

# Fall Vocational Conference

*10/05/2016*



# Welcome

*Joel Sacks, Director*



# RTW Fall Conference

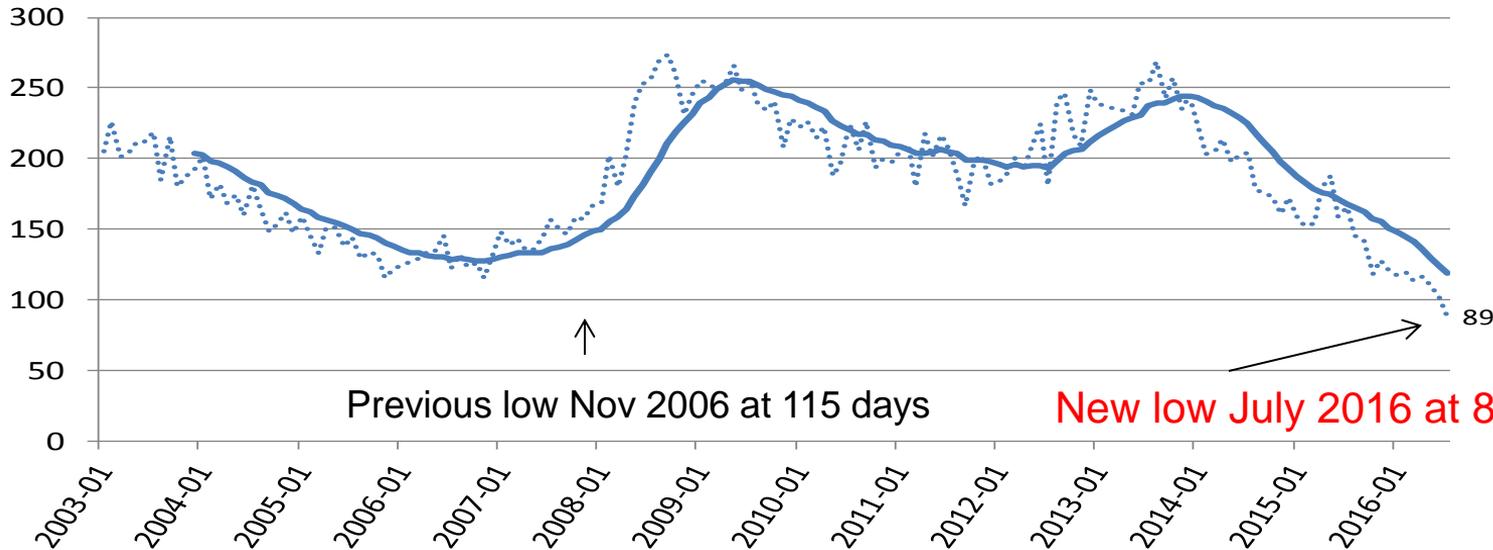
*October 5, 2016*



# **DASHBOARD – HELP INJURED WORKERS HEAL AND RETURN TO WORK**

# Ability to Work Assessment referrals are now targeted to address the onset of long-term disability

Median time-loss days paid at first AWA referral



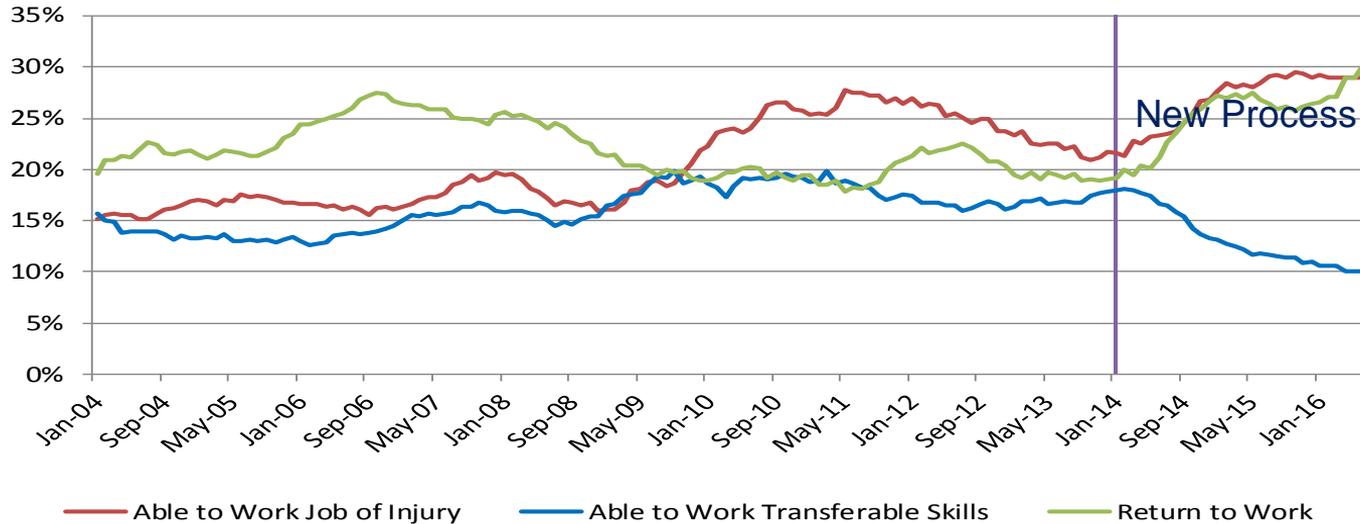
The goal is to decrease this number 

Previous low Nov 2006 at 115 days

New low July 2016 at 89 days!

# New focus on return to work in AWA process has increased positive employable outcomes for early AWAs

Outcome distribution when first AWA referral made with less than 90 days of time-loss

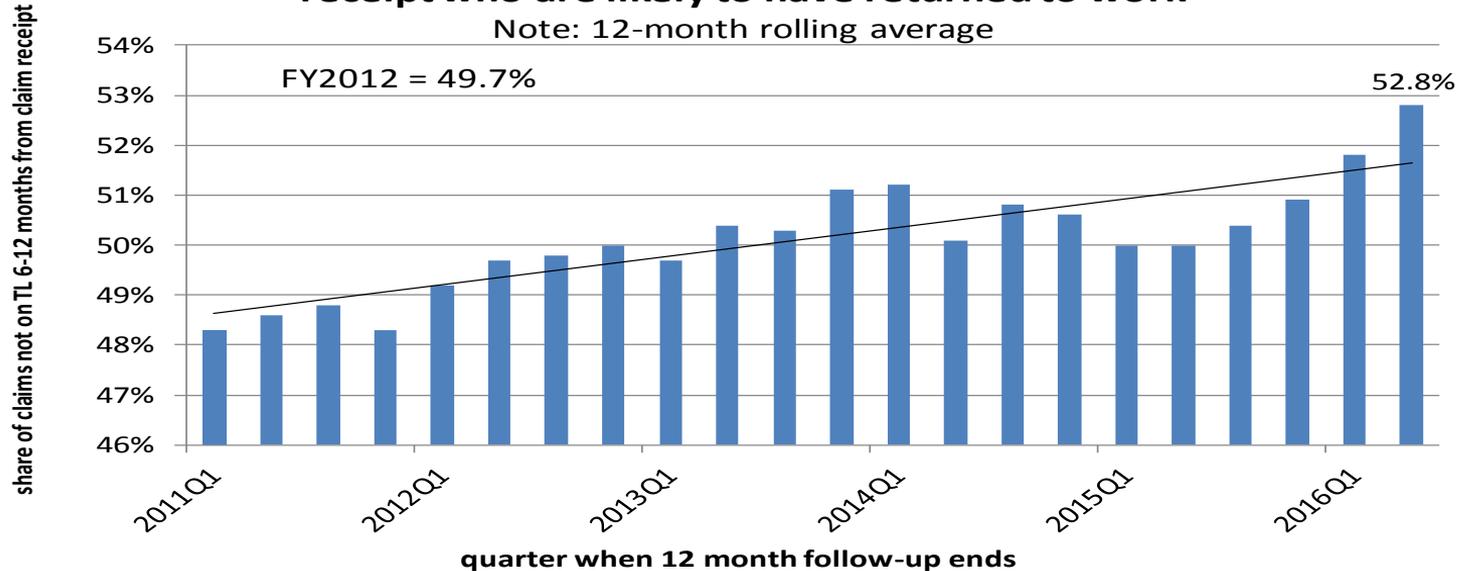


The goal is to increase the share of RTW and ATW JOI outcomes 

# Initiatives such as early ability to work assessment, Centers for Occupational Health and Education (COHE's), and the return to work score are improving return to work outcomes

