

# **Preventing Delayed Recovery by Addressing Psychosocial Barriers**

OMNET Conference 2023

Marcos A Iglesias MD, MMM, FACOEM, FAAFP

# Disclosure and Disclaimer

I am employed by The Travelers Indemnity Company.

The content of this presentation is provided for informational purposes only.

Information contained herein is not intended as, nor does it constitute, legal or professional advice, nor is it an endorsement of any source cited or information provided.

Any examples or discussions of claim handling or processes are for illustrative purposes only. Every claim is unique and must be evaluated on its own merits. Claim professionals should exercise their professional judgment in the management of all claims in accordance with all Travelers guidelines and/or procedures.

This presentation does not amend, or otherwise affect, the provisions or coverages of any insurance policy or bond issued by Travelers, nor is it a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law.

In no event will Travelers or any of its subsidiaries and affiliates be liable in contract or in tort to anyone who has access to this presentation for the accuracy or completeness of the information relied upon in the preparation of this presentation or for the completeness of any recommendations from cited sources. Participants should consult source material for more detail.


## Objectives

- Recognize common risk factors for delayed recovery after a work-related injury or illness
- Describe and utilize the ‘flag system’ to identify injured employees who may benefit from focused interventions to prevent prolonged disability
- Describe the tools that may help injured employees address barriers to recovery

# A tale of two injuries

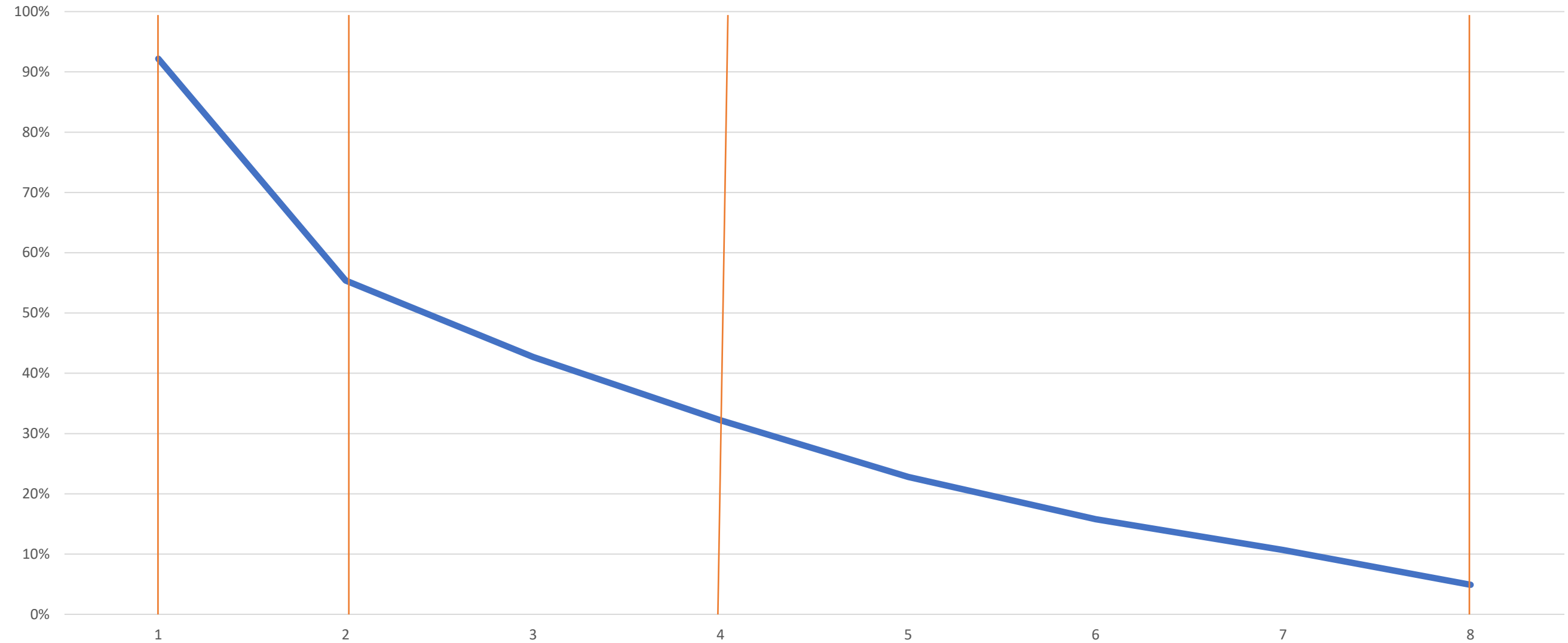


Image by [Dr. Manuel González Reyes](#) from [Pixabay](#). CCL.

A close-up, perspective view of a computer keyboard. The central focus is a single key labeled "Pause" in a bold, black, sans-serif font. The key is white with a slight shadow, giving it a three-dimensional appearance. It is surrounded by other white keys, which are slightly out of focus, creating a sense of depth. The background is a dark, solid color, likely the keyboard's base.

**Pause**

# Return to work by quarters after date of injury



# Needless disability

60 to 80%

of lost work days attributed to medical conditions in the United States involved time off from work that was not really required by the condition itself.

# Worklessness

2 to 3 X

2 to 3 X

6X



# Worklessness

50% excess mortality

## **Worklessness**

Not working may be  
harmful to your health.



