Example occupational areas among many others: professional, executive, managerial, administrative, technical, trades, consulting/advising, teaching, business/financial services, health services, editing/writing, inventory, quality monitoring/control.
Cognitive/Psychological Job Demands Analysis (CP-JDA)

- Partial to full day combination of interview and observation of the worksite; May be combined with physical JDA.

- Uses analysis techniques and methodology as per The Revised Handbook for Analyzing Jobs, thus objective measurement of the cognitive and psychological job demands.

- Baseline measurement tool to consider individual’s cognitive and psychological capacities for disability benefit determination and return to work planning via:
  - Cognitive/Psychological Functional Ability Evaluation (CP-FAE)
  - Multi-day Situational Work Assessment/Comprehensive Employability Assessment
Cognitive/Psychological Job Demands Analysis (CP-JDA)

**Domains considered:**

- General learning ability
- General educational development
- Occupational aptitude
- Sustained concentration and persistence
- Attention/memory/learning
- Higher level cognitive abilities (problem solving, thinking, decision making)
- Social interaction
- Stress demands
- Work traits
Cognitive/Psychological Functional Ability Evaluation (CP-FAE)

- Parallels physical functional ability evaluation (FAE); Designed to be used in conjunction with the CP-JDA.

- Assesses strengths and limitations of individual relative to cognitive and psychological demands of a given occupation or generally.

- Applicable to any condition—physical, emotional or cognitive—significant impacting individual’s thinking, cognitive and interpersonal processes and abilities e.g.

  - Mental health/psychological impairment
  - Stress claims
  - Chronic pain
  - Fibromyalgia
  - Chronic Fatigue
  - Neurocognitive disorders
Cognitive/Psychological Functional Ability Evaluation (CP-FAE)

- Non-diagnostic assessment, but may be combined with psychological diagnostic assessment
- 1.5 day interview and standardized assessment
- Client collaborative interview focuses on:
  - Identifying barriers/stressors within the work environment
  - Identifying workplace facilitators
  - Identifying impairment related limitations/restrictions
  - Identifying workplace modifications, accommodations, adaptive strategies/devices, scheduling

Uses analysis techniques and methodology as per The Revised Handbook for Analyzing Jobs, thus objective measurement of the cognitive and psychological job demands.

Baseline measurement tool to consider individual’s cognitive and psychological capacities for disability benefit determination and return to work planning via:

- Cognitive/Psychological Functional Ability Evaluation (CP-FAE)
- Multi-day Situational Work Assessment/Comprehensive Employability Assessment
Example Worker Characteristics/Role: Barriers and facilitators

- Punctuality
- Attendance
- Appearance
- Adherence to/concerns with work policies
- Level of responsibility
- Work attitude/philosophy
- Job enjoyment/satisfaction
- Work Approach
- Creativity involved
- Complex tasks involved
- Repetitive Tasks
Cognitive/Psychological Functional Ability Evaluation (CP-FAE)

Work relationship characteristics reviewed:

- Relationship with boss
- Relationship with supervisees
- Coworkers
- Customers
Cognitive/Psychological Functional Ability Evaluation (CP-FAE)

Organizational parameters reviewed:

- Employment, turnover, layoffs
- Qualifications
- Training
- Organization of workplace
- Management style/accessibility
- Co-workers
- Physical space
- Organizational culture/fit
Cognitive/Psychological Functional Ability Evaluation (CP-FAE)

Other areas considered:

- Communication modes
- Supervision/supervisory characteristics
- Learning opportunities/demands
- Training expectations
- Rehabilitation opportunities/considerations
- Prioritized rehabilitation barriers
- Perceived symptom intensity/coping
Cognitive/ Psychological Functional Ability Evaluation (CP-FAE)

Objective testing domains considered:

- General learning ability
- General educational development
- Occupational aptitude
- Sustained concentration and persistence
- Attention/memory/learning
- Higher level cognitive abilities (problem solving, thinking, decision making)
- Social interaction
- Stress demands
- Work traits