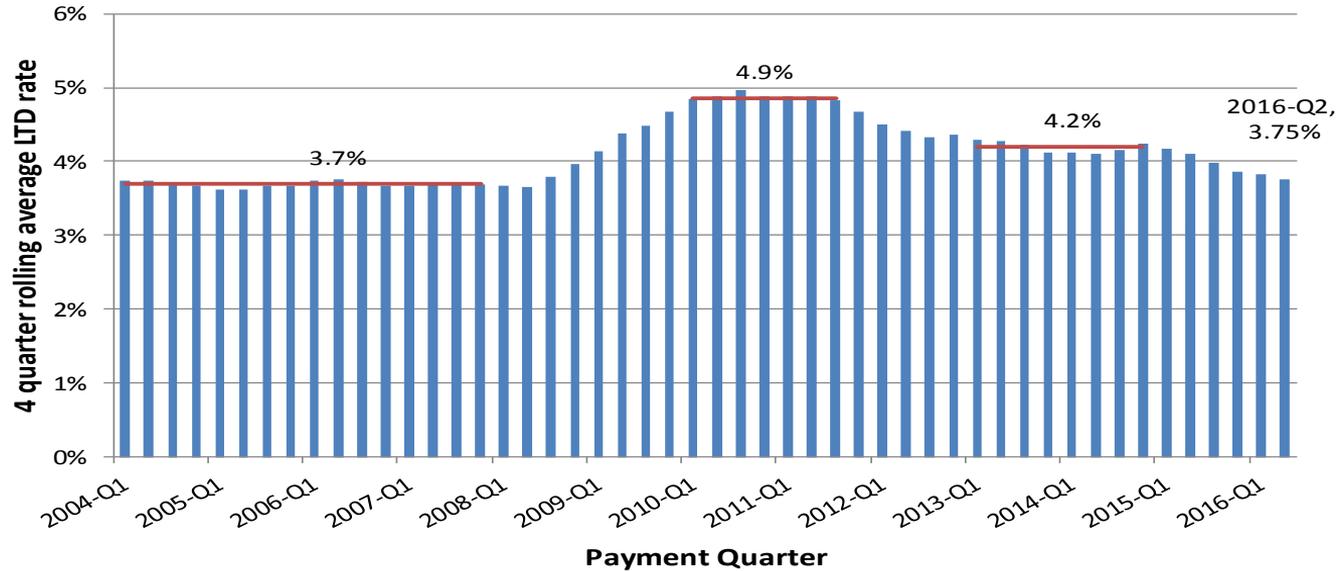
**The share of injured workers off work 40 days after claim receipt who are likely to have returned to work**

Note: 12-month rolling average



The goal is to increase this number 

**Our ultimate goal is to reduce the number of injured workers who experience long-term disability.**



The goal is to decrease this number



**Long-term disability is the share of claims that receive a time-loss payment 12 months from injury.**

# Focusing on Better Outcomes Impacts Costs and Premium Rates

- Result Examples from Dashboard
  - Long-term disability has decreased 14% since 2012
  - Time to start vocational services has decreased 60%
  - Resulting return-to-work outcomes have increased 50%
- Projected long-term claim cost by over \$700M since 2012

# Safety Message

*Kristine Ostler, Vocational Services  
Specialist Supervisor*



# High Disability Risk

## Identification and Early Intervention

### Functional Recovery Questionnaire (FRQ) and Interventions (FRI)



# The Disability Conundrum

At least 5% of work injuries end up badly

- Permanently disabled
- Loss of career, benefits, retirement
- Frequently with dissolution of families, marriages

The Biggest Tragedy...

- Almost all of these cases begin as simple, non-catastrophic musculoskeletal injuries
  - e.g., low back pain, carpal tunnel syndrome
- But early on, they look the same as the 95% that do just fine...

**What if we could figure out who they were before they get there ?**

# What would you want your doctor to do?

## *You start to have*

- Chest pain, shortness of breath, nausea, left arm pain
- And your dad and aunt had heart attacks before they turned 55 and your grandmother died of a stroke at 62...

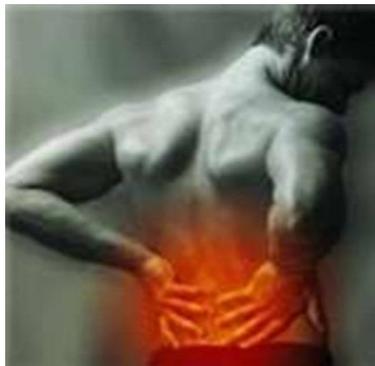
- Wait a month to see if it goes away?
- Two weeks of arm and shoulder work by a PT?
- Prescribe some morphine for the pain?
- Certify a few weeks off work?

# Pain >> Chronicity >> Disability...

- Pain usually provides protection for healing
- Almost everyone has acute back pain in their lifetime
- Over 90% recover within days or weeks
- When good pain turns bad:
  - ~5% go on to chronic pain, notoriously refractory to treatment-why?

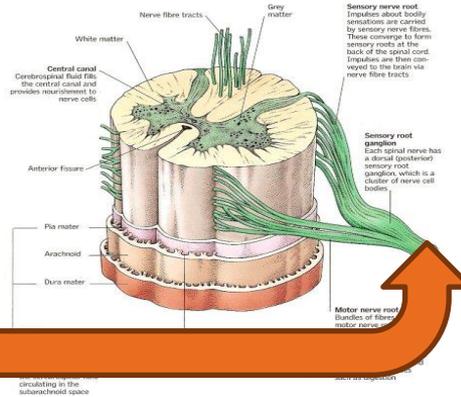
# Why does acute pain become chronic?

- Pain persists, annoys, inhibits, prevents...



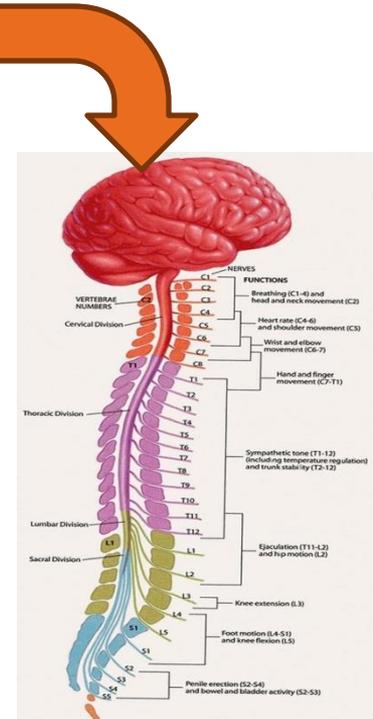
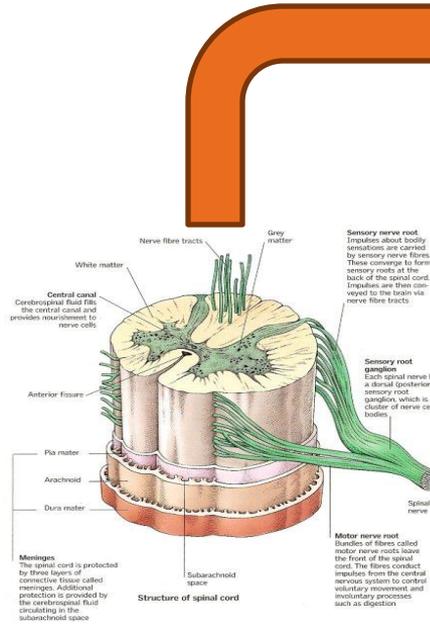
# Why does acute pain become chronic?

- Central nervous system (brain and spinal cord pathways) becomes “sensitized” to pain pathway stimulation



# Why does acute pain become chronic?

- Pain experience may persist after injury itself heals





# Sensitized pathways affected by...

- Brain's active role in processing pain
  - fMRI studies show effects of attention to pain, catastrophizing on brain areas involved in pain
- Social and environmental contingencies shape pain and disability behaviors
  - family and employer responses
  - workplace factors
  - financial consequences

# Translating research into practice

- **Usual care based on conventional models:**
  - Pain control
  - Patho-anatomical treatment (disc, joints, muscles)
  
- **Occupational Health Best Practices:**
  - Preclude adversity (worker employer connection, timely adjudication-ROA, etc)
  - Incremental activity with functional goals/outcomes
  - Care coordination, timely decisions

# Occupational Health Best Practices:

## 1<sup>st</sup> 90 days

- **Prevent adversity**
  - Early ROA for quick benefits adjudication
  - Recruit employer for RTW
- **Foster return to normal activity**
  - Identify & set recovery expectations
  - Active patient role in recovery
- **Secure effective care**
  - Dx, referral, graded increases in activity, coordination of concurrent care
- **Timely barrier identification & action**
  - Recovery, RTW, patient factors

# Centers for Occupational Health & Education – COHE

## Occupational Health Best Practices:

- Day 1 Employer Contact
- 48 hour ROA
- Activity Prescription
- Health Services Coordination
- RTW Impediments Assessment if not working within 1 month

***Accounted for 20% reduction in disability***

**How might we  
get at  
that next 80% ?**

# Patho-anatomy is not enough...

- Treatment aimed solely at peripheral factors may not relieve pain maintained by CNS mechanisms
  - Pain behaviors maintained by social/environmental/work factors need to be addressed
- Cognitive (e.g., attention, appraisals) and emotional (e.g., depression, anxiety) factors affect cortical and other CNS processes
  - Influence pain
  - Affect behaviors that lead to disability (e.g., activity avoidance)
- Altering cognitive and emotional factors may improve pain via neurobiological mechanisms
  - endogenous pain inhibition processes, reversing central pain sensitization processes) and effects on activity/role function