# Is Separation from the Workplace a Psychiatric Emergency? The Role of the Clinician and the Consultant

Greg P. Couser, MD, MPH; David Evan Morrison III, MD; Andrew O. Brown, MD; and Gaurava Agarwal, MD



Biomedical?



## René Descartes (1596-1650)

The body as a physical machine

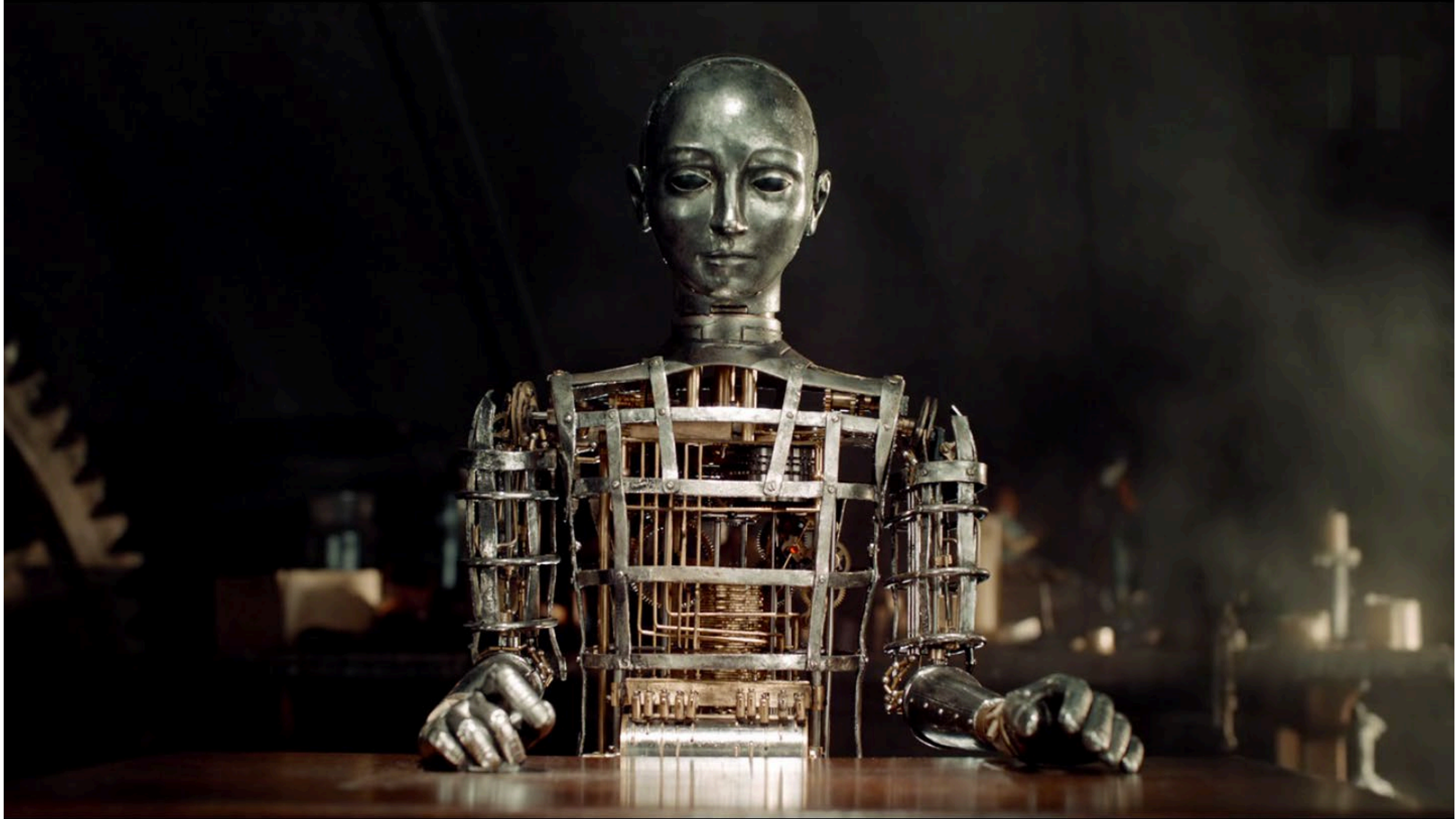
Follows the laws of physics

The soul as non-material

Does not follow the laws of physics

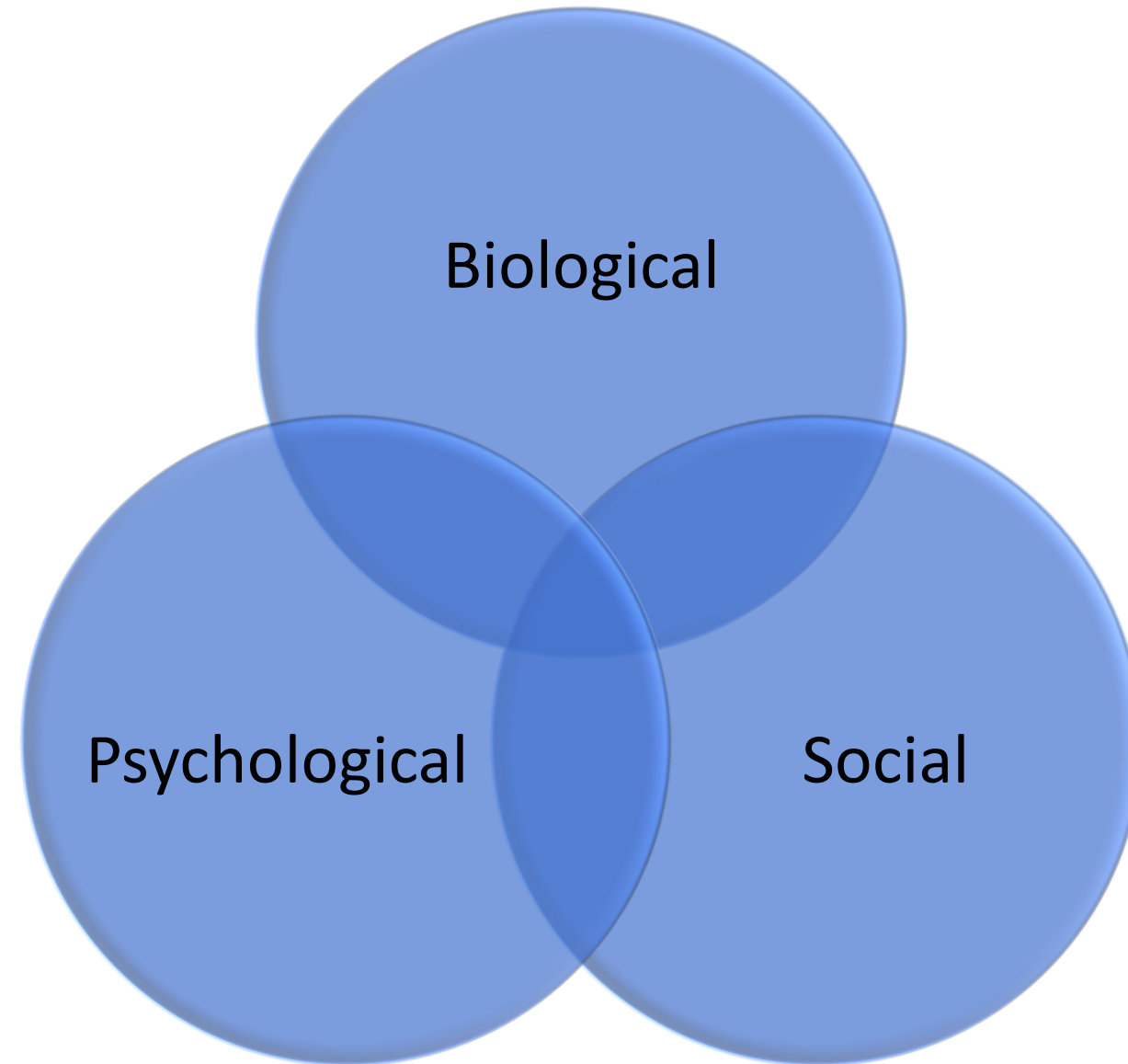