- All sub-domain areas compared to CP-FAE demands to determine if client meets job demands
Cognitive/Psychological Functional Ability Evaluation (CP-FAE)

- Example case/recommendations: Report overview (if group desires)
<table>
<thead>
<tr>
<th>Essential (Y/N, NA)</th>
<th>CP- Job Demands Analysis</th>
<th>CP-FAE Demands Measurement*</th>
<th>CP-JDA &amp; CP-FAE Demands Match</th>
<th>Limiting Symptom/Comments</th>
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<tbody>
<tr>
<td>Vigilance/monitoring</td>
<td>Y</td>
<td>Mild impairment</td>
<td>Does not meet</td>
<td>- weak mental control, visual attention span &amp; immediate verbal memory; this would likely be highly cognitively fatiguing activity for her, thus degrading task performance over time</td>
</tr>
<tr>
<td>Multi-tasking ability</td>
<td>Y</td>
<td>Borderline</td>
<td>Borderline</td>
<td>- weak mental control, visual attention span &amp; immediate verbal memory; this would likely be highly cognitively fatiguing activity for her, thus degrading task performance over time</td>
</tr>
<tr>
<td>Planning</td>
<td>Y</td>
<td>No impairment</td>
<td>Meets</td>
<td></td>
</tr>
<tr>
<td>Reasoning/problem solving</td>
<td>Y</td>
<td>Moderate impairment</td>
<td>Does not meet</td>
<td>- Poor reading comprehension; weak mental control, visual attention span &amp; verbal memory/learning</td>
</tr>
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**Higher Level Cognitive Abilities**

**Vigilance/monitoring**
- Testers must log errors found immediately to share this information with the group. Testers must vigilantly monitor e-mails to ensure they are working on the most current software platform. Constant; Moderate (4)

**Multi-tasking ability**
- Constantly working between 4 different programs, each represented on the screen, monitoring e-mails, reviewing documents and keeping focused on task at hand. Constant; Moderate (4)

**Planning**
- Tester must plan testing scenarios in order to complete testing. Occasional; Moderate (3)

**Reasoning/problem solving**
- Tester must read and comprehend complex release package information and then independently create testing scenario to properly address the desired test and outcome. Constant; High Moderate (4)
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<td><strong>Social Interaction</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Interaction with public (customer service)</td>
<td>N</td>
<td>Testers support the program users, but these users are internal to the bank.</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Give/accept instructions</td>
<td></td>
<td>Give feedback to manager, cross training with co-workers, troubleshooting and assisting callers with questions Occasional; Moderate to High Moderate (3/4)</td>
<td>No impairment</td>
<td>Meets</td>
<td></td>
</tr>
<tr>
<td>Supervisory feedback given/response accepted</td>
<td></td>
<td>If tester makes an error (i.e. tester thinks problem is solved and manager determines otherwise), manager gives this feedback to tester Occasional; Moderate to High Moderate (3/4)</td>
<td>No impairment</td>
<td>Meets</td>
<td></td>
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<tr>
<td>Cooperation with co-workers (relative to behavioural issues)</td>
<td></td>
<td>Co-workers must communicate and share information about problems found Frequent; Moderate (3)</td>
<td>No impairment</td>
<td>Meets</td>
<td></td>
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Situational Work Assessments

- Address similar client (mental health/mixed disability) population to that of CP-FAE

- Better suited to front-line workers vs professional/managerial (CP-FAE preferred)

- Better addresses social-interactional skills, but lower cognitive demands tapped vs CP-FAE
Situational Work Assessments

Description:

- 2 to 3 (neurological clients) day simulated work and standardized method-time-measurement (MTM) work sample assessment to address issues of:
  - cognitive efficiency
  - stamina
  - learning capacity
  - reasoning
  - problem solving abilities
  - stress tolerance
  - behavioural control capacity
  - social interaction skills
  - work traits
  - relative to specific (own-occupation) and general (any occupation) job demands
Situational Work Assessments

- Standardized assessment protocol of work samples completed at the beginning of the first day and end of the last day, in order to objectively measure:
  
  1. stamina issues
  2. aptitude levels relative to minimum aptitude requirements for occupations being considered for the individual.

