Ontario Society of Occupational Therapists

OSOT Task Force on Mental Health and Return to Work

# REFERENCEGUIDE

## OCCUPATIONAL THERAPY IN MENTAL HEALTH AND RETURN TO WORK

> **Effective return to function is a societal obligation that must be embraced by employers, regulators, injured workers, coworkers, carriers, caregivers, and vendors; all the parties that play active roles in an injured person's life are responsible for helping them return to a productive, contributory role in society.**
>
> — International Association of Industrial Accident Boards and Commissions (2016)

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Visit www.osot.on.ca for more information about the Ontario Society of Occupational Therapists.

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# Introduction

Occupational therapists (OT) involved in Return to Work (RTW) and Mental Health use their skills of occupational analysis to bridge the gap between the person's abilities and the behavioural, cognitive, emotional, social, and physical demands of a job within the contextual environment of work. OTs facilitate the transition from worker readiness (at home/community), re-integration (work), to re-establishing resilience and sustainability at work.

## Where Do OTs Work?

OTs in this practice area may work for third party payers such as insurance companies, worker's compensation boards, and/or employers. They may practice in a variety of settings such as a clinic, hospital, or private practice.

## What Are the Roles of an OT?

OT roles may include prevention, direct intervention and treatment, disability management, care coordination, and/or consultation. They work with individuals, teams, and groups, focusing on the interaction between individuals, environments, and the requirements of the job.

## Quick Facts

The following fact sheets, designed for employers and for the general public, provide an overview of the role of OT in workplace mental health:

Mental Health at Work for the Public

Mental Health at Work for the Employer

Workplace Mental Health Quick Facts

### Purpose

The purpose of this document is to provide an understanding of the role of occupational therapy in assisting individuals with a mental health issue with return to work. It is designed for any occupational therapist or student occupational therapist who is interested in practicing in this area.

### Disclaimer

This document is not intended to be prescriptive or to advocate for a singular approach, but to provide an overview of best practices, tools and resources.

The term client within this document refers to the person with a mental health issue, disability or injury that is receiving treatment or services, otherwise known as the employee, worker or injured person. The client is distinct from the third party payer.

### About the Authors

The authors are all occupational therapists with years of experience in workplace mental health who identified a need to improve consistency in terminology in the field and consolidate information on the breadth and depth of practice. This document is the product of over two years of work as a task force sub-committee of the OSOT Workplace Mental Health Team.

# Core Competencies
## Skill Set

Competence to practice in the area of workplace mental health is the OTs responsibility within their personal scope of practice, as per the College of Occupational Therapists of Ontario (COTO) guidelines.[1] OTs will need to pursue additional training and education beyond their university education for a practice focused on return to work and mental health.

The skill-set required will depend on the OTs' role and the practice setting. However, OTs providing direct intervention in this practice area will typically pursue further training in specific therapeutic modalities, such as Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT), Exposure Therapy (ET) and other specialized training such as Motivational Interviewing (MI), or Substance Use Management. In addition, they gain clinical experience working with individuals with serious mental health issues, which contributes to their understanding and ability to identify individual's distress and symptomology, and develop a repertoire of therapeutic skills.

An understanding of legislation surrounding return to work, disability management, accommodation principles, organizational policies, collective agreements, and sustainable work best practices is essential for the clinician working in this practice area. OTs can obtain additional certifications and training such as Certified Disability Management Professional, Registered Rehabilitation Professional, Certified Return to Work Coordinator, and certificates in Cognitive Demands Analysis and/or Functional Cognitive Evaluations.

# Unique Considerations for OTs Working in Return to Work and Mental Health

OTs use skills of occupational analysis to understand the social, behavioural, emotional, cognitive and physical demands of the job within the context of the workplace environment and culture. With this understanding, occupational therapists collaborate with the employee, the healthcare providers and the workplace stakeholders to identify the gaps between the demands of the job, the workplace environment, and the individual's capabilities and limitations. OTs bridge these gaps through the application of accommodations, modifications, and building functional abilities. A focus on continued application of therapeutic strategies and principles within the work environment facilitates a sustainable return to work.

## Working with Third Party Payers

COTO's "Guidelines for Working with Third Party Payers" (May 2017),[2] states the College expects therapists to be "transparent, objective, fair and impartial" when providing services. The guidelines further state that it is always the client to whom the health care opinion or assessment applies, and not the payer. Additional important factors to keep in mind are listed below. Refer to the COTO practice resources for further guidance.

- If during the assessment a serious concern is identified, that is beyond what the referral entails, it falls to the therapist to advise the client to seek treatment and to ask for consent to share assessment results with the treating health care provider.
- It is important to be clear as to what is being asked in the referral keeping in mind your own scope of practice and if you possess the knowledge, skills, and judgement to effectively address the referral with regards to the specific injuries or stated disabilities of the client.
- You may be asked to review additional information such as surveillance materials or complete addendums or rebuttals.

## Consent

It is your obligation to ensure you meet consent standards as per COTO's guidelines. You should consider using COTO's Consent Checklist as a reference and refer to the COTO Standards for Consent (2017).[3]

As part of the initial consent process, depending on your role, it is important to discuss the following:

- Risks and benefits of participation in assessment and intervention.
- How and what information is to be collected.
- To whom information may be disclosed.
- Client's rights to withdraw consent at any time.
- Duty to disclose if there is an indication of self-harm or harm to others.
- Additional requirements such as the assessment process/methods, costs, etc., are also required to be discussed.

## Privacy Legislation

Provincial legislations and regulations should be considered such as the Personal Health Information Protection Act, 2004 (PHIPA). For example, when discussing return to work plans with respective workplace parties, the client's diagnosis is not to be shared with workplace parties without the employee's express consent.

It is crucial to know what information can be shared with stakeholders and what information should not. As a clinician, it is important to include only functional information in reports to third party payers or workplace stakeholders. In some situations, an employer may have access to your reports with the employee's consent when involved in an appeal process. In addition, you may need to think about how to deal with situations in which your client may withdraw permission to share a report with the third party payer.

## Transparency

Working with a third party payer can be challenging and confusing for the injured or ill party. Transparency means that clarification may be needed regarding the goal of the agency and your role and obligation as a health care provider. You may be placed in the midst of competing interests between a client and the payer, in which the client may want the maximum resources and the payer the minimum. The COTO's Guidelines for Working with Third Party Payers (2017)[2] states: "it is not the role of the OT to advocate for either position, but to provide an accurate and impartial report."