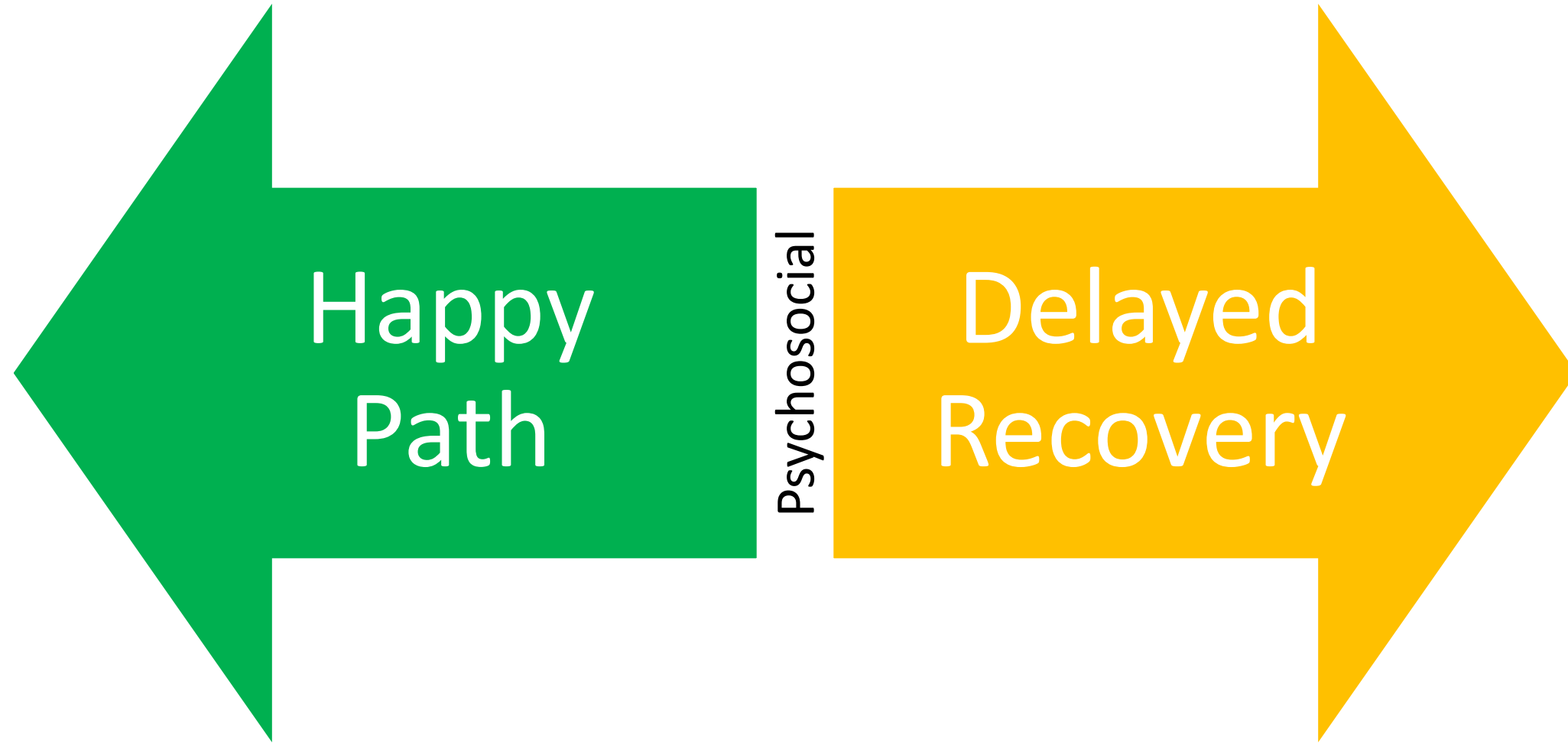


# **A biopsychosocial approach**

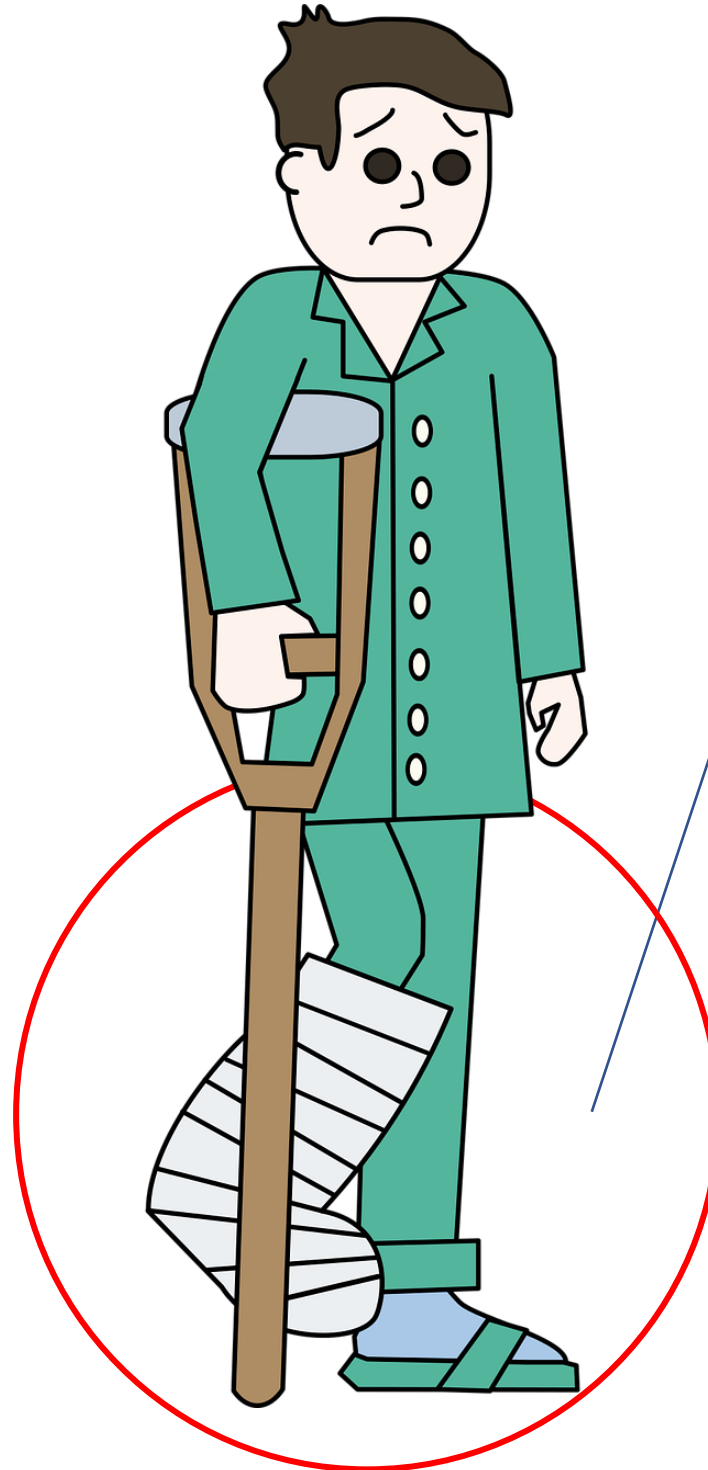


The good physician treats the disease; the great physician treats the patient who has the disease.