# Is There Any Evidence?

# Psychological Factors Predict Outcomes

- Sciatica patients who are depressed and anxious have worse pain and function after surgical or non-surgical care
  - Edwards et al., *Pain*, 2007, 130, 47-55
- Non-work comp patients with better mental health prior to lumbar fusion showed greater 2 year improvement (Oswestry, SF-36)
  - Carreon et al., *Spine* 2009, 34: 725-730
- Low recovery expectation, low SF-36 MH, fear avoidance, catastrophizing predicted  $\geq 180$  work disability days over next year in workers with recent CTS claims
  - Turner et al., *Am J Industr Med* 50, 2007

# Systematic review of chronic disabling back pain risk factors and risk prediction instruments

- 20 prospective studies of patients with <8 wks back pain from which likelihood ratios could be calculated
  - Chou and Shekelle: Will this patient develop persistent disabling low back pain? (JAMA 2010; 303:1295-1302)

- **Maladaptive pain coping at baseline predicted chronic back pain**
  - high fear-avoidance, catastrophizing, somatization/generalized pain, high functional disability, psychiatric comorbidities, and low general health status.
- **Similar for:**
  - workers' comp & non-workers' comp
  - work versus other functional outcomes
  - patients with acute & subacute pain

Chou and Shekelle, JAMA 2010; 303:1295-1302

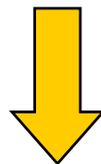
# Pragmatics of Disability Prevention

**MORE MODIFIABLE**



- Clinical
- Work
- Administrative
- Psychological
- Legal
- Demographic

**LESS MODIFIABLE**



# Psychological Characteristics in Work Disability Due to Back Pain

- Baseline (18 days after claim filing) telephone interviews of 1068 workers with back injuries
  - Adjusting for baseline demographics, pain intensity, and physical disability, baseline
    - **high work fear-avoidance** (OR = 4.6)
    - **very low recovery expectations** (OR = 3.1)
- predicted work disability at 6 months.

Turner et al., Spine, 31, 2006

# Early Psychosocial Disability Predictors

- Physical disability may be intertwined with psychological variables soon after injury
  - *Assess psychological variables in acute pain patients when disability is high.*
- Recovery expectations, fear-avoidance, and SF-36 Mental Health each predicted 1-yr disability

# Early Psychosocial Disability Predictors

- Roland substantially correlated with each of these
  - strongest predictor of all variables assessed
  - more important than pain intensity
- “Chronic disabling pain” may be present early after injury
  - *mistake to distinguish between chronic and acute pain based on duration alone?*
- May be useful to define “chronic pain” in terms of prognosis/likelihood of recovery

Von Korff, Pain, 2005, 117: 304-313

# Environmental factors shape chronicity

- ***Job accommodation*** consistently protective against chronic work disability
  - workers not offered accommodation by 3 wks had twice the odds (adjusted) of 1-yr disability
- ***Job demands*** consistently found to predict chronic work disability

- ***Biopsychosocial models***
  - emphasize patient psychological factors;
  - need to also focus on health care provider, employer, family responses, & work/economic factors that affect disability

# Already addressed by COHEs

- Connection with employer
- Reduction of delays
- Early health services coordination



- Earlier Identification of who's at risk
- Effective interventions to address individual risk factors
- Better empowerment/coping skills for patient
- Better coordination of system variables
  - Care, RTW, Incentives, etc

# Turner's Disability Research at UW

**Identified three questions for injured workers unable to work the previous week that strongly correlate with disability status one year later**

- *Earliest way to identify who is at risk of long term disability and why, alerting docs to needed additional interventions at a time when they may be most helpful*
- *Questions also correlate with psychosocial concerns linked to chronicity (fear of re-injury, low recovery expectations)*

# Functional Recovery Questionnaire

## ***“Positive” FRQ Questions***

- Not worked for pay in past week
- Pain interference greater than 5 on VAS
- Back and leg pain **OR** pain in multiple body sites

## ***“Figure Out Why” Questions***

- No modified duty (accommodation) by employer
- Fear of worsening, catastrophizing
- Low recovery expectation

# Positive FRQ = High Disability Risk aka *Work Comp Heart Attack*

- More Attending Provider Attention Required
- Business As Usual: Not Good Enough
- It Needs To Be Taken Seriously
- More Time Should Be Spent With Them
- Assure These Workers **DO NOT** Fall Through The Cracks

# An Urgent Situation

- Nearly 40% of Washington workers with a Positive FRQ are still off work one year later.
- Even those back to work at 1 year had more time lost from work during that year.
- It's a rare event - less than 10% of injured workers on time loss are at risk.
- It may be even rarer in COHE practices: 3.5% of COHE patients become disabled (instead of 5% average for workers compensation)

# Yeah, So What?

# Functional Recovery Interventions

## 1. Active Participation

- Self-participation in recovery, keeping appointments

## 2. Normal Recovery & Recovery Expectations

- Explain normal, good recovery process and timeline

## 3. Work Accommodation & Job Concerns

- Ensure employer contact and RTW goal is done and communicated with worker
- Obtain HSC assistance if RTW barriers identified

## 4. Incremental Increasing Activity

- Activity diary, regular movement of any kind
- Active PT referral and follow-up if appropriate

## 5. PT/OT Referral Oversight

- Assure active care

## 6. Track Functional Progress

- Assure active care

# Extra Attention To Patient Care

- Potentially More Frequent Office Visits
- More Time for Patient Counseling
- More Attention to Physical Activity
- More Oversight if PT is Included
- More Attention to Workplace Issues
- More Attention to Documenting Functional Improvement
- More Communication with HSC/other providers

(Most everything that is extra is billable for this 3-7% of COHE patients)

# Plan B Strategies

- Physician Advisors/Specialists
  - Coach/mentor
  - Take over
- Activity Coaching
  - Progressive Goal Attainment Program
- “Its Not Psych” Resources
  - Surgical Best Practices
  - Structured Integrated Multidisciplinary Programs
  - Psychosocial Determinants Influencing Recovery

# Resources To Assist

## *COHE Community of Eastern Washington*

- Functional Recovery Interventions (FRI) Tracking Sheet
- HSC assistance/tracking
- Involvement of COHE Advisors as a resource
- OHMS centralized tracking system for you and your HSCs to have real time information
- FRI Toolkit
  - Blank Forms (FRI Tracking Sheet, Activity Diary, PT Referral)
  - Talking Points for activity, psychosocial, RTW
  - Situation specific work-flows
  - Best Practice Resources (background papers, slides, CEs)
- Fallback: Activity Coaching when additional FRIs are inadequate

# FRI Toolkit

## Blank Forms

- FRI Tracking Sheet
- Activity Diary
- AP Referral Form
- PT/OT Referral Forms (COHE & IICAC)
- PT Progress Goal Sheet

## FRI Resources

- AP QRC
- FRI Step by Steps
- Usual/Most Common
- Complex Cases – Multiple problems
- Awaiting Surgery
- No accommodation
- Talking Scripts
- Getting COHE Assistance
  - COHE Health Services Coordination
  - COHE Advisers

## Best Practice Resources

- Functional Tracking Resource
- Papers &/or Bibliography – Disability – Best Practices – Guidelines
  - FRQ & disability papers
  - IICAC Conservative Care Resources
  - Best practices research summaries
- FRQ/FRI training modules
- CME Opportunities
  - On-line modules
  - L&I programs
  - COHE programs
  - Occupational health programs



OCCUPATIONAL HEALTH **BEST PRACTICES**

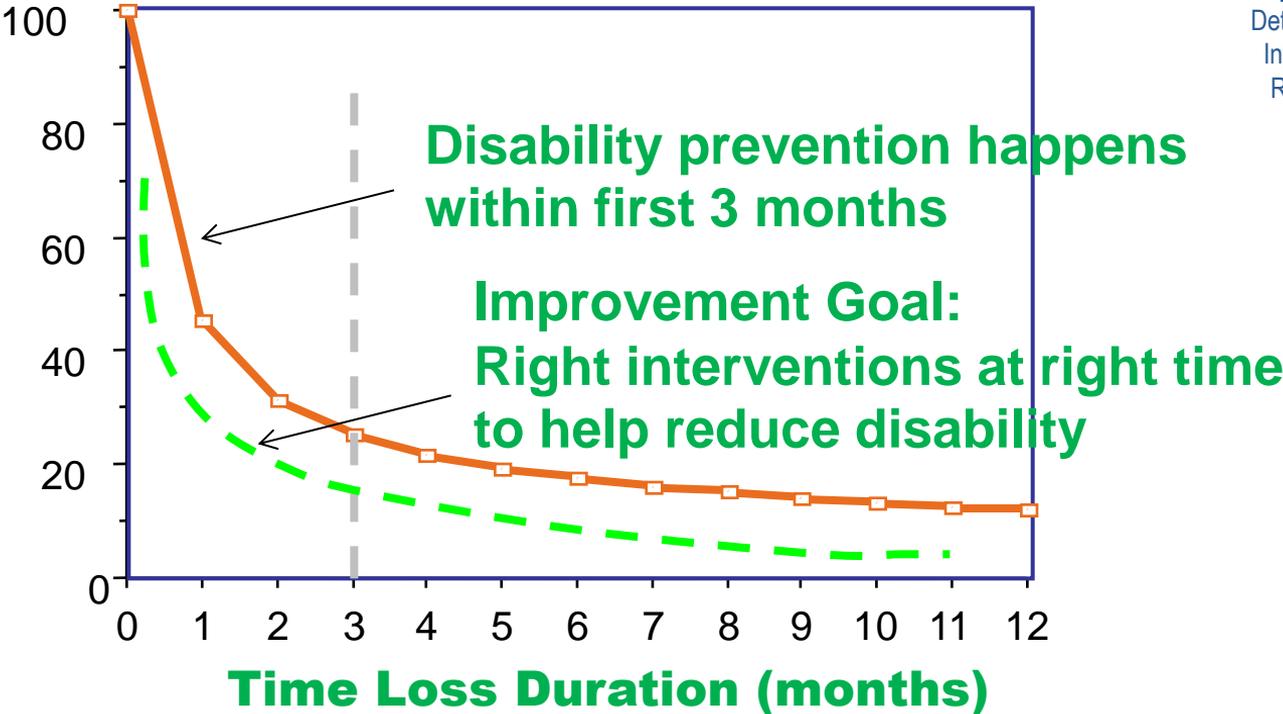
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**WORKING TOGETHER TO KEEP PEOPLE WORKING**

