A Primer on Mental Health Treatment in a WC Setting

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The "Questions"

- 1. Does this stuff really work?
- 2. What do you do "in there"?
- 3. Don't some of these patients have preexisting conditions?
- 4. This is WC, what about work?
- 5. When does treatment end?

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2

Starting Places



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The Science of Treatment

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Treatment Context

Total Objectivity

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Typical Patients

Traumatized

Pain/Disability

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Males

Construction or skilled work

Back, shoulder neck, hand injury

Traumatic amputation or fall

Chronic pain/depression, the future

Vocational issues

Females

Retail or healthcare
Physically or sexually assaulted
Trauma-related symptoms
Anxiety, depression
Vocational PSSTUES Resources, 2008

7

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Question 1

Does this stuff really work?

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Research

375 studies, typical therapy client is better off than 75% of untreated individuals.

Office of Technology Assessment (OTA), an agency of the US Congress, concluded that psychotherapy is effective.

Meta-analysis of 475 studies showed that mental helath treatment is effective in enhancing psychological well-being, regardless of the way it is measured by researchers.

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Consumer Reports Study (1995)

"The vast majority of patients benefited very substantially from psychotherapy."

Large sample, multiple providers/treatment methods, not perfect research

No specific kind of psychotherapy did better than any other for any problem.

Psychologists, psychiatrists, counselors and social workers were equally effective

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But...

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Requires insight and intelligence

More difficult symptoms - poor outcome

Longer duration of symptoms - poor outcome

Uncontrolled pain - poor outcome

More anger with system - poor outcome

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13

Most likely to succeed....

Motivated for treatment

Moderate level of insight (or more)

Treatment begins soon after symptom development

Moderate level of symptoms

Less anger with employer/ WC system
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4

Question 2 What do you do in there?

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Treatment Basics

Relationship

Intentionality

Role -- Helper and Educator

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Treatment Process

Inital Assessment - not an IME

Injury, medical treatment, mental health history, work history, support system, current symptoms, legal issues, etc

Create and agree on treatment plan

Application of change techniques

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Homework

Evaluate results

Reassess and begin again

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So much more.... the "art"

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Confront
Correct
Encourage
Praise, reinforce
Push

.... just about anything else that might work....

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Question 3

What about preexisting conditions?

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Many (most) claimants have a preexisting condition.

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Pre-existing psychological conditions

Depression

Anxiety Disorders

Any others

Pre-existing behavioral patterns and/or values

Strong work ethic

Rigidity

Independent

Pride and feelings of competency

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Management

Consequences of non-management

Psychopathology, treat to the point where symptoms are stable and do not interfere with psychological or health intervention

Behavioral Patterns
Build awareness

Acceptance of consequences

Alter beliefs

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2:

Question 4 What about return to work?

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Reasons for Not Returning to Work

Do not want to return to work

Fearful or anxious to return to job

Cannot see themselves in other forms of work

Lack of skills (for exploration, education, voc.)

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RTW - After Trauma

Assess readiness/triggers
Provide information to patient
Set hierarchy for exposure
Work with employer
Begin desensitization
Assess with patient and employer
Increase exposure

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RTW - Pain/Disability

Assess readiness/skill level
Encourage consideration of voc issues
Explore changes in abilities
Explores vocational strengths and needs
Encourage exploration
Problem solving and implementation

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Question 5 When does treatment end?

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Barriers to MMI

Continued significant symptoms with ongoing crises

Dependence

Continued medical treatment with need for continuing mental health care

Provider's "culture of helping"

30

Criteria for MMI

Elimination of symptoms

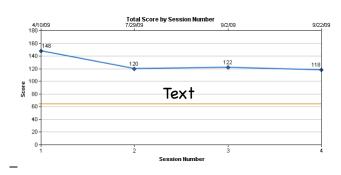
Improvement in symptoms - no further change likely

No improvement in symptoms - no further change likely

Non-compliance

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A New Approach



Chronic pain patient at mmi

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