## Socio-cultural Considerations

An occupational therapist aiming to enable clients to return to optimal engagement in activity requires consideration of key ideas such as cultural humility, cultural safety and unconscious bias. This involves consideration of the therapist's and the client's social and cultural stand points including interpretation of injury, pain and disability. The therapist will need to understand how conditions and related distress may present differently across various communities and explore best practices in addressing this in order to move the client towards recovery and return to work. Refer to the Canadian Association of Occupational Therapists (CAOT) position statement (2011).[4]

A therapist may need to work with a client who speaks another primary language and access translation services to assist with interactions between the client, management, and other employees. The therapist should work with a reputable translation company that provides a high standard of professional service.

## Workplace Culture

The culture of the work environment must be considered. The workplace culture includes the character, values, beliefs, traditions, attitudes, and behaviours of an organization, its leadership and its employees who contribute to the emotional environment, and how people interact in the workplace setting. The therapist must consider how the worker will fit into this workplace culture and assist with strategies to manage symptoms as they return to work. Some workplaces include mental health awareness and resources. Recognition of the workplace culture is important in order to understand the impact on the individual and the influence on return to work planning. For example, if a client was to indicate that drugs and/or alcohol were pervasive in their work environment, ensure that strategies are developed to manage these risks. This reality is essential to understand, especially if supporting return to work for a client who struggles with addictions.

## Stigma

Stigma is a huge issue for clients living with mental health and addiction issues. Sources of stigma may include co-workers, family and friends, and society as a whole. Self-stigma can also be a significant problem, leading to feelings of shame, hopelessness, isolation, and negative self-image. Stereotypes and fear of discrimination can prevent people from reaching out for help and impair the recovery and return to work process. Many clients worry about how to manage questions about their absence or health when returning to work.

## Organizational Stress

Occupational therapists should be aware of organizational stressors that can co-exist in the workplace. Although they may be distinct from a traumatic event, these stressors can still exacerbate the client's mental health issues. Organizational stressors may include role ambiguity (conflicting work priorities, low support, high demand/low control), shift work (fatigue, sleep disturbance), betrayal trauma (people or situations in which a person depends for survival significantly violate that persons trust or wellbeing),and sanctuary trauma (when one expects support, but experiences abuse), (Freyd, 2008).[5] The National Standard of Canada for Psychological Health and Safety in the Workplace, is a set of voluntary guidelines, tools and resources intended to guide organizations in promoting mental health and preventing psychological harm at work (BNQ / CSA Group / MHCC, 2013).[6] This standard is linked to 13 psychological risk factors in the workplace (Gilbert et al., 2018).[7] Guarding Minds at Work is an additional resource with free resources about psychological health and safety in the workplace.

## Access to Services

Remote therapy may be required in under serviced areas and can involve over the phone therapy or video conferencing. Occupational therapy may be delivered safely through specific telemedicine platforms with the highest level of privacy and security, *e.g., encrypted video consultations, content never recorded or stored; compliance with PHIPA, compliance with the Personal Information Protection and Electronic Documents Act, 2000 (PIPEDA).*

Health Quality Ontario supports that guided internet Cognitive Behavioural Therapy (iCBT) may improve access for those clients that do not have access to a provider for a variety of reasons. Guided iCBT is internet-delivered structured CBT with the support of a professional. Remote therapy services can leverage clinicians who speak additional languages/dialects, those who have specialized skills and/or allow for timelier and frequent service provision (Health Quality Ontario, 2019).[8] It is important to examine the guidelines for your jurisdiction regarding the use of telehealth. COTO (2017)[9] and OSOT (2020)[10] have both created practice resources relating to telepractice.

# Key Concepts[A]

## Work Readiness

Work readiness refers to the employee's ability to complete work activities in a productive manner such that they can return in some meaningful and productive capacity to the workplace. The concept of "readiness" within the theoretical model, Readiness for Change, suggests a progressive movement from one stage to the next, while accepting that there can be a reverse movement to a previous stage (Franche et al., 2002).[11]

The term work readiness is often used by occupational therapists to refer to the worker's ability to participate in and sustain activity to a level that is acceptable in a work environment. Level of readiness is demonstrated by sustained activity tolerance in functional daily activities within the home and community. Occupational therapists, through a mental health practice focus on the behavioural, emotional, and cognitive components, will take into consideration the physical component within one's functional abilities as well as the behavioural, emotional, and physical demands of the client's environment. Underlying work readiness is the individual's ability to effectively manage work demands and stressors in a dynamic and effective manner as they arise in their environment.

## Return To Work

Return to work is a key pillar in a set of workplace processes designed to facilitate workplace re-integration of persons concerned, who experience a reduction in work capacity as a result of either occupational or non-occupational diseases or injuries. By taking into account individual needs, the work environment, enterprise needs, and legal responsibilities, return to work processes represent a coordinated effort focused on job retention as the first step in preventing persons who experience a reduction in work capacity from an early exit from working life. Disability Management and Return to Work Committee (April, 2016).[12]

## Return To Work Plan

A return to work plan is a tool that pro-actively assists an ill or injured employee's return to productive employment in a timely and safe manner. Soon after illness or injury, a number of employees can safely perform productive and meaningful work while they are recovering. A return to work program provides modified or accommodated duties and/or graduated work schedules, as needed, to help injured or ill individuals come back to work. For example, graduated return to work for a firefighter with post traumatic stress disorder (PTSD) may begin with attending team-building activities such as preparing lunch together at the fire hall and maintenance of firefighter equipment, prior to attendance to emergency calls.

## Alternative Work

"Alternative work" refers to work other than that of the employee's pre-accident or pre-injury job and may not necessarily involve similar skills and responsibilities. Alternative work may be an option in the return to work process as a means to build confidence, tolerance, accommodate performance levels, and practice learned therapeutic strategies and skills in a work environment. In some circumstances, a permanent work position may be available and allow a successful return to work.

[A] Definitions developed by OSOT Task Force on Mental Health and Return to Work unless otherwise indicated

# Accommodation

Accommodation for individuals with a disability with respect to employment is defined under the Ontario Human Rights Commission Code (2019),[13] to be a fundamental and integral part of the right to equal treatment without discrimination. A job accommodation is the process of modifying the work, work process or work environment to allow a person with a disability to achieve the outcome of the job. This makes it possible for an individual with a disability, including those with a mental health disability or illness, to meet the essential requirements of their job.

Accommodations may be temporary or permanent due to the episodic and recurring nature of sole mental health conditions. "Disabilities are often "invisible" and episodic, with people sometimes experiencing periods of wellness and periods of disability. All people with disabilities have the same rights to equal opportunities under the Code, whether their disabilities are visible or not." (Ontario Human Rights Commission, 2016, p. 4).[14]

If an employer "ought reasonably to have known" that the employee may be dealing with an invisible illness, the onus is on the employer to inquire and offer reasonable accommodations (Ontario Human Rights Commission, 2014).[15] Employers are required to accommodate the person's needs up to the point where the accommodation would cause undue hardship to the business or operations which includes considerations of financing and health and safety risks.