# **Psychosocial Determinants Influencing Recovery**

Robert Mootz, DC  
Nicholas Reul, MD, MPH

**% Workers  
Receiving  
Disability  
Payments**



*Adapted from Cheadle et al. Am J Public Health 1994; 84:190–196.*



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# D-RISC Study – Washington Workers

Psychosocial  
Determinants  
Influencing  
Recovery  
(PDIR)

- Injury severity is an important risk factor
- Other factors significantly predict chronic work disability
- Patients with similar clinical findings vary in disability outcomes
  - *Likely due to factors other than biological ones*

*Turner, Franklin, Wickizer, Fulton-Kehoe et al. ISSLS Prize Winner: Early Predictors of Chronic Work Disability: A Prospective, Population-Based Study of Workers With Back Injuries. Spine 2008; 33: 2809-2818*



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Slide 50

# D-RISC Study – Washington Workers

- **Higher disability risks**

- *Vocational connection: No accommodation*
- *Activity avoidance: Fear of work activity worsening injury*
- *Low recovery expectations*

- **Lower disability risks**

- *No opioid prescriptions*
- *DC as first physician*

*Turner, Franklin, Wickizer, Fulton-Kehoe et al. ISSLS Prize Winner: Early Predictors of Chronic Work Disability: A Prospective, Population-Based Study of Workers With Back Injuries. Spine 2008; 33: 2809-2818*

*Fulton-Kehoe, et al., Development of a brief questionnaire to predict long-term disability. Journal of Occupational and Environmental Medicine, 2008. 50(9):1042-1052.*



# Characteristics associated with disability

Psychosocial  
Determinants  
Influencing  
Recovery  
(PDIR)

Perceived  
Injustice

*Chou R, Shekelle P. Will this patient develop persistent disabling low back pain. JAMA. 2010;303(13):1295-1302.*

*Osman, A., et al., The Pain Catastrophizing Scale: further psychometric evaluation with adult samples. Journal of behavioral medicine, 2000. 23(4): p. 351-365*

Catastrophic  
Thinking

*Turner, Franklin, Wickizer, Fulton-Kehoe et al. ISSLS Prize Winner: Early Predictors of Chronic Work Disability: A Prospective, Population-Based Study of Workers With Back Injuries. Spine 2008; 33: 2809-2818*

Low Recovery  
Expectations

*Sullivan, M.J., et al., The role of perceived injustice in the experience of chronic pain and disability: scale development and validation. Journal of occupational rehabilitation, 2008. 18(3): p. 249-261*

Activity  
Avoidance

*Fulton-Kehoe, D., et al., Development of a brief questionnaire to predict long-term disability. Journal of Occupational and Environmental Medicine, 2008. 50(9): p. 1042-1052.*



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# Strategic Focus in WA State:

## Reduce Preventable Disability

Psychosocial  
Determinants  
Influencing  
Recovery  
(PDIR)

- Use best evidence to pay for services shown to improve outcomes and reduce harms
- Identify workers at risk for long term disability as soon as possible
- Target best interventions at appropriate times to achieve early functional improvement
- Incentivize collaborative delivery of occupational health best practice care sufficient to prevent disability



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# What are PDIRs?

Psychosocial  
Determinants  
Influencing  
Recovery  
(PDIR)

## Workers' Compensation Perspective of Injury



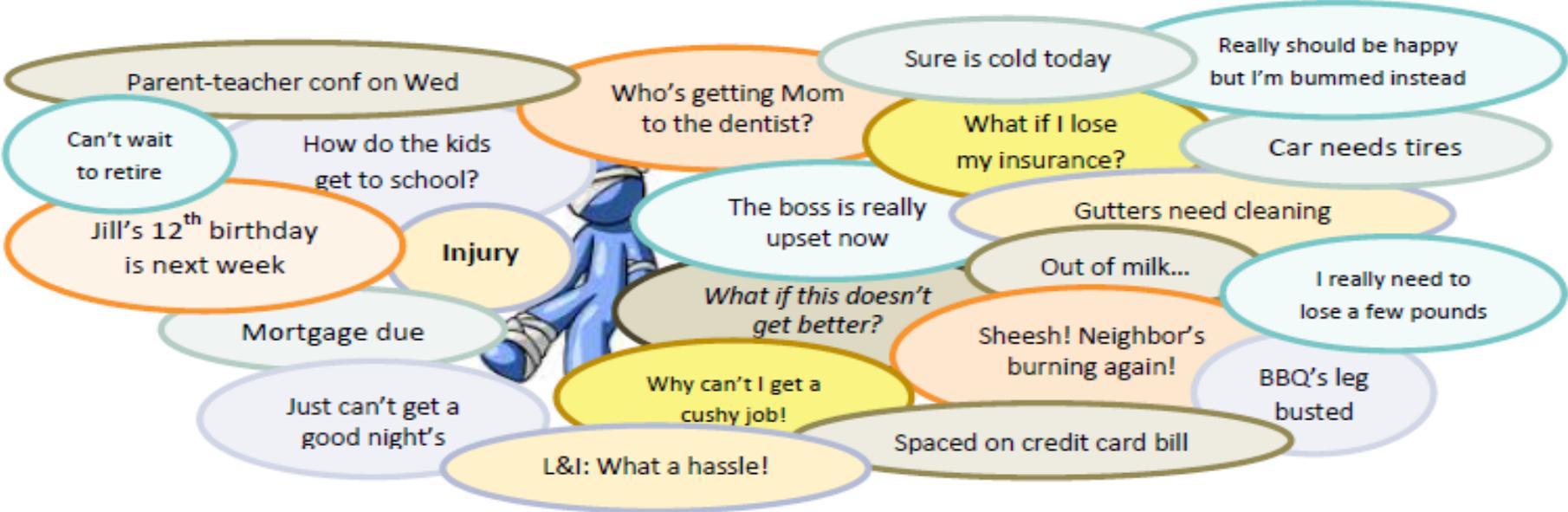
Adapted with permission from Michael D. Harris, PhD



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## Worker's Perspective of Injury



# PDIRs

Psychosocial  
Determinants  
Influencing  
Recovery  
(PDIR)

## Psychosocial Determinants Influencing Recovery:

Those non-biological factors most  
associated with impacting  
recovery from work injuries...



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# “Its Not Psych...”

## Mental Health (MH) Conditions

- Psychological or psychiatric diagnosis (DSM-5)
- WAC 296-20-330(a): "Mental illness means malfunction of the psychic apparatus that significantly interferes with ordinary living."



## Psychosocial Determinants Influencing Recovery (PDIR)

- Psychosocial factors identified to be associated with chronicity and disability
- Need not be a psychiatric diagnosis

Psychosocial  
Determinants  
Influencing  
Recovery  
(PDIR)



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# Algorithms, Tips, Useful Resources, & Evidence Summaries



Screen



Assess



Intervene

Psychosocial  
Determinants  
Influencing  
Recovery  
(PDIR)

