


Orchestrating Return to Work: Turning Noise into Music

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Returning to work after a behavioral health absence is a pivotal time for employees whose lives have been affected by mental illness. It is also, unfortunately, a juncture when competing demands, interests, and motivations may or may not be in the best interest of the employee.

Defining the Problem

When return-to-work cases fail, there is rarely one specific cause. Factors associated with successful/non-successful work return can be individual (i.e. symptoms of illness, poor motivation); professional (i.e. lack of provider engagement or understanding; HR professionals' lack of engagement) or systemic (i.e. feeling lack of family or community support, a workplace that has policies in place that hinder progress; and a disability system that encourages remaining off work).

Despite what is known about the efficacy and cost-efficiency of temporary workplace accommodations upon return to work, EA providers often fail to utilize resources such as the Job Accommodation Network (www.askjan.org). JAN has published data showing that the majority of accommodations have zero cost to the employer; are perceived positively by the employer and employee; and help retain talent and negate costs associated with hiring another employee (Benefits and Costs of Accommodation, n.d.).

Knowing the Players

EA Providers:

EA providers have an important role in return to work. This may involve a mindset shift from traditional clinical work. While mental health professionals are well versed in treating symptoms, conditions, and helping solve problems; they are not typically trained on how functional assessment relates to the workplace. Given their training, they are prime candidates for serving as return-to-work coaches; applying clinical skills and knowledge to the world of work.

The authors believe that EA providers are critical in maintaining a focus on functional improvement; removing barriers to return to work, whether external or intrapsychic; serving as a coach and cheerleader for workplace success; and offering a bridge between the worlds of behavioral health and work.

HR Professionals:

The human resource representative, along with the employee's supervisor will negotiate and weigh the risks and rewards of the return-to-work plan on behalf of the employer and the employee. The HR representative is the keystone that pulls all the pieces together to ensure that the plan will be successful. It should always be the goal to return the employee to work as soon as they are able to safely; without risk to themselves, their co-workers or the employer.

Both HR and the EA provider may need to coordinate the communication with other parties involved on a case-by-case basis, which may include disability insurance provider, workers' compensation provider, the employee's legal representative, and possibly family or a guardian. Family members may play a role as trusted advisors to the employee, and as witnesses to the effectiveness of the work return plan.

Additionally, physicians may have medical or medication input in the work return process. There may also be an occupational health nurse or on-site physician that needs to be consulted.

It is critical for EA providers to know who has a stake in the process, as recommendations or plans are affected by these individuals.

Effective/Appropriate Communication is Vital

Open communication between the employee and EA professional is at the heart of effective treatment.

The EA provider must communicate about returning to work as early and as often as possible, since improving functioning and returning to normalcy must be an integral part of the treatment plan. The authors have witnessed hundreds of cases where a

provider simply failed to talk about or incorporate workplace goals into treatment, sometimes citing a professional opinion that the employee is simply "not ready" to discuss work, despite improving symptoms and gains in functional ability. This protectionist approach often fails to advance the employee's health reintegration into the workplace.

Open communication about work early and often in the RTW process allows treatment to address issues and barriers that ultimately will result in successful reintegration. By encouraging the employee to be proactive in their communications with the HR representative about returning to work, this will also increase the probability that the employee's return to work will be successful. This interactive process, which should include all relative parties, allows all concerns and needs to be voiced, discussed, and agreed upon in a non-threatening environment.

It is important for EA providers to be interactive with the other parties involved in the employee's case. This does not imply that an EA provider must talk to HR or a manager. There can be legal, ethical, or practical reasons not to do so.

However, whenever possible it is incumbent upon the EA provider to be informed and to inform others surrounding return to work. This may involve (with appropriate permissions, of course), conversations with stakeholders to determine what can/cannot be accommodated; obtain a better understanding of the work environment or job duties; and determine what individual considerations may need to be accounted for in the return to work plan.

The EA provider's ability to bridge the gap between clinical knowledge and employment is crucial. An effective plan needs to be clinically appropriate and practically feasible.