In the accommodation process, there are responsibilities for the employer, employee, and union to participate fully in determining reasonable accommodations. These responsibilities are clearly outlined in policies provided by the Ontario Human Rights commission on ableism and discrimination based on disability (Ontario Human Rights Commision, 2016).[14]

An example of an accommodation for an individual with mental health issues can be a modification to one's work schedule or work environment such as reducing the noise level within the employee's workspace. See 'Appendix B - Practice Resources' for workplace strategies for success, accommodation tools, and other suggestions. Not all people with disabilities (or even all people with the same disability) need the same accommodation. Accommodations should use an individualized approach, specific to the client's medical needs, environment, and work demands versus a generalized or "cookie cutter" approach.

# Stay At Work

"Stay at work" refers to ensuring the employee is able to manage and remain at work following their return. Stay at work planned interventions support and provide work strategies to help ill or injured employees continue to perform their work tasks in an effective and productive manner or perform alternate work tasks in order to prevent time away from work and to be successful in their return to work. Stay at work interventions are especially important with mental health conditions as the course of recovery can fluctuate with the recurrence of symptoms. Continued support and reinforcement of learned strategies are key to integrating and refining these strategies within the work environment.

Stay at work may also include work strategies to assist the organization to become more disability confident and better meet the needs of its members. For example, the therapist may assist the organization through the implementation of psychological health and safety strategies or in developing return to work processes and strategies.

## Workplace Stakeholders

Stakeholders are individuals with an investment in seeing that the worker returns to work. They may be individuals associated with the workplace, such as managers, supervisors, union representatives, human resources, health and safety, or occupational health team members. Other workplace stakeholders may be the disability insurer, compensation boards for injured workers, third party payer case manager, rehabilitation coordinator and/or any health care providers involved such as psychologists, occupational therapists, social workers, or psychotherapists. Finally, and most importantly, the worker and family members are key stakeholders to ensuring a successful return to work.

## Return On Investment

Many workplace stakeholders are interested in understanding the return on investment (ROI) of hiring and accommodating people with mental health illness at work, and addressing the psychological health and safety needs of their workforce. There are costs involved in creating a more inclusive, accessible, and flexible workplace. These costs might include purchasing equipment, consulting with an occupational therapist or other service provider, creating accessible space, time to develop and put plans in place, and the costs associated with absenteeism and turnover. However, there are also reported savings including lower turnover rates overtime, higher productivity, and lower absenteeism.

A 2018 report published by the Mental Health Commission of Canada (MHCC), (Gewurtz et al., 2018).[16] drew on data from five diverse Canadian companies and reported a net economic benefit ranging from two to seven times the cost of accommodating workers with mental health problems. Interestingly, these figures do not include the multitude of intangible benefits, including increased job satisfaction, increased quality of work-life, improved organizational culture and reputation, and improved relationships at work. This research presents a compelling return on investment for organizations to invest in hiring and accommodating people with mental illness, and addressing mental health issues among their employees. It also highlights the value that occupational therapists provide by helping organizations be proactive in their approach to accommodations and adopting strategies to improve the psychological health and safety of their employees. This report also led to development of a practical toolkit to support employers to build an inclusive workforce. (Gewurtz et al., 2019).[17]

# Best Practices in Return to Work with Mental Health Conditions

Occupational therapists with a mental health and work centred practice provide interventions with a focus on functional assessment and restoration of physical, cognitive, behavioural, emotional, and social function in daily activities within the context of their environment and culture. Treatment may focus on facilitating an understanding of diagnosis and symptoms, integrating self-management strategies, as well as developing work focused skills and strategies to optimize functional abilities of the individual within the workplace. A primary focus of OT in the initial phase is the practical application of therapeutic strategies in daily activities to build skills for return to work or to support stay at work activities. The overarching goal of OT is to maximize strengths and enable function within the contextual physical, cognitive, emotional, behavioural, or social challenges. This strength-based approach builds resilience and capabilities.

## Occupational Therapy Assessment

Occupational therapists follow a systematic approach to assessment that may involve various components such as gathering background information, determining baseline function, client interview and/or specific performance or skill based assessments. During the assessment process, the OT needs to keep in mind the worker's **work readiness** and if, and how, work activity may assist in the worker's recovery. The OT should also identify **barriers to return to work** that may interfere with the individual's ability to meet work performance expectations and identify the client's strengths as well as challenges.

Prior to meeting with a client, the therapist should gather background information from the referral source and other collateral information from healthcare providers and/or family with the client's consent. An initial face-to-face assessment may take two to four hours.

Some clients may be sensitive to having to retell their trauma history or a trauma incident(s) such as a workplace accident. In these situations, you may want to familiarize yourself with the history prior to meeting the client. You may also want to consider asking for permission to ask questions around sensitive areas if you feel it would be beneficial to gather more information or hear about the trauma directly from them.

The initial OT assessment of a client needs to focus on performance and environmental components such as:

- mental status (consider symptoms of mental illness) and use of substances
- medication, coping strategies, response to stress
- past medical history, current/past treatment, involvement of other health professionals
- work performance issues: cognition, behaviour, physical tolerance, and emotional regulation
- occupational function related to daily routine, sleep and nutrition hygiene, In some settings, may include instrumental Activities of Daily Living (iADLs) interpersonal interactions and leisure/social activities
- workplace or worksite environment supports, stressors and demands, may initially be from the client's perspective
- personal supports outside of work, *e.g., family, friends, healthcare professionals*

## Measurement Tools

A baseline measurement tool is valuable as an outcome measure to be utilized prior to and following therapy. It helps therapists understand the client's function at the start of therapy, and determine and monitor progress. Outcomes can be important in demonstrating effectiveness and value of occupational therapy services with third party payers. See 'Appendix E', for a list of assessment tools for consideration.

Potential use(s) of an assessment tool:

- To measure baseline and progress
- Identify specific target areas for treatment
- Provide more detailed information about an impairment
- Identify strengths, capabilities, and limitations

## Return To Work Assessment Terminology

There are different terms used in the field of RTW beyond OT, and there can be overlap between these approaches. The common terms that may be evident in requests for workplace mental health assessment are reviewed here.