# Psychosocial History

## Special Attention for injured workers

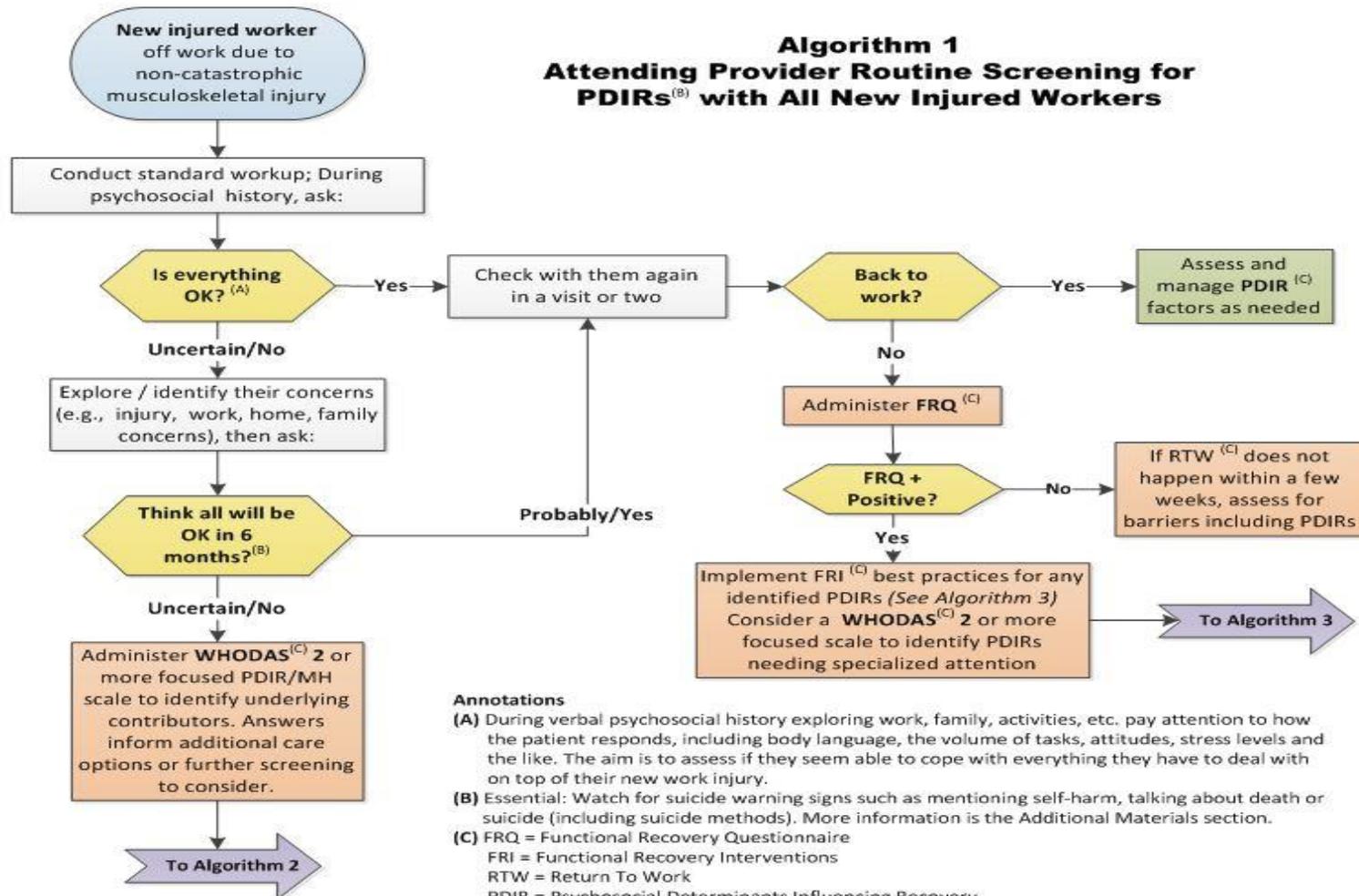
- How much is going on in your life?
- How is the new injury impacting it?
- How is your job going?
  - coworkers, employer, work activities
- What support do you need working through the injury?



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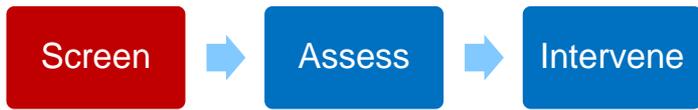
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## Algorithm 1 Attending Provider Routine Screening for PDIRs<sup>(B)</sup> with All New Injured Workers



### Annotations

- (A)** During verbal psychosocial history exploring work, family, activities, etc. pay attention to how the patient responds, including body language, the volume of tasks, attitudes, stress levels and the like. The aim is to assess if they seem able to cope with everything they have to deal with on top of their new work injury.
- (B)** Essential: Watch for suicide warning signs such as mentioning self-harm, talking about death or suicide (including suicide methods). More information is the Additional Materials section.
- (C)** FRQ = Functional Recovery Questionnaire  
 FRI = Functional Recovery Interventions  
 RTW = Return To Work  
 PDIR = Psychosocial Determinants Influencing Recovery  
 WHODAS = World Health Organization Disability Assessment Schedule



Psychosocial  
Determinants  
Influencing  
Recovery  
(PDIR)

**Can you handle  
everything that's  
going on?**



**YES**

- Care as usual
- Functional Recovery Questionnaire (FRQ) if no RTW in 2 weeks
- Double down on any psychosocial factors

**NO / UNCERTAIN**

- Additional Psychosocial Screening
  - WHODAS 2
  - PHQ 4
  - PHQ 9
- Address any concurrent behavioral health concerns



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# Key Flags For Emphasizing Psychosocial Interventions

Psychosocial  
Determinants  
Influencing  
Recovery  
(PDIR)

## No RTW within 2 weeks (all reasons, including awaiting surgery)

- Screen for recovery barriers (e.g., activity avoidance, low recovery expectation, no employer accommodation)
- Aggressively address incremental activity, self efficacy strategies within patient's physical capabilities
- Attend to deconditioning

## Challenges if coping with multiple factors during injury

- Further screen for psychosocial issues, anxiety, depression
- Address and/or triage for appropriate interventions concurrent with injury recovery



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## FRQ

## Functional Recovery Questionnaire

self-administered version

Name

1. During the past week have you worked for pay?	<p><i>Please indicate your answers in this column</i></p> <input type="checkbox"/> Yes <b>STOP here. You are done – thank you</b> <input type="checkbox"/> No <b>Please continue</b>
2. In the past week how much has pain interfered with your ability to work, including housework?	<p><i>Please circle one number</i></p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p><i>No interference</i> <span style="float: right;"><i>Unable to carry on any activities</i></span></p>
<p>3. Do you have persistent, bothersome pain?</p> <p><input type="checkbox"/> No <b>Please go to question 4 below</b>  <input type="checkbox"/> Yes <b>In the next column to the right, please indicate where you have pain</b></p>	<p><input type="checkbox"/> Head    <input type="checkbox"/> Neck    <input type="checkbox"/> Shoulder(s)  <input type="checkbox"/> Arms/Hands    <input type="checkbox"/> Abdomen/Pelvic Area  <input type="checkbox"/> Hips/Buttocks    <input type="checkbox"/> Legs/Feet  <input type="checkbox"/> Chest/Rib Cage    <input type="checkbox"/> Upper/Mid Back  <input type="checkbox"/> Low Back <b>without any leg pain</b></p> <p><input type="checkbox"/> Low Back <b>with pain, numbness, or tingling that travels down your leg</b></p>
4. Since your injury, has your employer offered you light duty, part time work, a flexible schedule, special equipment, or other job modifications if needed to allow you to work?	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
5. How certain are you that you will be working in six months?	<p><i>Please circle one number</i></p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p><i>Not at all certain</i> <span style="float: right;"><i>Extremely certain</i></span></p>
6. Are you concerned that your work will make your injury or pain worse?	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>

Screen



Assess



Intervene

Psychosocial  
Determinants  
Influencing  
Recovery  
(PDIR)

*In the past 30 days, how much difficulty did you have in:  
(circle number that best describes your difficulty)*

	None	Mild	Moderate	Severe	Extreme/ Cannot Do
Q1 <u>Standing</u> for <u>long periods</u> such as <u>30 minutes</u> ?	0	1	2	3	4
Q2 Taking care of your <u>household responsibilities</u> ?	0	1	2	3	4
Q3 <u>Learning a new task</u> , for example, learning how to get to a new place	0	1	2	3	4
Q4 How much of a problem did you have <u>joining in community activities</u> (for example, festivities, religious or other activities) in the same way as anyone else can?	0	1	2	3	4
Q5 How much have <u>you</u> been <u>emotionally affected</u> by your health problems?	0	1	2	3	4
Q6 <u>Concentrating</u> on doing something for <u>ten minutes</u> ?	0	1	2	3	4
Q7 <u>Walking a long distance</u> such as a <u>kilometer</u> or half mile?	0	1	2	3	4
Q8 <u>Washing your whole body</u> ?	0	1	2	3	4
Q9 <u>Getting dressed</u> ?	0	1	2	3	4
Q10 <u>Dealing with people you do not know</u> ?	0	1	2	3	4
Q11 <u>Maintaining a friendship</u> ?	0	1	2	3	4
Q12 Your day-to-day <u>work</u> ?	0	1	2	3	4



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Washington State Department of  
Labor & Industries

Screen



Assess



Intervene

Psychosocial  
Determinants  
Influencing  
Recovery

AP INTAKE

Majority of workers  
with PDIRs only need  
**AP's PDIR CARE**

Some workers may need  
**Specialist's PDIR CARE**

A few workers may need  
**Specialist's MH Care**

- Screening (PDIR & MH)
- Motivational Interviewing
- Incremental Activity
- Patient Education
- Self-Efficacy
- Coping Skills
- Relaxation
- Referral (social, PDIR, MH)

- Vocational Recovery
- Activity Coaching
- Targeted Brief Interventions

- Cognitive Behavioral Therapy (CBT)
- Structured Pain Programs



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Slide 65

Screen



Assess



Intervene

Psychosocial  
Determinants  
Influencing

## KEY RECOVERY MESSAGES FOR CLINICIANS TO CONVEY

### About Pain

- Pain does not mean your body is being injured. Examples:
  - Putting a jalapeño on your tongue or exercising a body part enough for a muscle to start to hurt.

