Handbook of Complex Occupational Disability Claims

Early Risk Identification, Intervention, and Prevention

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Preface

The health care, compensation, insurance and legal systems, together with employers, in the Western world are challenged by a “new generation” of complex and multifaceted, yet still inadequately understood, clinical conditions with major occupational impact. These conditions include chronic pain (such as headache, back pain, neck pain and fibromyalgia), repetitive strain injuries, mild traumatic brain injuries, depression, anxiety and specific posttraumatic stress disorders. The resulting wave of occupational disabilities brought on by these conditions defies traditional but outdated biomedical reductionistic models of identification, rehabilitation and management. These occupational disabilities, which we conceptualize and term in this Handbook as “biopsychosocial,” have been expanding more rapidly than medically based disabilities. They have now reached the very top rankings in the hierarchy of occupational disabilities in industrialized countries, and are accompanied by spiraling costs from associated health care, compensation, rehabilitation, litigation, and productivity losses.

The last two decades have seen a proliferation of basic science and clinically based research on these conditions. Despite these efforts, the knowledge generated by this research has not yet been integrated and translated into clinical and case management practice, policy and new paradigms of service delivery. There is no overarching conceptual framework for diagnosis, risk identification, early intervention, return to work and prevention. Rehabilitation and compensation systems, and professionals working within them, together with employers, are challenged by the pressing need to develop effective clinical and occupational interventions, as well as management and prevention approaches for these complex yet still elusive disabilities. Unfortunately, these professionals still have no access to a systematic and integrated body of knowledge that would provide them with conceptual and research support for evidence-based effective practices and policies in this expanding field. This urgent need stimulated the development of the present Handbook.

Likewise, the managed care systems, insurance industry, workers’ compensation systems, health care and rehabilitation systems, as well as our legal system, continue to struggle with the onslaught of these complex, chronic, labor-intensive, poorly understood and costly claims. The absence of evidence-informed paradigms, guidelines and strategies for early identification, intervention and management of these claims (for use in compensation, occupational and clinical settings) results in multi-billion dollar disability-related economic losses across industrialized countries. These
losses are already estimated at several percent of the gross national product in those countries, and they are continuing to rise. Moreover, for more than a decade, the system “stakeholders” delineated above have not been able to effectively deal with secondary prevention of occupational disabilities that require a biopsychosocial diagnostic and intervention framework. Their mandate to facilitate the recovery and return to work of persons with biopsychosocial disabilities (and thereby reducing disability costs) has therefore been seriously compromised.

The problem continues to escalate despite the proliferation of thousands of studies on predictors and early intervention programs for individuals at high risk for chronic occupational disability. The role of psychosocial factors in the development or maintenance of occupational disability is frequently raised, though still poorly understood. Explanations of disability as solely, or primarily, motivated by secondary gain or preexisting psychology abound in the medico-legal context. Yet, no systematic and legally defensible ways of identifying those at risk for disability and then intervening with them early before disability sets in, have been implemented in such contexts. This is the current status in the field, in spite of the consistently promising outcome data on the use of an interdisciplinary model of early intervention, coupled with the effectiveness of cognitive-behavioral approaches.

A mismatch and a chasm between the traditional biomedical model, upon which health care, compensation and legal systems have been historically constructed, and the new paradigm required for the effective management of biopsychosocial disabilities, have been largely responsible for the escalation of this problem. At the same time, the current clinical literature has few examples of attempts at the integration of research evidence on the seemingly disparate clinical conditions (e.g., non-specific chronic pain, repetitive strain injury and posttraumatic psychological and neuropsychological conditions) for which the biomedical model has failed in both research and practice. The major aim of this interdisciplinary Handbook, therefore, is to bridge the gap between new developments in the science of biopsychosocial disabilities, with particular emphasis on medicine and psychology, and the clinical, occupational, organizational, compensation, and case management practices in what is widely understood as the “disability industry”. This has been accomplished using an integrative biopsychosocial paradigm, as opposed to the traditional but outdated unidisciplinary biomedical model following the anachronistic Cartesian mind-body distinction. The Handbook focuses on the translation of the science of prediction of work disability from early markers to new research and clinical practice models including the clinical, rehabilitation, occupational, case management and compensation approaches in the area of high risk, costly and complex disabilities. Being cognizant of the evidence that only a minority of individuals with biopsychosocial disability go on to develop chronicity and fail to return to work, identification of these individuals who are at highest risk for such disability becomes critically important.