The assessments listed below may be carried out by occupational therapists, but may also be completed by other disciplines or within a multidisciplinary approach.

| RTW ASSESSMENTS | DESCRIPTION AND PURPOSE | TYPICAL REFERRAL QUESTION |
|---|---|---|
| Transferable Skills Analysis | To determine if there are suitable occupations or employment options given the client's current skills, aptitudes, education, and experience.<br><br>Consideration should be given to specific client characteristics, restrictions, and limitations. | Are there occupations that are suitable given the client's current skills, abilities, and education?<br><br>*OR*<br><br>Is the client completely disabled from completing any occupation for which they are suited by way of training, education, and experience?<br><br>There may be an additional caveat to include on- the -job training.<br><br>There may be an additional caveat where a specific wage target must be considered, *e.g., restore previous wage, restore current benefit rate, etc.* |
| Vocational or Psycho-vocational Assessments | To determine if there are alternate suitable occupations which may require completing additional training/education, *e.g., interest testing, aptitude testing, achievement testing, personality testing, etc.* when the client may not have existing skills/education and/or experience transferable to other suitable occupations.<br><br>Consideration should be given to specific characteristics, restrictions, and limitations of the client. | Are there occupations that may be considered based on client's aptitudes and abilities?<br><br>Are there any suitable occupations that may require additional training given the client's current restrictions and/or limitations?<br><br>There may be an additional caveat where a specific wage target must be considered, *e.g., restore previous wage, restore current benefit rate, etc.* |

| RTW ASSESSMENTS | DESCRIPTION AND PURPOSE | TYPICAL REFERRAL QUESTION |
|---|---|---|
| Job Demands Analysis | To determine the emotional, behavioural, cognitive, visual, and physical demands of the specific occupation and/or position.<br><br>When considering an occupation as a whole, a more general assessment is appropriate whereas considering a specific position necessities a more detailed assessment.<br><br>The focus is on the job duties, demands and expectations and workplace environment, not on factors related to an individual worker.<br><br>A **Cognitive Job Demands Analysis** focuses primarily on the cognitive, emotional, and behavioural demands of a particular job, although physical demands may also need to be addressed. One such tool that may be utilized is the City of Toronto Cognitive behavioural Job Demands Analysis *(see Appendix E)* | What are the specific job demands of the occupation/position of ____?<br><br>What are the cognitive/emotional/ behavioural/physical requirements of the specific job/occupation? |
| Functional Cognitive / Behavioural Assessment | Explores a client's overall emotional / behavioural/cognitive abilities and function related to work performance including social performance with coworkers and superiors.<br><br>Areas to be assessed include, but are not limited to, the following :managing multiple demands, concentration, problem solving, decision making, prospective memory, working memory, planning, organizing, regulating emotions, managing fatigue, response to dynamic environment, and level of support required to integrate and utilize support strategies.<br><br>This assessment utilizes observation of a client completing various functional tasks (situational assessment) over an extended period, *e.g., several days,* to identify consistent effort and persistent difficulties while carrying out the tasks. It may involve the use of standardized and non-standardized tools. | What are the client's cognitive and behavioural capabilities as they relate to their job demands? |
| Job Site Analysis | An on-site assessment of the behavioural/ emotional/cognitive/physical components of the job.<br><br>May involve assessment of the client, employee, job, and manager to determine accommodations that can assist with determining strategies to support sustained work. | What tools, strategies and processes would best support the client's abilities to complete the job duties? |

| RTW ASSESSMENTS | DESCRIPTION AND PURPOSE | TYPICAL REFERRAL QUESTION |
|---|---|---|
| **Job Match Assessment** | To determine if the client's capabilities meet the job demands.<br><br>A comparison of the job demands analysis to the functional assessment of the employee in order to determine whether the employee can perform the role requires accommodations or additional intervention and treatment.<br><br>It is important that the therapist consider all of the components of the job in context and their inter-relationship as increased demands of any one component may impact on the other components. For example, physical or emotional demands of a job may affect a person's ability to complete the cognitive demands. | Given the client's known abilities and limitations/restrictions will the client be able to:<br><br>• Complete the essential duties of the job safely and at the productivity level required of the job role?<br><br>• Be successful and sustain performance in this job?<br><br>• Will the client be able to perform the cognitive requirements of the job and what accommodations can support his/her ability to complete the job demands? |
| **Situational Assessment**<br><br>*OR*<br><br>**Simulated Assessment**<br><br>*OR*<br><br>**Job Specific Assessment** | Is an ecologically valid evaluation that simulates realistic tasks expected within an environment in which those tasks are usually performed or within a similar environment designed for the purpose of the assessment.<br><br>Often individually designed to simulate an individual's particular duties at work and to determine one's current work abilities and areas of need for accommodations or further skill development in relation to the performance expectations. | Can the client complete the specific job tasks at the performance level expected for the job?<br><br>What accommodations may support the client's abilities to complete the job?<br><br>Is the client able to sustain work performance within a dynamic environment and integrate support strategies? |
| **Readiness To Work** | To determine whether the client is able to return to work.<br><br>Outlines the clients functional abilities related to, but not limited to, motivation, sustained activity tolerance, daily activities, social interactions, and self-management of symptoms.<br><br>Standardized tools may be utilized, such as the Return to Work Self Efficacy Scale-MH *(see Appendix D; Park et al, 2017)* | Is the client able to return to work at this time? |
| **Volunteer / Supervised Work Trial** | To determine if the client has the physical, cognitive, and emotional endurance to perform work.<br><br>To practice implementing strategies and tools in a work environment similar to the workplace. | Does the client have the work specific behaviours and tools to complete work?<br><br>Does the employee have the physical, emotional, and cognitive endurance to complete the work demands?<br><br>What strategies and tools can the client use in a work environment to support work behaviours? |

| RTW ASSESSMENTS | DESCRIPTION AND PURPOSE | TYPICAL REFERRAL QUESTION |
|---|---|---|
| Labour Market Survey | Provides an overview of the occupational outlook for the region and preferably specific location/city in which the claimant resides. May include information from the Government of Canada, Job Future/Ontario Job Futures, various job banks, etc. Ideally, local job advertisements will be reviewed and contact with local employers completed to confirm demands and ask questions specific to client abilities/needs, *e.g., Does part-time mean shorter shifts or fewer days of work per week, can the requirement to sit be accommodated, can ear plugs be worn? etc.*<br><br>May be requested in addition to a Transferable Skills Analysis or Vocational/ Pscyhovocational Assessment | What job roles are available that the client can perform within the market place and within their geographical region?<br><br>What is the availability and the wages of those job roles in the market place? |

# Treatment and Work Interventions
## Recovery, Re-integration and Return to Work

For the purposes of this document, we have grouped stages of treatment into three broad categories: recovery, re-integration, and return to work. We hope this will assist the reader in their understanding of the processes involved when moving from recovery to successfully sustaining employment. For the purposes of clarity, interventions are grouped and listed below in the order they are commonly utilized. However, the treatments/interventions are not meant to be confined to sequential use, but rather utilized it relatively and with fluidity as needed throughout the process of recovery and return to work.