### Dealing with Stress

- Everybody has stress – it's normal. You can learn to handle stress and bounce back from difficult situations.
- There are many effective ways to relax your body and to cope with emotions.

### Also...

**Staying Active**

**Getting Better**

**Taking Baby Steps**

**Dealing with Stress**

**Enhancing Sleep**



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**AP-Provided PDIR Options**

- Motivational Interviewing
- Physical Activation
  - Activity Diary
  - Rehabilitation / Exercise
- Patient Education
  - Positive workplace connection
  - Understanding pain
  - Overcoming unrealistic fear
  - Pacing oneself
  - Problem solving
  - Goal setting
  - Coping with emotions / mindfulness\*
- Self-Efficacy
- Pain Coping (tailored to patient)\*
- Support Systems
  - Patient obligations (time, finances, child care, etc.)
  - Support resources (personal, community)
- Relaxation Training and Techniques\*
- Sleep Hygiene & Management\*
- Referral to PDIR and MH specialists\*\*
  - Vocational Recovery Services
  - Activity Coaching
  - Targeted Brief Interventions
  - Cognitive Behavioral Therapy (CBT)
  - Structured Chronic Pain Programs
  - Substance Abuse Treatment

**Specialist-Provided PDIR Options  
(Brief Interventions)**

- Vocational Recovery and Rehabilitation
- Activity Coaching
- Emotion Management / Behavioral Training
- Acceptance Interventions
- Resilience Training
- Targeted Brief Interventions (e.g., CBT by psychologist, collaborative care support)

**Specialist-Provided Mental Health Interventions**

- Cognitive Behavioral Therapy
- Structured Chronic Pain Programs
- Other Psychotherapies

**Medication Management**

- Opioids
- Psychotropics
- Sleep Medications
- Substance Abuse Treatment

\* Straightforward consultation / counseling in these areas may be within AP's capabilities and skill sets, but alternatively may be addressed by referral for more intense specialist-provided PDIR approaches/brief interventions

\*\* In collaborative care settings, referral, or consult with trained PDIR specialists may be available.

# PDIRs By Attending Providers

Psychosocial  
Determinants  
Influencing  
Recovery  
(PDIR)

## Motivational Interviewing

- Its just good doctoring - ask the right questions:
  - What's important about getting back to work?
  - What things have you found to help deal with your pain?

## Physical Activation

- Incremental increases in activities they want/need to do; “Baby steps”
- Use an Activity Diary
- Utilize rehabilitation that emphasizes active intervention

## Patient Education

- Normal recovery
- Understanding pain
- Pacing, relaxation, coping strategies

## Triage For Additional Support

- Vocational recovery, Activity coaching, CBT



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

# PDIRs concurrently provided by specialists

Psychosocial  
Determinants  
Influencing  
Recovery  
(PDIR)

## Activity Coaching Programs

- Systematic programs to train self-reliance, goal setting
- Overcoming unrealistic fears, catastrophic thinking
- e.g., Progressive Goal Attainment Program ®

## Vocational Recovery Services

- Early Return To Work programs, employer assistance

## Targeted Brief Interventions

- CBT for specific maladaptive behaviors
- Resilience programs
- Emotion and behavior training programs

*Typically addressed with behavioral health services for non-psych conditions*



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

# Mental Health interventions

- CBT for more intense anxiety or depression issues
- Structured chronic pain programs

## Mental Health services for psych conditions

- Challenges common regarding work-relatedness
- Specific requirements for barriers to recovery
- Requirements for documentation and reporting by mental health specialists



Screen



Assess



Intervene

Psychosocial  
Determinants  
Influencing



OCCUPATIONAL HEALTH **BEST PRACTICES**

— Working together to keep people working —

## Authorization and Reporting Requirements for Mental Health Specialists

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### Purpose

This document will help mental health specialists (i.e., psychiatrists, psychiatric Advanced Registered Nurse Practitioners and doctoral level psychologists) understand the authorization and reporting requirements when treating injured workers with mental health conditions.



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

# PDIR Resource: Table of Contents

## Summary Information

- Psychosocial Determinants of Recovery Overview
- Key Recovery Messages
- PDIR Assessment Algorithms

## Clinical Resources

- WHODAS 2.0 Disability Scale
- Functional Recovery Questionnaire
- Validated PDIR Scales Summary

## PDIR Screening Evidence Summaries

- Psychosocial Determinants Concepts
- PDIR Assessment
- PDIR Screening Tools
- Workers Compensation Issues

## General Intervention Summaries By Situation

- Situation Specific Considerations

## PDIR Interventions Evidence Summaries

- AP-Provided PDIR Interventions
- Specialist-Provided PDIR Interventions
- Specialist-Provided Mental Health Interventions

## Additional Materials

- Terminology Glossary
- Additional Resources
- Support Systems Assessment and Conversations
- Addressing Signs for Self-Harm/Suicide
- Managing Hostility, Anger, Disruptive Behavior
- Interpersonal Conflict Management and Resolution
- PDIR and MH Screening and Tracking Scales
- Evidence Methodology
- Citations



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

# Links

Psychosocial  
Determinants  
Influencing  
Recovery  
(PDIR)

Psychosocial Determinants Influencing Recovery (PDIR) Resource:

<http://www.lni.wa.gov/ClaimsIns/Files/OMD/IICAC/2016PDIRResourceFinal.pdf>

Progressive Goal Attainment Program (PGAP):

[http://www.lni.wa.gov/ClaimsIns/Files/Providers/ohs/FY14-61ActivityCoachingFlyerProviders\\_Print.pdf](http://www.lni.wa.gov/ClaimsIns/Files/Providers/ohs/FY14-61ActivityCoachingFlyerProviders_Print.pdf)

Early Return to Work:

<http://www.lni.wa.gov/ClaimsIns/Insurance/Injury/LightDuty/Ertw/Default.asp>

Authorization and Reporting Requirements for Mental Health Specialists:

<http://lni.wa.gov/mentalhealth>



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

Slide 73

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Department of Labor and Industries**

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Psychosocial  
Determinants  
Influencing  
Recovery  
(PDIR)



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

# Who are we?

## WorkSource Re-Employment Specialists

*Victor Chacon, Beth Rokstad, State-wide,  
Tumwater WA*



Call us at  
**360-902-6040**  
(Call preferred)

*Walter Hughes Snohomish County, Everett  
WA*



Email (Email preferred over call or fax):  
[whughes@esd.wa.gov](mailto:whughes@esd.wa.gov)

## Re-Employment Specialists offer assistance to you and your clients:

- Bridge between LNI & WorkSource services
- Help you & clients connect with WorkSource
- The sooner you connect clients with us the more services we can provide

Who to refer? Anyone who...

- Expresses a desire to return to work, but can no longer return to employer of injury *and*
- Is motivated to participate in job search, needs one-on-one re-employment assistance

# What we offer your clients

## State Wide, Beth and Victor:

- Remote services over the phone & screen
- Connections to WorkSource offices
- Resume assistance
- Skills assessment
- Job search coaching
- Bilingual assistance
- Referral to a VSS across the state

## Snohomish County, Walter:

- In-person case-managed services to help overcome barriers
- Connections between clients & employers
- Job Clubs Mondays & Thursdays
- In-person employment assistance
- Help with Unemployment Insurance

# What we offer your clients

State wide, Beth and Victor:

- **Remote services over the phone & screen**
- **Connection to WorkSource offices**
- **Resume assistance**
- **Skills assessment**
- **Job search coaching**
- **Bilingual assistance**
- **Referral to a VSS across the state**

Snohomish County, Walter:

- **Connects clients with services & programs at WorkSource**  
**Housing, low cost medical insurance providers, AARP, Veterans benefits**
- **Free computer skills training, & more!**
- **Resume building**
- **Targeted Job leads**

# Refer your clients - it's easy!

Check out the WorkSource VSS and RES table in the lobby during the break if you have any questions!



# Preferred Worker Program

New website:

[www.Lni.wa.gov/PreferredWorker](http://www.Lni.wa.gov/PreferredWorker)

***“Employees who come with benefits like these are good for business.”***

*Mike O’Dea, DVM  
Pet Emergency Clinic  
Spokane*

# Ethics of a Vocational Recommendation

*October 5, 2016*

*Barbara Berndt, M.Ed, CRC, CDMS,  
CCM, D-ABVE*



# Introduction

- Ethics in the provision of vocational services
- CRC
- ABVE
- CDMS

# Code of Professional Ethics

- Certified Rehabilitation Counselor

The primary obligation of rehabilitation counselors is to clients, defined as individuals with or directly affected by a disability, functional limitation(s), or medical condition and who receive services from rehabilitation counselors.

# Code of Ethics

- American Board of Vocational Experts

Vocational Experts are primarily committed to determining the vocational capacities of individuals.

The client: In a forensic setting, the professional who is engaged as an expert witness has no client.

The vocational expert witness' role is to provide assistance to the trier of fact in identifying the effect of injury or other event on an individual's capacity to work, earn money and/or to maintain a quality of life.

# Code of Professional Conduct

- Certified Disability Management Specialist

As a CDMS the goal is to facilitate an employee's physical recovery, rehabilitation, and return-to-work process while seeking to control the escalating costs of injury, disability, and absence for employers, insurance carriers, and government.