Sir William Osler



WC perspective



FPV1234

S82.401A

73590, E0112

99203, 99213

FNOL

AWW

ODG Disability Duration

RTW

Claimclosure

IE perspective



I'm having a hard time sleeping

I forgot our anniversary

Covid

The car needs new suspension

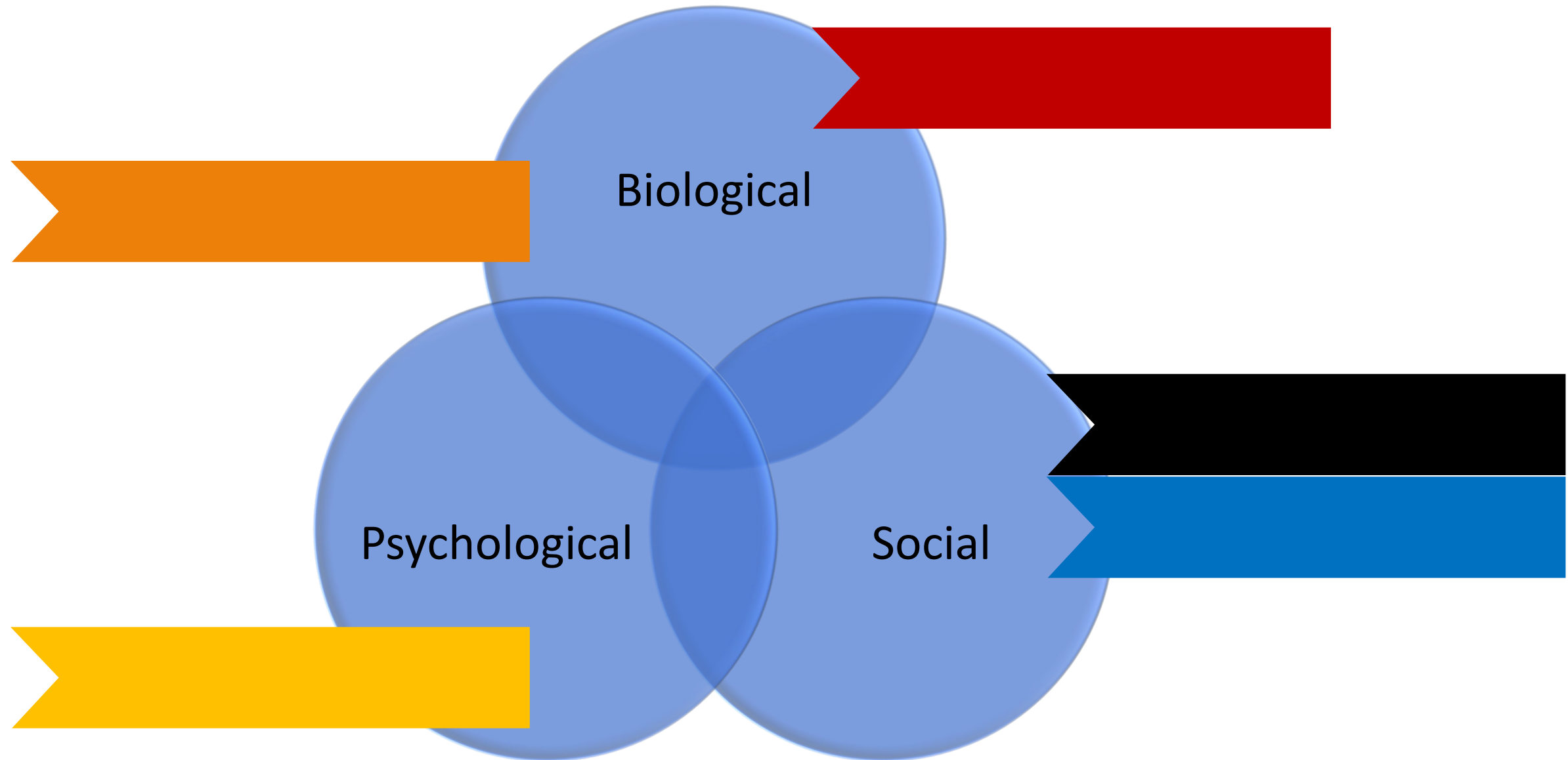
Bills are piling up

My diabetes is not controlled

Are there co-pays?

Will I lose my job?

# A biopsychosocial approach to understanding delayed recovery



# Biological risk factors for delayed recovery

Age

Gender

Comorbid conditions

Opioids

See, for example, Iglesias MA. Comorbid conditions in Workers' Compensation. *AMA Guides Newsletter*. 2019.

# **Social risk factors for delayed recovery**

**Compensation**

**Administrative delays**

**Iatrogenesis**

**Nomoiatrogenesis**

See, for example, Caruso G and Kertay L. Psychological factors in delayed and failed recovery and unnecessary disability. *AMA Guides Newsletter*. 2019.



## **Work risk factors for delayed recovery**

**Heavy manual job**

**Workplace climate**

**Work overload and pressure**

**Long commute distance**

# Work and other risk factors for delayed recovery

Job dissatisfaction

Low social support

Dysfunctional family situation

ACE

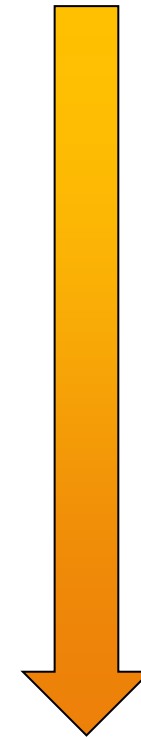
See, for example, Caruso G and Kertay L. Psychological factors in delayed and failed recovery and unnecessary disability. *AMA Guides Newsletter*. 2019.