*Note: The intervention headings are ones agreed upon by the authors and thought to be used in current practice. However, it is acknowledged that there may be overlap and differences in the use of these terms and concepts within the profession.*

## Stage 1 Recovery

Recovery is the stage of intervention in which we focus on assisting clients to stabilize and manage symptoms and reduce their distress levels in order to help them return to a daily routine.

### Stabilization

Stabilization and support are aimed at reducing symptoms and distress. Treatment focuses on psycho-education regarding symptom management, sleep hygiene, substance management, managing emotions, and reinforcing structure and routine.

### Healthy Lifestyle Promotion

Healthy lifestyle promotion targets these key areas: sleep hygiene, nutrition, hydration, and relaxation strategies. We would also focus efforts on reducing the use of negative coping strategies, *e.g., substance use.*

## Psycho-education

Psycho-education refers to the provision of knowledge about health and one's condition with the aim of improving understanding of their health experience so they can make informed decisions, be an active participant in their health care, and develop their own sense of strength and coping (Krupa et al., 2010).[18] Education may target healthy coping, self-management of symptoms and illness, and recovery and substance abuse management.

## Self-Management Skills

Self-management skills refer to the teaching, practicing, and integration of skills related to learning to manage and take responsibility for one's own care. Self-care may include management of symptoms, pain, fatigue, emotions, behaviours and cognitive issues. Therapy may include education, skill training or strategies taken and/or adapted from various psychotherapies such as Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT), Acceptance and Commitment Therapy (ACT), or Interpersonal Therapy (IP).

## Managing Stigma

Various approaches have been helpful in managing stigma. Supportive listening, for example, is effective in validating client concerns about stigma and discrimination. A CBT approach can be used to challenge self-stigma and encourage a focus on the strengths gained through recovery. Discussing disclosure options with the client may be useful in creating a clear return to work plan for responding to questions related to their mental health issues and assist in reducing distress related to this concern. Role-playing disclosure discussions in treatment can help to reduce anxiety and increase confidence about returning to work.

## Activation

Activation (or re-activation when used by occupational therapists) refers to the facilitation of daily structure, routine, goal setting, and re-integration. Its foundation lies in behavioural theories and principles (Hofmann et al, 2017).[19] *See section on Psychotherapy and Behavioural Activation below.*

## Psycho-therapy

Psychotherapy is within the scope of practice of occupational therapists in Ontario, but it is designated as a controlled act, therefore, practice must meet COTO standards (2018).[20] Many therapists working in this practice area will have gained additional knowledge and skills in one or more psychotherapies. Occupational therapists often use the structured principles and practices of behavioural and/or cognitive approaches, adopting an occupational focus in order to change thoughts, feelings and behaviours and improve overall function (Krupa et al., 2010).[18] Therapy may take place within the client's community environment to allow for the integration of strategies into one's daily routine. Individuals who have not integrated strategies from the clinic or manualized treatments in a significant manner may benefit from applying the principles to the client's daily life.

## Cognitive Behavioural Therapies

Cognitive Behavioural Therapy is an evidence-based approach to the treatment of individuals with depression, anxiety, post-traumatic stress disorder, and other mental health issues. Specific therapies commonly used and supported by research are Cognitive Behavioural Therapies such as, Behavioural Activation, Dialectical Behavioural Therapy, Acceptance and Commitment Therapy, and Exposure Therapy.

Occupational therapists will often use these therapies within the context of the client's daily life including home, community, and work life. The aim is to facilitate change in one's Behaviour and cognitive thinking patterns through the integration of positive coping strategies and skills. For example, use of specific skills from Dialectical Behaviour Therapy such as mindfulness or distress tolerance techniques. Cognitive Behavioural Therapy strategies may target maladaptive thinking patterns such as catastrophizing or behaviours such as procrastination.

The focus on the integration of positive strategies and skills as it relates to the work environment and culture is another way occupational therapists facilitate returning to work. Work issues that may be addressed are peer relationships, employer-employee relationship, managing symptoms at work, or confidence in one's ability to manage work expectations and demands. There is research to support the use of work focused CBT in the workplace to achieve sustained work and reduce absence duration (Cullen et al., 2018).[21]

## Behavioural Activation

Behavioural activation is an evidence-based cognitive behavioural therapy that "aims to increase behaviours that bring the client into contact with environmental reinforcers and decrease behaviours that preclude contact with positive reinforcement". (Hofman et al., 2017, p.312).[19] There is evidence to support its use with individuals with depression. When an individual has life events, setbacks, worries and stressors such as a workplace accident, chronic work stress or situations that cause an individual to feel defeated, it is normal for the individual to regress, avoid situations, and disengage in activities. This leads to a protective response of avoiding situations or tackling difficult problems. The occupational therapist works with the individual to understand the activity levels and reinforcers. The OT uses activity monitoring and re-engagement principles to gradually build activity levels, motivation, and confidence. This allows the individual to build self-efficacy and success in managing daily activities (Lewinsohn, 1974).[22]

## Exposure Therapy (ET)

Exposure therapy aims to correct maladaptive thinking and faulty beliefs, which developed following the traumatic exposure, to reduce avoidance, and allow for greater functioning in daily life. (Hofman et al., 2017).[19] It involves a collaborative and structured approach of exposure to targeted stimuli that elicits a fear or avoidance response. Exposure can occur both within an office setting (imaginal), through virtual reality, and in vivo, as appropriate, and involves homework.

## Prolonged Exposure (PE)

PE therapy is a structured nine-to-twelve session approach to treating Post Traumatic Stress Disorder (PTSD) and involves emotional processing of trauma through imaginal processing of the index trauma (with OT in office setting) along with in vivo exposure done as homework in the community. Often a collaborating therapist *(i.e., psychologist)* may work on the processing component while the OT focuses solely on the in vivo exposure. Together with the client, a hierarchy of in vivo items is outlined to work through progressively. Items may include daily life activities, such as going to a grocery store, or work related challenges such as putting on a uniform, watching videos of emergency vehicles, or visiting the workplace (Foa et al, 2007).[23]

## Dialectical Behaviour Therapy (DBT)

DBT comprises four key skills including mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness. These skills may be used to help clients manage extreme behaviours and encourage a more balanced and healthy approach to coping. Although DBT was initially designed for clients with borderline personality disorder, it has been found effective with many other disorders that involve impulsive or extreme behaviours, *e.g., eating disorders, PTSD.* (Linehan, 2014).[24]

# Stage 2 Re-Integration

Re-integration is the stage of intervention in which we focus on facilitating the client's readiness to return to work through re-engagement in iADLs including social and community activities, and possibly the workplace environment and duties.