As a CDMS certificant one must also function in an objective and ethical fashion within a context of competing interests.

# Work Product

- Who is your client
- What happens to your work product when you complete:
  - Assessment
  - Plan
  - Closing
  - Option 2
- Why the dispute process
- When may the VRC or a Vocational Expert be called by plaintiff, defense and/or AAG counsel to uphold or dispute the vocational work product.

# VE Scope of Work

- Conflict check
- CV / Testimony Log
- What is the appeal
  - Know the question
  - Know the case : records request
  - Know the financial arrangements before
  - Know the time frame of deposition / Board testimony
  - Know your own scope of expertise
  - Are you able to meet with the worker?
    - Disclosure Statement

# Records Review

- Records request
  - Claim-Medical, Pre-existing, Psychological
  - Work records, Employment Security, Employer/Wage
  - Other: FCE, neuropsych, declarations of professional(s)
- Know the question / WAC ~ RCW that applies
- Review of records
  - Know your case!
  - Be able to offer strengths & weakness to referring attorney
- Staffing with the attorney
  - Facts and data you rely upon
  - Worker interview: possible or not
  - Critique of assigned counselor work product

# What is Your Opinion?

- Testimony by Expert Witnesses
- You are qualified as an expert by your knowledge, skills, experience, training, or education...and your credentials if:
  - Your scientific, technical, or other specialized knowledge will help the trier of fact to understand the evidence or to determine a fact in issue;
  - The testimony is based on sufficient facts or data;
  - The testimony is the product of reliable principles and methods; and
  - You have reliably applied the principles and methods to the facts of the case.

# Assessment

- Was the worker fully assessed:
  - Age
  - Education
  - Experience
  - Pre-existing physical & mental limitations
  - Physical & mental limitations caused, at least in part, by the industrial injury or occupational disease
  - Employability: LMS / JA
  
- » CRC / ABVE / CDMS: codes of conduct

# Rehabilitation Plan

- Documentation to support the feasibility of the goal
  - Testing for appropriateness of job goal
  - LMS
  - JA
  - Curriculum
  - Reasonable request of worker to participate
    - CRC: Autonomy (A.1.d) –client engage in decision-making
    - CDMS: Autonomy –honoring the right to make individual decision
  
- Option 2 – development of Plan

# Closing Report

- Plan successful
  - Courses completed: specifics
  - Work-related skills: more specifics
  - Job search assistance
  - Barriers resolved
  - Employability: LMS
- Plan not successful
  - Ability to modify, accommodate barriers
  - Description of barriers

# Why your work product matters

- Nonmaleficence: to do no harm to others
- Beneficence: to do good to others (CRC/CDMS)
- Acting to alleviate personal distress and suffering (CRC)
- The prevention and minimization of the human and economic impact of illness and disability for the employee/employer to optimize the quality of care, productivity, organizational health, and regulatory compliance (CDMS).

# Forensic Case Example

- DOI 12-3-2004
- DOB 12-23-1953 (Age at injury 51)
- JOI Surveillance System Monitor/Security Guard from 9-2002 to 12-3-2004 (LDW)
- ROI Neck sprain; aggravation in PT - Low Back
- Educ HS / CC for AA / on-line BA in Psych 1994
- Military 1972-1975 Viet Nam era vet E-4 Honorable
- Work Hx Bartender / MH Outreach / Child Care Provider / Office Assistant/ Security Guard
- FCE 11-2006 Sedentary (CPMP)/ 7-29-14 Sedentary

# Forensic – VRC Work Product #1

- 11-8-2005 AWA - ATW transferable skills in Social Services Aide, Security Guard, Bartender, Hotel Clerk, Director of Childcare, Day Care Provider and Gen Office Clerk
- Review: AP provided less than full-time approval on JA for JOI. Required sit-stand work station, or ability to alternate position. AP specifically requested a transitional return to work effort to augment capacities.

# Forensic – VRC Work Product #2

- 4-6-2006 VRC opined pre-post injuries precluded vocational services.
- Review: While in work conditioning IW sustained a low back injury on 1-2-2006. On 1-5-2006 AP opined permanent limitations in Sedentary to Light ranges.

# Forensic – VRC Work Product #3

- 4-9-2007 VRC – ATW opined transferable skills as Mental Health Outreach Counselor, Case Aide, Job Developer and Front Desk Receptionist.
- Review: FCE done at chronic pain management program and at Sedentary full-time

# Forensic – VRC Work Product #4

- 3-29-2008 VRC – ATW as Security Guard
- Review: Issues at BIIA regarding consolidation of 1999 claim of low back and this claim.

# Forensic – VRC Work Product #5

- 10-4-2011 VRC - NATW due to combination of pre-existing conditions of arthritis and psychological conditions (PTSD, anxiety, insomnia and depression) and this industrial injury. The unrelated and on-going psychiatric issues were unresolved. Medication issues were both sedating and impairing decision-making per ARNP record.
- Review: This is first mention of pre-existing barriers in any work product by any VRC.

# Forensic – Review of Records

- **Stop and look at facts and data**
- **Summary of Work History and Transferable Skills:**
  - **Work History**
  - **Obtain Employment**
  - **Work Pattern**
  - **Sustain / Maintain Employment**
  - **Meet SVP**

# Analyzing a Work History-Begin

- 1991 Student-Pierce College: Communication & Sociology (GPA 3.9)
- 1992 Student-Grays Harbor CC: Psych, Computer, Nutrition
- 1993-1994 (6 mos.) Bartender (physically assaulted)
- 1994 (2 mos.) Bartender (part/time seasonal - stadium)
- 1994-1997 Student – Southern Illinois University  
Psychology/ Biology/Psi Chi  
(GPA 3.1)
- 1996-1998 (18 mos.) Mental Health Outreach Counselor (SVP 7)

# Analyzing a Work History-Middle

- 1997-1998 (18 mos) Self-employed Child Care Provider
- 1998-1999 (10 mos) Bartender (found another job due to drug dealing occurring in bar)
- 1999-2001 (24 mos) Bartender (business closed/had a LB injury 1999)
- 2001 (1 mo) Bartender (supervisor disagreement)
- 2001 (2 mos) Bartender (let go/business rehired prior bartender)
- 2001 (2 mos) Unemployment benefits
- 2001 (1 mo) Bartender Instructor (SVP 7)
- 2001 (5 mos) Bartender (let go)
- 2002 Bartender (part-time fill in)
- 2-93 to about 2002 Bartender (on and off, full time and part-time)

# Analyzing a Work History -End

- 6-04 (2 weeks) Office Assistant (SVP 2)
- 9-02 to 12-3-04 Custom Protection Officer/  
Surveillance System Monitor  
(SVP 2,3)

# Forensic – My analysis

- 1975-1992 Ms. Worker offered the summary of her work experience as working as a bartender at The Flame in Reno, Nevada. She relocated to Yakima where she worked for 4-5 employers in asbestos abatement. She also worked at the Bavarian Garden as a bartender. She had a daughter and did not work for two years. In 1986 she went to work at The Bon in Seattle for short time then she was out of work for about six months. In 1988 she volunteered for the Welfare Rights Organized Coalition at Catholic Community Services (poverty and social awareness advocacy; and if so then this is SVP 7). On her resume she stated she was involved for six years. Ms. Worker stated she was at the Arlington Naval Base, something happened and she reported it, and she lost this job when it turned into an EEOC issue. She resumed bartending and went to work for the golf course as a bartender where she was fired after one month. She moved to Aberdeen where she went to school.
- Ms. Worker reported she had two (2) Article 15's while in the US Army.

# Forensic – My interview

- I requested and obtained VA records, then I interviewed Ms. Worker. She corroborated VA records in that she experienced sexual harassment two times in the military and she reported she thought she “dealt” with it by ignoring it and drinking it away. She was sexually assaulted one month after discharge in Seattle. When reviewing her career path her bartending jobs allowed Ms. Worker to leave or change jobs when “issues” arose. She stated she left for “various” reasons. I found Ms. Worker had 26 jobs in 32 years. She had three (3) jobs which lasted 2 years each. These were the longest jobs she ever sustained and that she maintained in employment for over three decades. This is a highly unusual work pattern.