Our Handbook has been envisioned as a “transfer of knowledge” project that contributes an integration of the best, state-of-the-art research on the identification of high risk for disability, prediction of occupational disability, and early intervention with those who are at risk of failing to return to work following trauma and injury. Those individuals are most likely to become the insurance and rehabilitation industry’s “complex claims”: poorly understood, traditionally treatment-resistant, contentious, litigious and expensive. They are also likely to become employers’ most significant human resource, productivity and “bottom line” economic challenges
with respect to prevention, disability management and job accommodation. The incurring disability costs may potentially threaten their company’s economic viability. And, last but not least, they are most likely to become an object of litigation involving employment law, personal injury, workers’ compensation, and long-term disability entitlement.

These adverse scenarios are not yet fully preventable in the current social, political, legal, policy and economic contexts. However, major changes in systems, policies and practices applied with these disabilities can be effected if new integrated evidence-based approaches to prediction, risk identification, early clinical, case management and occupational interventions are applied. Our Handbook constitutes a state-of-the-art, integrated research-based resource to facilitate the transfer of knowledge and the development of new clinical and occupational practices in healthcare, rehabilitation, insurance and workers’ compensation industries. This Handbook also synthesizes and critically reviews the current research on biopsychosocial conditions, and provides an etiological and epidemiological synopsis with implications for early diagnosis, risk identification, intervention, case management and disability prevention. It focuses on the functional and occupational impact of these conditions, as well as the most effective intervention approaches in clinical, workplace and compensation environments. The conceptual and methodological issues and controversies, together with directions for future research and practice, are also highlighted. Not only will the reader be provided with knowledge of concepts and the empirical evidence gathered to date, in order to guide their practice, but also the necessary key components of a “how-to” toolbox for their everyday work and for future advances.

ACKNOWLEDGMENTS

We would like to thank all of the authors for their valuable state-of-the-art contributions, and for making this first integrative Handbook on a biopsychosocial approach to early detection and intervention with occupational disabilities come to fruition. We would also like to acknowledge the support and assistance of many colleagues on both the research and clinical sides of occupational disability through discussion, exchange of information and suggestions. In addition, we would like to thank Sharon Panulla, Malcolm Crystal, and Herman Makler of Springer, who supported the vision of this Handbook and encouraged its timely completion. We are also indebted to Alanna Winter, Research Coordinator at the University of British Columbia, for her technical and research contributions to the development of this book. We also thank the numerous consultants who helped with different aspects of this multifaceted project, including physicians, psychologists, vocational rehabilitation experts, occupational health nurses, researchers, and compensation/insurance specialists spanning the North American continent.

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Introduction

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Our Handbook constitutes a state-of-the-art, integrated research-based resource to facilitate the transfer of knowledge and the development of new clinical and occupational practices in healthcare, rehabilitation, disability insurance and workers’ compensation industries. This Handbook also synthesizes and critically reviews the current research on biopsychosocial conditions, and provides an etiological and epidemiological synopsis with implications for early diagnosis, risk identification, intervention, case management and disability prevention. It focuses on the functional and occupational impact of these conditions, as well as the most effective intervention approaches in clinical, workplace and compensation environments. The conceptual and methodological issues and controversies, together with directions for future research and practice, are also highlighted. Not only will the reader be provided with knowledge of concepts and the empirical evidence gathered to date, in order to guide their practice, but also the necessary key components of a “how-to” toolbox for their everyday work and for future advances.

This Handbook has been written by distinguished researchers and clinicians, all recognized experts in the fields of occupational rehabilitation, medicine, psychology and neuropsychology, to provide the most “cutting edge” account of the key discussed conditions. Implications for best evidence-informed practices in clinical and vocational rehabilitation, case management, healthcare and compensation are drawn from the body of knowledge of each one of the biopsychosocial conditions, and from integrative themes cutting across these seemingly disparate conditions.