## Skills Teaching

Skills teaching or training refers to the development of specific skills through various means such as didactic education, role-playing, practice, and activity-based learning. A psycho-educational approach is often utilized, in a group or individual format, to teach skills that will assist with the RTW process. Information is provided about various topics, such as assertiveness, interpersonal communication, time management, stress management, and resiliency. This may be followed by practicing these skills in session or encouraging their use in real life for homework. For example, role-playing may be a key part of treatment where a client may practice being assertive in the workplace with a difficult supervisor or peers.

## Work Simulation

Work simulation is the use of purposeful activity that mimics movements or processes of an individual's work-related tasks. Evaluation and intervention are tailored to the holistic needs of the client and take into account all aspects of the work environment and work demands to facilitate successful performance (Dorsey & Ehrenfried, 2017).[25] This holistic approach enables the OT to prescribe interventions which are relevant, realistic, and appropriate to the individual. The work simulation interventions are instrumental in ensuring a safe and early return to work. Many studies have shown that work OTs and return to work programs have positively impacted return to work success by up to 52% among some patient demographics (Lechner, 1994).[26]

## Driver Rehabilitation

Driver rehabilitation provides clinical and in-vehicle treatment for persons with generalized anxiety, driver phobia, or PTSD and/or reduced cognitive functioning. Treatment challenges dysfunctional thinking and adapts distorted emotions while incorporating defensive driving strategies. Treatment consists of CBT, pro-active strategies, and driving techniques to reduce anxiety and increase confidence while driving.

# Stage 3 Return To Work & Sustainability

Return to work & sustainability refers to the stage of intervention in which we focus on assisting the client to return to productive employment, while managing one's illness, symptoms, workplace stress, and maintaining balance in daily life. This means not only returning to work, but also continuing to thrive over time.

## Return To Work Planning

Return to work planning involves a coordinated and collaborative effort taking into account the client's needs, work environment, and employer's needs and legal responsibilities. The International Social Security Association (ISSA, 2019)[27] guiding principles supports the need for active client participation and collaboration as part of RTW (IAIABC, 2016).[12]

As an OT, you may be involved as the primary coordinator, team member, or healthcare provider. Planning may include the outlining of a graduated return to work schedule that builds emotional and physical confidence, trust and endurance to ensure a sustainable return.

## Work Social – Re-intergration

Work social – reintegration is a concept that refers to the facilitation of a successful return to work by assisting a client and the employer to manage the social aspects of the workplace. Becoming aware and addressing the social facilitators and barriers that influence return to work is important to ensuring a positive and lasting outcome. Social facilitators may be the presence of genuine concern and belief in injury by peers and the presence of positive relationships in the workplace. A few of the common barriers are a lack of organizational trust or feelings of being judged by others (White et al., 2019).[28] The therapist may facilitate the client's social reintegration to the workplace. Examples of this are learning to manage conflict and/or stigma with peers and supervisors, questions regarding one's absence, social talk or social activities at break, lunch or after work. It is noted that being better prepared to manage these factors of working can assist in staying at work.

## Cognitive Work Hardening (CWH)

CWH is an individualized multi-element treatment intervention for return to work preparation following a mental health disability leave or other disability in which mental fatigue and reduced cognitive functioning are sequelae. Using work as a treatment modality, cognitive abilities are rebuilt through graded work tasks while stamina is increased through a progressive increase in work hours. The development of coping skills addresses work behaviours/skills required to manage work-related stress and deal with interpersonal issues. Treatment outcomes include a work routine, increased stamina, enhanced occupational functioning, and work (Wisenthal et al, 2019).[29]

## Job Coaching

Job coaching refers to supporting a client throughout their return to work process by continually assessing their management of health issues and balance in life and work performance. Job coaching can be completed at the client's work site, or through individual sessions outside of the workplace to provide advice and support to a client experiencing challenges during their return to work. The OT will negotiate adjustments to the return to work plan as needed based on their requirements and performance (Valcour, 2014).[31]

## Work-focused CBT

Work-focused CBT is cognitive behavioral therapy that focuses on the work challenges, or in other words the specific difficulties one is encountering or believes they will encounter in their job tasks and duties, as well as within the work environment. Strong evidence supports use of programs with this approach to reduce lost work time and improve return to work outcomes.

## Accommodation

Accommodation involves the outlining and negotiating of accommodations or modifications to job duties, environment, and expectations based on the OT's assessment of the client's abilities and limitations and the evaluation of the workplace demands. It involves collaboration and education with the client and other workplace parties in order that the optimum accommodations are identified, implemented, and supported by the duty to accommodate.

# Special Considerations

## Having The Hard Conversation

Having the firm conversation or the hard conversation is a key component of the transparency of your practice as an occupational therapist. It is your role to ensure that you are using an objective assessment to determine an employee's ability to return to work. This objective assessment may be different from the employee's perception of their function and therefore, you will need to have an empathetic but firm conversation about the assessment results and what the expectations may be for the employee. This would involve a clear outline of what the employee's options are and the consequences of each of those choices.

The occupational therapist must ensure that they are clear and communicate openly with the client about what the next steps may be. This is being transparent as per College guideline. "Transparent practice requires full disclosure, which ensures integrity within the client-therapist relationship and requires clear, open and thorough communication. It is inappropriate to withhold information, intentionally or not, that may impact the client's ability to become involved as an informed participant. We are responsible for ascertaining the nature and extent of information to be shared and with whom it needs to be shared. Transparency never substitutes for accountability – it supports it." (COTO, 2016, p.6)[32]

## Cannot Go Back To Their Own Job

Determining when someone cannot go back to their own job. The decision that an employee is unable to return to work is not taken lightly or determined quickly. A client needs to receive appropriate treatment before determining their ability to return to their pre-disability role. Most employers can provide reasonable accommodations which may allow a client to return to their pre-injury job safely. The occupational therapist should follow the hierarchy of return to work when assessing ability to work, *e.g., consider the client's own job first, other suitable jobs within the same employer, alternate employer and self-employment*. It is only when a client has permanent restrictions that make returning to their position impossible, that an alternative position would be pursued. For instance, if a paramedic is permanently restricted from providing medical treatment or responding to an emergency call and the employer could not accommodate them in the paramedic role, a new position would need to be explored with the same employer.

Alternate employers and/or occupations may need to be explored with the third party payer when the options within the same employer are exhausted. OTs may play a significant role in assisting with this determination. The occupational therapist should ensure that the assessment has been done objectively and considered all accommodation options prior to moving to alternate work solutions.