Clinical Accommodations

When considering potential accommodations for return to work, EA providers need to first determine if accommodations are clinically necessary. If so, the authors suggest using the following guidelines when considering how to determine accommodations, used in concert with other established resources such as JAN. Accommodations should be:

- Communicated clearly;
- Clinically indicated;
- Reasonably related to job duties;
- Limited in duration;
- Minimally disruptive; and
- A means of achieving full-time return to work

The authors have seen return to-work plans that fail to become implemented because they are not realistic or clinically indicated. With proper communication, planning, and motivation, this is easily avoidable. Remember that a return-to-work plan should be *negotiated*, not *mandated* by one party, thus making its success more achievable.

Not only does the EA provider need to communicate the accommodation that's been requested, but also the motivation behind the request. The HR representative may be able to find an acceptable alternative to what the EA provider suggests, which will be deemed as a reasonable accommodation to the employer.

➢ **Plans that are too vague** — Lack of specifics causes confusion, is hard for employers to interpret and must be avoided.

For example:

✘ *Poor* – "Avoid co-worker interactions; the individual needs time off sporadically, and a flexible work schedule."

✔ *Good* – "Limit co-worker interactions to the immediate department only; the individual should be allowed to come in late and stay late in one-hour increments, two days per week."

➢ **Plans that are unrealistic** — A plan that has no basis in the realities of the workplace is bound to fail.

✘ *Poor* – "Sally can return to work for two hours per day for one week, increasing one hour per day each week thereafter, until she is full time."

✔ *Good* – "Sally can return four hours per day for two weeks, followed by six hours per day for one week, and then full time thereafter."

➢ **Plans that are excessive** – This is likely to be considered an unreasonable accommodation to the employer and therefore unable to be accommodated, and not in the best interest of the employee.

✘ *Poor* – "John should have limited customer interactions for a period of six-nine months."

✔ *Good* – "John should be assigned duties that do not require customer interaction for a period of two-three weeks, and then be reassessed for increasing job duties."

➢ **Plans that are not clinically indicated** — EA professionals' recommendations need to be clinically sound, and not based on HR, legal, or other factors.

✘ *Poor* – "Nancy should not report to her current supervisor as he is demeaning and abusive."

✔ *Good* – "Nancy would benefit from meeting with HR prior to returning to work, as a way of managing anxieties she experiences around coming back to work."

For some individuals it will be important that a gradual return-to-work plan focuses on transitional job modifications that slowly reintegrate the employee back into the workforce.

Managing anxiety is also a key role of the EA provider, since anxiety about returning to work after an absence is normal, particularly when there are behavioral health concerns. However, completely avoiding anxiety-provoking situations only serves to intensify the response and engrain the avoidance behavior. For these reasons, the EA provider can help manage anxiety through the following steps:

- Communicate early in treatment about RTW and corresponding timeline;
- Provide tools for managing anxiety and stress;
- Continue treatment while the individual is transitioning to work; and
- Manage catastrophic thinking.

Summary

Successful return to work is individualized and dependent upon the right individuals working together to achieve the desired outcome. As the professional who bridges the gap between clinical aspects and the workplace, the EA provider is a critical part of that process. By rethinking our role and repurposing our skill set, we can truly advocate for behavioral health and increased quality of life by helping reintegrate individuals into the workplace. ❖

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Return-to-Work Case Example

A 26-year-old female bank teller was threatened by a customer. Law enforcement became involved, she developed significant acute stress disorder symptoms, and stopped coming to work. Over the coming days, she could not sleep, was having flashbacks and intrusive thoughts, and was emotionally distraught.

She was referred to her EAP, and was assigned to an excellent provider. In short order, the provider educated, empathized, normalized, and problem solved with the employee. Work return was always the goal, and despite her clinical presentation, the provider remained an advocate for functioning.

After only two sessions, the employee wanted to return to work. While still exhibiting symptoms of distress, she was given skills to manage those symptoms, and was encouraged to employ those skills at work.

Concurrently, the provider communicated with HR and management to clarify job responsibilities and request some temporary modifications, such as the employee needing to be able to excuse herself for up to 10 minutes each hour to manage anxiety episodes with her newly taught skills.

After only two weeks off work, the employee returned to her job and continued to see the EA provider for an additional two sessions. In those sessions they addressed her experiences at work and additional skills to manage her emotions. The employee never needed to use the temporary modifications that were in place, and remained successful at work without them. The positive outcome was attributable to the employee assistance provider's focus on function and work, combined with excellent clinical skills.

Without the provider's coaching and skills, the outcome might have been much different. The EA professional knew the outcome that was desired and did everything possible to achieve that outcome. ❖

- Tyler Arvig