The Handbook consists of five major parts. Part I, “Conceptual and Methodological Issues in Prediction of Disability,” provides an overview, critical analysis and integration of emerging conceptual models guiding theory, research and practice in the areas of diagnosis, risk identification, early intervention and prevention of biopsychosocial disabilities. The epidemiological rationale for the development of new paradigms of early identification and intervention is presented, highlighting the evidence for “disability epidemics” in industrialized countries and the likely contributors to the spiraling human and economic impact of disability costs. The conceptual quagmire associated with the relationship between impairment and disability is also
discussed. Key conceptual models, factors and outcomes implicated in prediction of disability are discussed. A Three Stage Continuum Model from cause to disability to decision is also proposed to guide research and practice in predicting and intervening with occupational disability. This part addresses the key methodological issues identified in the literature. Factors that particularly hamper research and practice are critically reviewed, and solutions to some of the problems suggested. Integrative approaches to the expanding research data and current systematic reviews of the literature on predictors of disability are also presented. In addition, methodological issues associated with outcome measures in occupational disability are highlighted. Concluding this part is a discussion of key issues associated with outcome measures in occupational disability.

Part II, “Prediction of Disability in Pain-Related and Psychological Conditions,” provides state-of-the-art critical reviews of evidence on specific disabilities which are best understood using a biopsychosocial approach. The conditions discussed in this section are (1) pain-related conditions: back pain, neck pain, whiplash, fibromyalgia, headache and repetitive strain injury; (2) brain injury, with a specific focus on mild traumatic brain injury; (3) posttraumatic stress disorder; and (4) depression and anxiety in the workplace. Critical conceptual, evidentiary and clinical issues associated with these conditions (including diagnoses, causality, risk identification, impact on work function and intervention directions) are highlighted in this part. Controversies around the “objective” versus “subjective” aspects of these disabilities are also addressed using current scientific and clinical evidence.

Part III, “Application of Disability Prediction in Compensation, Health Care and Occupational Contexts,” bridges the research and clinical evidence discussed in previous chapters with clinical and occupational practices in secondary prevention, early detection and intervention with biopsychosocial disabilities. Risk for disability flagging systems are reviewed and implications for practice drawn. The medico-legal aspects of clinical practices with these disabilities, in the private disability insurance contexts, and applicable in other compensation environments (such as workers’ compensation), are discussed, and best practices for clinicians suggested. Controversies around the identification of secondary gains and losses in the medico-legal context are addressed using current research evidence. Finally, evidence-informed practices for early intervention with injured workers at high risk for disability at the subacute stage in the workers’ compensation environment are drawn from a systematic review of the current literature.

Part IV, “Early Intervention with At-Risk Groups,” provides an overview of the specific early intervention programs for persons at risk for disability that show evidence of effectiveness. The following approaches are discussed: (1) an early interdisciplinary clinical team approach (the Dallas model); (2) an integrative clinical and occupational approach (the Sherbrooke model); (3) a cognitive-behavioral approach (the Swedish model); and (4) the Ctd MAP Intervention Program for Musculoskeletal Disorders.

Finally, Part V, “Where Are We Now and Where Are We Heading,” discusses the common and emerging themes that guide the research and practice of risk identification and early intervention across various conditions, integrating the critical “what we know” and “what we don’t know” with respect to the application of knowledge in clinical and case management and occupational practice. Current and future research, policy and practice directions emerge from this overview. The evidence is
It is likely that the reader of this Handbook will find some of the chapters controversial or offering disparate explanations. This would not be surprising in a field which has been historically polarized and politicized. In a larger socio-political context, this polarization likely reflects the continuing disagreement between those advocating purely biomedical (the body), purely psychological (the mind), or purely systemic (the workplace, the medico-legal system or society at large) explanations and solutions to the problem of biopsychosocial disability. Our Handbook attempts to cut through this politicization and polarization with current scientific evidence in order to impact the best practices in a balanced way, without attributing blame either to the individual or the system. Just like any human behavior, occupational disability is a function of individual differences and the environmental and personal context in which an individual’s motivations and actions are formed and executed. Last, but not least, the Editors wish to note that this Handbook was expanded beyond the current original author contributions to the field, by the addition of several recently published leading or seminal papers, to which chapter contributors made frequent references.