## Safety Sensitive Positions And Return To Work

Safety sensitive positions are work positions that require special care due to the risk involved to the client or others if they are not able to perform their job duties at the performance level required to ensure safety. Safety sensitive work may involve job sites that require awareness of moving equipment or vehicles, *e.g. warehouses*, the adherence to safety precautions when operating equipment, *e.g., manufacturing machines*, motor vehicle operation in busy environments, *e.g., public transit*, or include use of force, *e.g., police officer.*

The therapist needs to consider the safety of the worker, co-workers, and the public. This involves assessment of risk factors in work readiness, preparing for return to work, and determining if one is able to return to work. The employer is responsible for the health and safety for the workplace and determination of safety sensitive positions. This may involve provision of specific training, re-certifications or assessments to determine their readiness, or fitness to resume safety sensitive roles. For example: operating specialized equipment, use of force for police officers, or the dispensing of medication. If formulating a return to work plan, it is suggested that a disclaimer be included, as per the following example:

*"This return to work plan was developed as this client is determined to be ready to return to their duties from a functional perspective. This plan does not necessarily imply readiness to return to safety sensitive duties without the prerequisite retraining or recertification. The employer is required to follow any usual policies or procedures to determine the employee's readiness to resume these activities."*

## Working With Public Safety Personnel

As this is an emerging area of practice for occupational therapists, we have decided to highlight this occupational group. Public Safety Personnel (PSP) who are also referred to as first responders, such as firefighters, police officers, corrections officers, and others. They are often the first on the scene in any emergency and, as a result, are regularly exposed to scenes and images that most people would find disturbing and difficult to view. In the course of their daily work, public safety personnel are repeatedly exposed to traumatic incidents, which can put them at great risk for occupational stress injuries (OSI) including post-traumatic stress disorder, depression, substance use and others (Government of Canada, 2016).[33] OSI is a non-medical term meaning any persistent psychological difficulty resulting from operational duties. Veteran Affairs Canada defines OSI as a "persistent psychological difficulty resulting from an operational duty", and describes emotional issues or disorders that impede one's life, but it, "is not a diagnostic". (Veterans Affairs Canada website, 2019).[34]

## Moral Injury And Grief

It is important to be aware of the concept of moral injury and the possibility of the presence of grief when providing service to a client and in particular to PSP. Addressing moral injury and/or grief may be required in order to move recovery forward. Public safety personnel are placed at the heightened risk of exposure to events that disturb or undermine deeply held moral beliefs about how people are expected to behave or that they are intrinsically good. For example, police officers may be confronted with repeated experiences in which innocent people are subjected to violence and horrific events. These experiences can result in lasting emotional distress and distorted views of the world around them. This is referred to as a moral injury (Sherman, 2015).[35] Part of the recovery may involve grieving and addressing moral injury. Depending on the therapist's skill set, an OT or another health care provider may treat this.

## Unique Culture

It is very important to the therapeutic relationship and process, as well as the success of OTs treatments, that the OT understands the unique cultures of, and commonalities of, different PSP groups. This includes the workplace structure and systems that are available to support the first responder. In addition, it is critical to understand the complex job duties and protocols in their specific roles and how they will impact the return to work planning.

The following information was provided by Rob Martin, Deputy Chief, Kitchener, Ontario Fire Department.[B]

1. *Mental health providers need to understand first responder culture and sub cultures. Although Police, Fire and EMS work closely together and respond too many of the same incidents, the impact and trauma exposure can vary a great deal.*
    a. *Understanding the mechanism of an injury or how exposures are presented and perceived by a frontline responder is very valuable in order to understand the micro level differences in injury types. Firefighters might spend a short but intense period of time working to free an entrapped person from a vehicle often requiring movement that inflicts pain on the patient. Paramedics may spend last living minutes with someone and have to confirm a patient is VSA and field pronounce. Police officers may have to inform family members and sit for a prolonged period with the deceased while the coroner responds and the incident is investigated and journal detailed notes.*
2. *If available, take an occupational awareness course for each emergency service you want to treat. If none are available, request "ride outs" or offer lunch and learns to develop a relationship with the responders before they are injured. This relationship will make it so much easier for them to reach out for help if/when they need it.*

[B] Text provided in an email by R. Martin, Deputy Chief, Kitchener Fire Department and included with permission

## Occupational Therapy Practice and Indigenous Peoples

Working with Indigenous clients requires awareness of, and sensitivity to, the impact of historical and colonial systemic racism. The Truth and Reconciliation Commission (TRC) calls for healthcare providers to take action to redress the legacy of residential schools by promoting equitable health outcomes for all Indigenous peoples (Truth and Reconciliation Commission of Canada, 2015).[36]

Therapists can refer to the Canadian Association of Occupational Therapists (CAOT) position statement (2018)[37], based on the TRC, that outlines recommendations for occupational therapists. It recommends that occupational therapists educate themselves about historical and contemporary contexts of colonization and the impact on healthcare delivery; ensure active listening and following the lead when working with Indigenous clients; and adopt an attitude of knowledge exchange rather than knowledge dissemination about occupation and occupational therapy.

Incorporating an equity and rights based approach into one's practice is essential. Occupational therapists and Metis women, A. Phenix and K. Valavaara, suggest therapists start by examining their own beliefs, history, bias, and positions or stated as "starting from the inside out" (Phenix et al., 2019).[38] In summary, it is important that in addressing the complex process of return to work and recovery for our Indigenous clients and Indigenous organizations/employers, we examine our own selves, familiarize ourselves with the historical context, and take actions as recommended.

## Trauma Informed Care

Trauma informed care is an overarching theme in all of the categories mentioned above and needs to be highlighted to ensure therapists are using best practice when working with clients who have experienced trauma as a result of occupation, traumatic work incident or personal life. It is important to be aware that the re-surfacing of past trauma may occur following injury or illness. Further education and training regarding trauma informed care should be considered.

*"People who have experienced trauma are at risk of being re-traumatized in every social service and health care setting. The lack of knowledge and understanding about the impact of trauma can get in the way of services providing the most effective care and intervention. When re-traumatization happens, the system has failed the individual who has experienced trauma, and this can leave them feeling misunderstood, unsupported and even blamed. It can also perpetuate a damaging cycle that prevents healing and growth. This can be prevented with basic knowledge and by considering trauma-informed language and practices."* (Manitoba Trauma Information and Education Centre, 2013).[39]

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# Appendix A
## Case Studies

These case studies are designed as a learning tool, not as a treatment guide. The identified interventions could be applied in each section/category however; we have placed them where they are often more frequently utilized in that particular scenario.