# Psychological continuum

Psychosocial barrier

Psychological symptom

Psychiatric disorder



See, for example, Caruso G and Kertay L. Psychological factors in delayed and failed recovery and unnecessary disability. *AMA Guides Newsletter*. 2019.

# Psychosocial risk factors for delayed recovery

Fear

Catastrophic thinking

Recovery expectation

Perceived injustice

See, for example, Caruso G and Kertay L. Psychological factors in delayed and failed recovery and unnecessary disability. *AMA Guides Newsletter*. 2019.

# **Psychosocial risk factors for delayed recovery**

**Maladaptive coping**

**Absence of positive adaptive behaviors**

# Psychological risk factors for delayed recovery

**MDD**

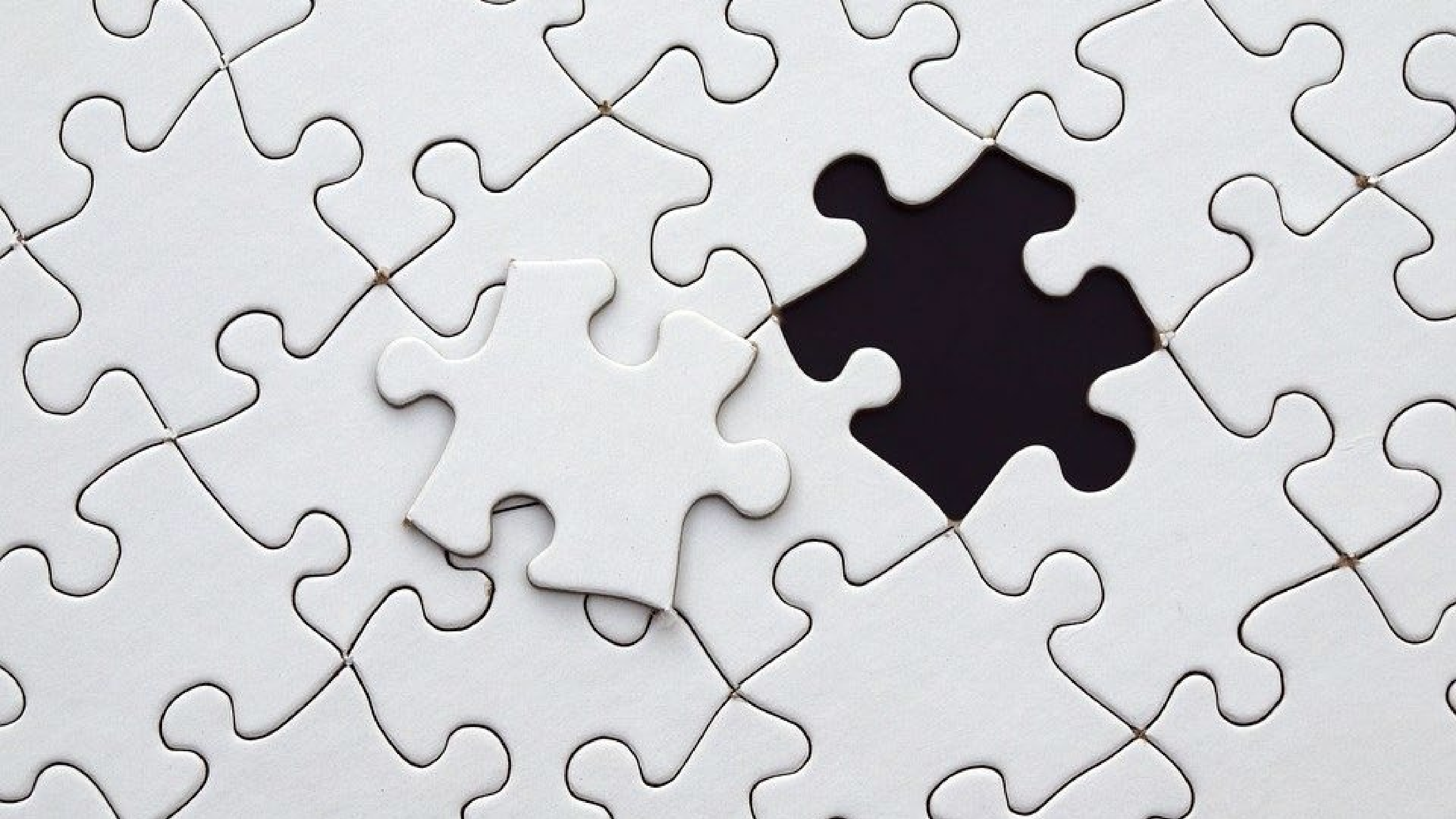
**Anxiety disorders**

**Adjustment disorders**

**PTSD**

**Personality disorder**

See, for example, Caruso G and Kertay L. Psychological factors in delayed and failed recovery and unnecessary disability. *AMA Guides Newsletter*. 20



## Screening tools: General



Image by [heyannieb](#) from [Pixabay](#).