- If client is working or work site available, may be possible to perform the evaluation at the place of employment.
Considering Alternate Occupations

Vocational rehabilitation hierarchy:

- Same/modified job, same employer
- Different job, same employer
- Same job, different employer
- Different job, different employer
Considering Alternate Occupations

CP-JDA & CP-FAE/SWA combination address top of VR hierarchy:

- Same/modified job, same employer
- Different job, same employer
- Alternate work demands may be compared to employee’s CP-FAE/SWA profile
Discussion Point

- Motivating for parttime RTW?
- How frequently are benefit contracts permissive of P-T work or alternate work and collecting benefits?
“Any Occupation” Disability Determination

Illness/Injury

Physical Impairments

- Physical Abilities/Limitations
  - General FAE

Emotional Impairments

- Personal & Vocational Characteristics
  - Minimal Cognitive Impairment
    - Psychovocational Assessment
  - Significant Cognitive Impairment
    - Neurovocational Assessment

Cognitive Impairments

Potential Job Alternatives

- Competitively Employable?
  - Productivity
  - Sustained concentration & work pace
  - Social interactional, work demeanor
  - Stamina over full work day/week

Work Trial

Situational Work Assessment

Dr. J. Douglas Salmon, Jr. © 2001, 2006
Vocational Rehabilitation Process Mirrors “Any Occ” Determination

Illness/Injury

Physical Impairments
- Physical Abilities/Limitations
  - General FAE

Emotional Impairments

Cognitive Impairments
- Personal & Vocational Characteristics
  - Minimal Cognitive Impairment
    - Psychovocational Assessment
  - Significant Cognitive Impairment
    - Neurovocational Assessment

Potential Job Alternatives

Vocational Counselling Exploration

- Situational Work Assessment
- Volunteer Work/Work Hardening
- Job Placement Assistance
- Work Trial/Placement

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Graduated/Modified RTW Guidelines
Graduated and Modified Work Re-Entry as Person Adjusts, Relax

- **Hours/Shifts:**
  - Graduated hours (avoid overtime)
  - Steady shifts, days only

- **Minimize distractions**
  - Quiet area, earplugs
  - Reduce personal interruptions
  - Reduce phone interruptions
  - Place temporary wall dividers
Graduated and Modified Work Re-Entry as Person Adjusts, Relax

- Minimize Task Complexity
  - Give only one task at a time
  - Task complete before next
  - Instruction from one person only
  - Employee written step by step instructions
    - Then Client writes, oral, alone
Graduated and Modified Work Re-Entry as Person Adjusts, Relax

- **Productivity**
  - Maintain quality standards
  - Relax quantity/time standards
  - Place into lower volume/speed area

- **Safety & Other Risks (financial, advising, etc)**
  - Neuropsychologist’s clearance
  - Place where errors less costly/risky
  - Client observes colleague
    - Client then closely observed, very gradual increase
    - Continue the buddy system
White Collar Occupations

- Preferred:
  - Routine, highly organized procedures
  - Minimal distractions
  - Minimal memory demands
  - Minimal multitasking

- Computer access:
  - Scheduling, material/product ordering, client database (order history)
White Collar Occupations

- Critical:
  - Furniture, desk organization
  - Organized work day, prioritized activities
  - Routinized day/activities
Blue Collar, Service Occupations

- Ensure use of safety equipment
- Use buddy system, observer
- Negotiate problem tasks (anticipate)
- Develop detailed work request forms
- Write out steps of activity
- Use checklists for quality control
- Use activity list:
  - Procedures, tools for each task
Blue Collar, Service Occupations

- Demanding tasks at client peak
- Pace activities
- Plan, organize day, cluster activities
- Organize work area
  - High use items easily accessed
- Routinize tasks
Thank you!