# Forensic – VRC Work Product #6

- 8-28-2012 VRC/Forensic – Opined additional information is needed before a vocational determination can be made, and cited the following:
  - Noted significant medication issues and Department pharmacy consultation in records
  - Documented emotional and psych9-social barriers are a problem to recovery as early as 12-30-2004 (DOI 12-3-04)
  - Documented 3-22-2006 L&I Occ Med Nurse note re: pre-existing or concurrent conditions delay recovery.
- Review

# Forensic – VRC Work Product #7

- 10-15-2014 VRC – ATW as Security Guard (JOI) due to AP concurrence and concurrence of PCE of 7-29-2014

# Forensic – Additional Info

- Pre-injury
  - Military Sexual Trauma / PTSD – some treatment
  - 1999 work injury: sprain/strain low back/sciatic nerve
  - 2000 work injury: sciatic nerve
  - Decrement in work /quality of life began in 1999
  - 2004 tried office work - fired
- Post-injury
  - Lost income
  - Death of daughter by suicide
  - Moved to Tonasket

10 IME's

# My Vocational Testimony

- At the Board of Industrial Insurance Appeals, my opinion was
- Ms. Worker held the job of injury for the longest time in her entire employment, even beyond her military service time. Her ability to adapt, to respond and to diminish barriers from the work injury of 12-3-2004 is of concern. Ms. Worker has been out of the work force since age 51. She is now 62. She has not worked in twelve (12) years nor has she been attached to the workforce at all. Her education/clerical skills are 22 years old.
- I found no vocational rehabilitation services that were provided to her to assist her in services that may have been likely and necessary to have helped her in overcoming and diminishing barriers to work. Specifically, Dr. Doctor opined in 10-5-2005 conditional approvals on several job analysis that Ms. Worker required transitional work assistance for her to regain her capacity to work on a full-time basis. (Provisional work approval)

# BOARD DECISION

- “Despite having a college degree in psychology, Ms. Berndt believes that Ms. Worker has no transferable skills and is not capable of obtaining or maintaining full-time employment on a reasonably continuous basis during the period 10-17-14 to 6-15-15.
- This conclusion is based on a combination of factors, including the opinion of Ms. Worker’s attending providers who concluded that there was not a preponderance that she could go back to work...”

# BOARD DECISION continued

- as well as Ms. Worker's physical abilities,
- mental health conditions,
- a 12-year absence from the workforce,
- lack of retraining **and services to re-integrate back into the workforce,**
- her age (being over 60), and
- an obsolete psychology degree that was never used.
- On cross examination, Ms. Berndt stated that the general skills to function in an office would have been possible when closer to when she obtained her B.A. (1994) but not 22 years later.

# Ethical Recommendations In Vocational Recommendations

- Nonmaleficence: to do no harm to others
- Beneficence: to do good to others (CRC/CDMS)
  
- Acting to alleviate personal distress and suffering (CRC)
- Control the escalating costs of injury & disability (CDMS)
- Rendering an opinion with your methodology and rules/regulations (ABVE) to the trier of fact
  
- Who is your client
  
- Thank you

# Lunch

- Combined Fund Drive Taco Bar Next Door!

- \$6.00 for:

- Taco Salad or Nachos or Tacos
- Ground Turkey or Beef
- Refried and Black Beans
- Chips or Taco Shells
- Shredded Cheese
- Lettuce, Tomatoes, Onions
- Olives, Guacamole, Jalapenos
- Salsa, Hot Sauce, Sour Cream
- Dessert and a Beverage

**Benefits Thurston  
County Food Bank!**

# Career Bridge

- Lindsay Elwanger
- Dave Wallace

# Building a Supportable Labor Market

*Cloie Johnson*

*Jan Donley*



# Where the Rubber Meets the Road

- John Cary, MA, CRC, CDMS
- Nick Choppa, MA, CRC, CDMS
- Jamie Gamez, MA, CRC, CDMS
- Amber Parmley, MRC, CRC, CDMS

# JAMIE GAMEZ, MA, CRC, CDMS

## LMS/R and the Transferable Skills Analysis (AWA)

- **STEP 1: Transferable Skills Analysis (TSA)**
- **STEP 2: Data Collection:** Look at important data points which may include:
  - SVP Requirement
  - Training requirement
  - Education requirement
  - Projected growth
  - In Demand / Not in Demand
  - Case specific clues (ex: language level)

**Analysis (important):** Is this a viable position for further exploration based on available data?

- **STEP 3: Job Analyses** - development and sent to provider for review
- **STEP 4: Employer Sampling:**
  - After data analysis, is information missing? Employer sampling needed?
  - If so, establish specific, consistent questions to ask each contact based on the client (N of 1).

**WHAT YOU END WITH: A solid recommendation includes a mix of quantitative / qualitative data to support an opinion. This is also a helpful tool to explain your research to the worker.**

# Nick Choppa MA, CRC, CDMS

- **Data Evaluation-** Assess preliminary labor market data (WOIS, O-NET, WorkSource, etc), physical demands, duties and qualifications noted in this quantitative data. Educate yourself on the job and the labor market to begin to formulate further research questions.
- **Compare to the “n of 1”** – Utilize clinical judgement of the quantitative data to compare to approved Job Analysis, worker and background, and specific retraining goal and program. We don't just “slap data on people”.
- **Clinical Vocational Assessment-** Review and provide a full clinical assessment of each piece of data gathered. Are there any incongruent aspects? How will you address them? Have all the case specific and injury specific aspects been addressed by the quantitative data present? If not, in clinical assessment do they warrant further research through employer samplings? Apply qualitative data to address any remaining case specific questions.
- **Inclusion and Transparency** – Include the worker in the analysis and data gathering process. This way, they see and understand the labor market with you. If a goal is negative, they fully understand the logic behind such a recommendation.
- **Vocational Recommendation-** Use your clinical judgement of the data to make a conclusion and provide a recommendation for retraining. This method incorporates many sources and provides “more legs on the stool” for your vocational recommendation. We are not relying on one piece of data solely, but rather the collective whole of data gathered, combined with our own clinical judgement of what the labor market is.

# Amber Parmley, MRC, CRC, CDMS

- This Labor Market Survey Research process improves vocational services from the start!
- Know your resources, for example, Dictionary of Occupational Titles, local WorkSource professionals and resources, Employment Security Data - WILMA, WorkForce Explorer, WOIS, O\*Net, etc.
- Any research conducted as to transferable skills as to potential return-to-work options whether it be for ability to work or for skills required in plan development can potentially be used later for research to support your LMSR.
- Comprehensive, on-site job analyses, again at the beginning of process, are vital for the LMSR process. It is important to gather as much information directly from the employer, worker, and direct observation and measurement.
- Job analysis should also include VRC's recommendations for any accommodations for restrictions that may apply later to other clients with restrictions. The better the job analyses the more supportive the labor market survey research!

# John Cary, MA, CRC, CDMS

- The reliability of data collection in the LMS/R is based on multiple resources grounded in valid measures of industry-based and occupational information derived from a combination of occupational staffing by industry, payroll or establishment survey, systematic research design methodology, and analytics conducted by qualified experts in occupational analysis and assessment research and development.
- . These are data resources that the vocational rehabilitation community regularly use to inform their opinions, but may not necessarily fully analyze in their labor market reports.
- . Triangulation of quantitative and qualitative data collection assists in reliably communicating particular regional labor market conditions for any specific occupational title.
- . The combination of data analysis and employer contacts fortifies the legitimacy of a vocational recommendation. It limits survey sampling bias that results from employer contacts being saturated with questions that they may or may not be qualified to answer, or are answering haphazardly.
- . From a Vocational Forensics perspective, the LMS/R methodology increases reliability in vocational recommendations concerning employability.

# LMS/R Training

LMS/R Webinar was held in September of 2015.  
Available for rebroadcast at [www.wsiassn.org](http://www.wsiassn.org)

# Option 2 Updates

*Kate Cashman*



# New Benefit

- RCW 51.32.096 (4)(b) “...Up to ten percent of the total funds available to the worker can be used for vocational counseling and job placement services.”

# Vocational Counseling Services

## **May include, but are not limited to:**

- Help in accessing community re-integration services.
- Assistance in developing a training plan.
- Coaching and guidance as requested by the worker.
- Interests and skills assessment, if worker requests or agrees such is needed to reach the worker's training or employment goals.
- Other services directly related to vocational counseling, such as job readiness and interview practice.

# Job Placement Services

## May include, but are not limited to:

- Help in developing an action plan for return to work
- Assistance with applying for preferred worker status, if this has not already happened.
- Job development, including contacting potential employers on the worker's behalf
- Job search assistance
- Job application assistance
- Help in obtaining employment as a preferred worker
- Other services directly related to job placement, such as targeted resume development and referral to community resources (WorkSource).

# Option 2 Information Coming Soon

- How is the 10% for Option 2 vocational services and job placement services calculated?
- How does the Voc Provider submit bills for Option 2 services?
- What if the Option 2 vocational services were provided over 1 year ago?
- And more

Stay Tuned to:

**“What’s New for Vocational Counselors”**

# PGAP

(Progressive Goal Attainment  
Program)  
aka: Activity Coaching



# What is PGAP?

- A structured program of goal setting and achievement tracking.
- Coaches are physical or occupational therapists or vocational counselors who have been trained in providing PGAP services.
- Worker meets weekly with the coach for a maximum of 10 weeks.
- Worker sets their own weekly goals to incrementally increase their chosen activities and eventually begin the return to work process.

# Who is it For?

- Workers who are either not working or have been unable to return to full time work.
- Recovery is progressing slower than expected
- The worker may have psychosocial issues:
  - Fear of re-injury at work
  - Avoidance of increased activities of daily living
  - Catastrophizing
  - Perceived injustice

# How do I help my client access PGAP services?

- Talk to the worker about PGAP
- Explain that PGAP is voluntary
- Give the worker a “Referral form” and the “PGAP flyer for Providers” to take to their medical provider.

[Lni.wa.gov/Coaching](http://lni.wa.gov/Coaching)

- Or talk to the Claim Manager or the Medical Provider about PGAP

# Structured Settlements

*Natividad Valdez*