- Örebro Musculoskeletal Pain Screening Questionnaire
- Keele STarT Back Questionnaire
- Acute Low Back Pain Screening Questionnaire



## Screening tools: Specific factors



Image by [heyannieb](#) from [Pixabay](#).

- Pain catastrophizing – PCS
- Perceived injustice – IEQ
- Fear avoidance – TSK, FABQ

## Screening tools: Specific factors



Image by [heyannieb](#) from [Pixabay](#).

- Depression – PHQ-9; PHQ-2; BDI
- Anxiety – GAD-7; BAI
- Substance abuse – CAGE; AUDIT



Image by [Gerd Altmann](#) from [Pixabay](#).

# Conversational interview



Image by [heyannieb](#) from [Pixabay](#).

- When do you think you'll return to work?
- Why do you think this happened to you?
- Is your pain sometimes more than you can bear?
- How are you coping with the injury?
- Anything you're afraid of that we haven't talked about?

## Your role

- Identify and address barriers early on
- Functional approach
- Rapid return to preinjury function



# Interventions

- Motivational interviewing
- Activity
- Coaching
- Cognitive behavioral therapy
- Functional restoration

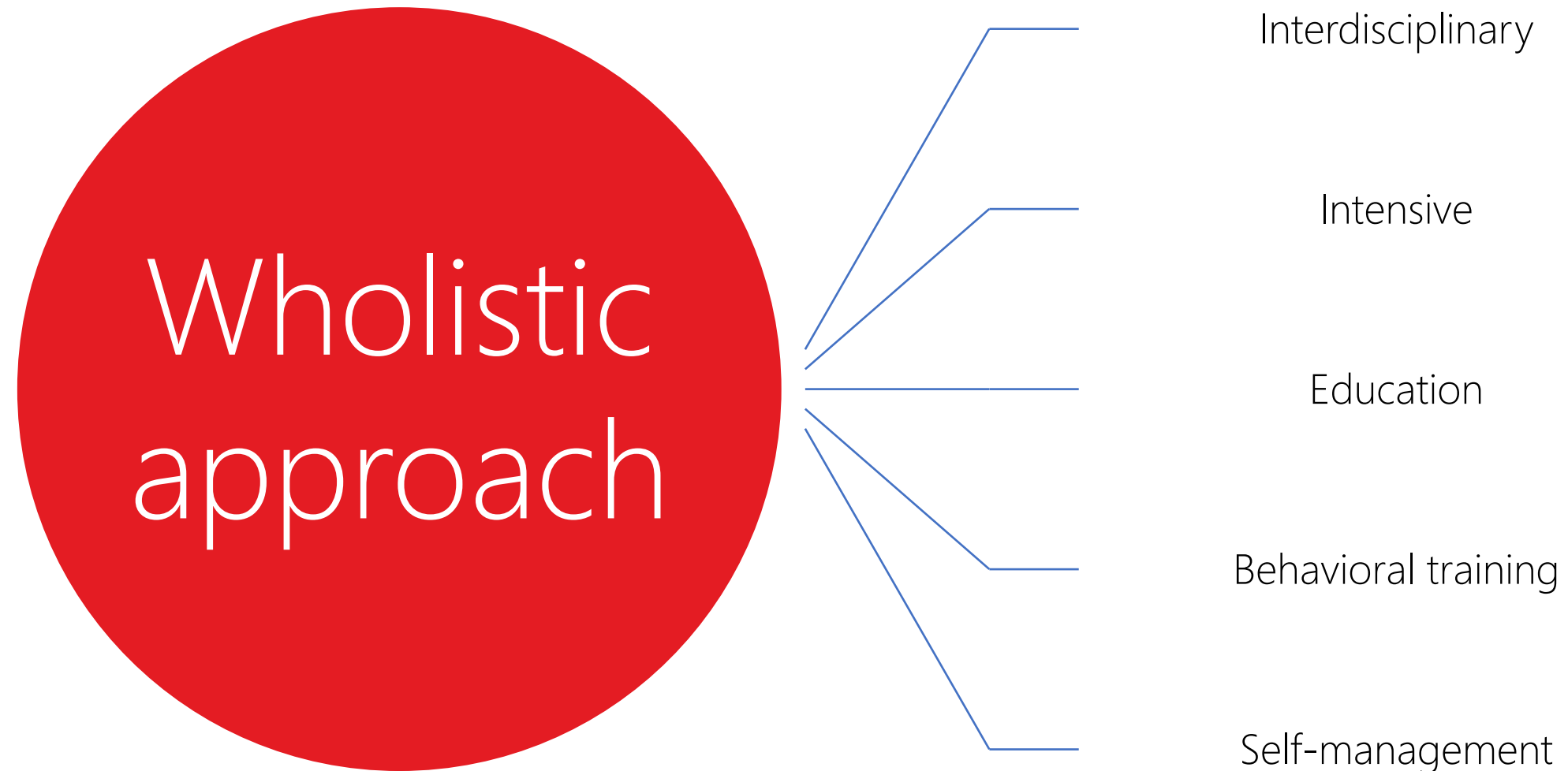


# Cognitive behavioral therapy (CBT)

- Present-focused, time-limited
- Skill building
- Coping skills
- Problem solving



