

A Primer on Mental Health Treatment in a WC Setting

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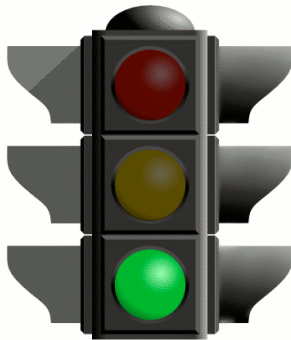
The "Questions"

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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Starting Places



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The Science of Treatment

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Treatment Context

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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 issues

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Question 1

**Does this stuff
really work?**

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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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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 health treatment is effective in enhancing psychological well-being, regardless of the way it is measured by researchers.

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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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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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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

Initial 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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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"

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Criteria for MMI

Elimination of symptoms

Improvement in symptoms - no further change likely

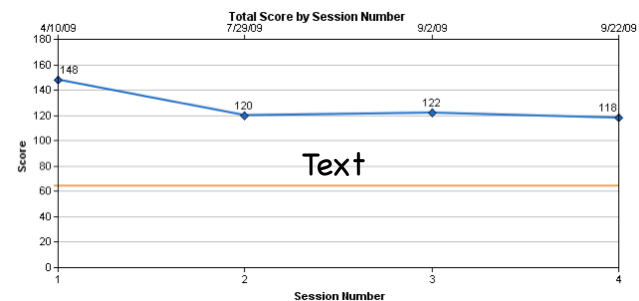
No improvement in symptoms - no further change likely

Non-compliance

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A New Approach



Chronic pain patient at mmi

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