# Functional restoration





Resilience

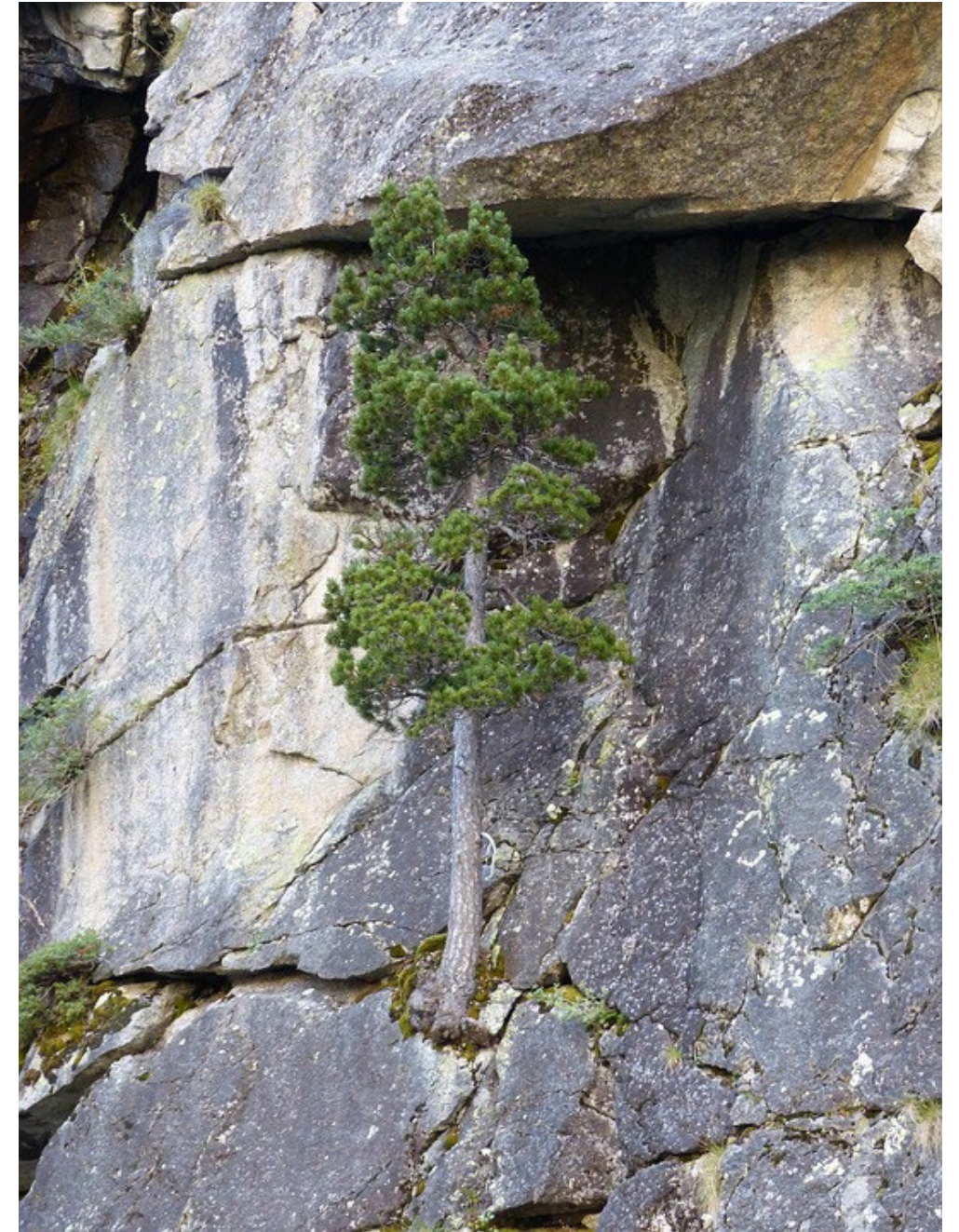
## Resilience

“a person's ability to adapt successfully to acute stress, trauma or more chronic forms of adversity.”



## What does resilience look like?

“A positive view of stress and the ability to manage stress effectively, adapt to change and cope with adverse conditions, including catastrophic life events, socioeconomic disadvantage and mental and chronic illness.”



## **Working definition**

Positive adaptation  
in the face of an adverse experience  
that oftentimes lead to poor outcomes.



## What does resilience look like?

- Positive self-image
- Problem-solving skills
- Self-regulation
- Adaptability
- Faith/understanding the meaning and one's purpose
- Positive outlook



Can we teach resilience?

## Learned optimism model

- Resilience training
- *Learned Optimism: How to Change Your Mind and Your Life*



# Resilience and return-to-work pain interventions

## Systematic review (2019)

- 4 RCT: SAW / RTW improved with intensive MD interventions
- 16 RCT: no improvement
- 5 RCT: improved resilience outcomes but not RTW

“Effectiveness of resilience interventions for chronic pain sufferers on RTW is uncertain and not as helpful as anticipated.”



# Resilience building apps



Image: Pixabay.

Mushquash AR, Pearson ES, Waddington K, et al. User Perspectives on a Resilience-Building App (JoyPop): Qualitative study. JMIR Mhealth Uhealth. 2021;9(7):e28677.

# THANK YOU

Marcos A Iglesias MD, MMM, FAAFP, FACOEM

Vice President, Chief Medical Director  
Travelers

[miglesia@travelers.com](mailto:miglesia@travelers.com)