**Acronyms as noted in Case Studies:**

| | | | | | |
|---|---|---|---|---|---|
| ACT | Acceptance & Commitment Therapy | DBT | Dialectical Behaviour Therapy | MDD | Major Depressive Disorder |
| BA | Behavioral Activation | EMDR | Eye Movement Desensitization & Reprocessing (intensive trauma psychotherapy) | MI | Motivational Interviewing |
| CBT | Cognitive Behaviour Therapy | ET | Exposure Therapy | PTSD | Post-Traumatic Stress Disorder |
| COPM | Canadian Occupational Performance Measures | GRTW | Graduated Return To Work | RTW | Return To Work |
| | | LTD | Long Term Disability | SMART Goals | Specific, Measurable, Attainable, Relevant, Time-based |
| | | | | WPP | Workplace Parties |

## Case Study 1

## Long Term Disability

Mr. Mark L. is a Senior Director with the Ontario Government and has been in this position for over 12 years. His workload has increased over the last few years due to staffing issues. Despite working overtime, Mr. L.'s performance declined over a period of 8 months. In addition, his employer has been constantly criticizing his performance for the past few months, resulting in Mr. L. feeling harassed.

Mr. L. is now on long term disability (LTD) with a diagnosis of major depression and general anxiety disorder. Current symptomtology presentation includes; poor cognition (concentration, attention, memory), general fatigue, social isolation, rumination about impending problems, low motivation, and anhedonia. The LTD insurer has referred to a private clinic for a comprehensive OT assessment to evaluate current function, and for 8 treatment sessions to improve work readiness. Contact information for the treating psychologist was included in the referral package.

| STAGES OF TREATMENT | INTERVENTIONS | | | | |
|---|---|---|---|---|---|
| 1 RECOVERY | Stabilization<br>Healthy Lifestyle Promotion | Psycho-education<br>Self-management Skills | Activation<br>Managing Stigma | Psychotherapy Strategies and Intergration: CBT, DBT<br>Behavioural Activation<br>Exposure Therapy | |
| 2 RE-INTEGRATION | | | Skills Teaching | Work Simulation | Job Analysis |
| 3 RTW & SUSTAINABILITY | | Resilience Training | Cognitive Work Hardening | Work Social Integration<br>Job Coaching | Accommodation<br>RTW Planning |

**RECOVERY:** Following the comprehensive assessment, the OT establishes collaborative goals with the client that are meaningful to him. The client wishes to incorporate relaxation strategies into his everyday routine, establish an earlier bed and wake time, and be more productive in home activities. The OT communicates with the psychologist in order to formulate a collaborative recovery plan. It is established that the psychologist has provided psychotherapy education and used a CBT approach to address ruminative thoughts and anxieties.

**RE-INTEGRATION:** Following eight treatment sessions, the client is re-assessed by the OT and a reduction in symptoms is noted in all test scores. Mr. L's insurer and psychologist are now both agreeable to have Mr. L participate in a work simulation program. Mr. L begins work on a cognitively demanding project at the clinic for a 4 week period with a frequency of twice a week. At the end the client reports improvements in cognition and confidence in his ability to RTW.

**RETURN TO WORK & SUSTAINABILITY:** The client and his team are now ready to develop a RTW plan including a graduated schedule and accommodations and present it to the client's insurer. The general practitioner is also engaged in this process and agrees that the worker may begin the modified RTW plan in a few weeks. An additional eight OT sessions are approved, and the focus of treatment is to prepare Mr. L. for work, peer, and performance scenarios. Once the RTW plan is initiated, the OT monitors his ability to meet the plan's schedule and job duties, and provides job coaching as necessary. Prior to Mr. L's last week in the RTW plan prior to returning to full duties, the OT re-assesses and it is noted the test scores have reduced further. Mr. L will continue to see his psychologist on a monthly basis for a period of time for on-going support. The OT discharges the worker from care.

# Case Study 2

## Public Safety Personnel

An Advanced Care Paramedic responds to a call involving multiple vehicles and children of similar age to his own children. Despite best efforts, not all the children survived. Over time, post-traumatic symptoms present themselves, eventually leading to the client going off work. As symptoms persist, *i.e., avoidance, hyper-arousal, mood changes, and intrusive thoughts,* his occupational function becomes affected. His personal care routine, leisure, social, and daily activities decline, as does his relationship with his spouse and children. A psychologist provides a diagnoses of PTSD and recommends CBT, EMDR, and supportive counselling. The OT completes a comprehensive assessment with a focus on current coping strategies, or lack thereof, and level of function. Collaboration between the psychologist and OT take place to ensure alignment of goals/treatment.

| STAGES OF TREATMENT | INTERVENTIONS | | | | |
|---|---|---|---|---|---|
| 1 RECOVERY | Safety plan<br>Education re:PTSD, trauma & treatment<br>Resiliency – instilling hope | Normalization and benefits of activity / scheduling / routine<br>Sleep hygiene | Building of trust/rapport<br>MI – addressing ambivalence/fear<br>Strategies for emotional dysregulation, *e.g., breathing, mindfulness, grounding* | | |
| 2 RE-INTEGRATION | Psycho-education re: exposure therapy and trauma processing | Administer COPM<br>Identify client values, meaningful activities, roles, *e.g., father, spouse, son, friend* | ACT – identifying discrepancies between values and behaviours<br>Activity and trauma focused CBT<br>BA – SMART goals<br>ET – home, community, and specific to the trauma memory | Self-management skills for symptoms related to stress and anxiety<br>Work-life balance, organization, scheduling | Discussions with employer and other workplace parties |
| 3 RTW & SUSTAINABILITY | Review of safety plan<br>Review all education and expectations | | Work-focused CBT<br>Continue exposure therapy as part of GRTW specific to workplace site | Work-specific skills training – communication and conflict management | Shadowing/training in the workplace<br>Plan, implement, and monitor GRTW, *e.g., responsibilities, hours, exposures* |

**RECOVERY:** The OT treatment focused on stabilization and provided symptom management, Psycho-education, and development of a safety plan. A psychotherapeutic approach was taken to ensure the integration of appropriate strategies in order to re-engage in life roles as father, spouse, and son, and re-engage in household management activities.

**RE-INTEGRATION:** Exposure ttherapy was started specific to the trauma memory and triggers that elicited symptoms and avoidance. With a systematic, goal-oriented and client-centered approach, he was able to reduce symptoms and feel ready to initiate RTW discussions.

**RETURN TO WORK & SUSTAINABILITY:** The OT and employer work to coordinate a gradual return to work, monitoring mental status and performance, and decided to discharge once returned to the pre-injury job was able to be sustain for a period of 3 months. Total treatment duration was 6 months at a frequency of 2x/week.

# Case Study 3

## Psychological Illness with an Organic Injury

Abdi B. is a 35-year-old Somalian man working for a manufacturing company when his right, dominant hand was caught in machinery. He waited 30 minutes before first responders were able to assist; he believed he was going to die. Adbi underwent three surgeries including digit amputation and wrist fusion. He has a wife and young children and moved into his brother's home due to family stressors. He is found to be exhibiting hostility to others, isolating, and having regular nightmares. He was referred for a psychological assessment and was provided diagnoses of PTSD and MDD, single episode with features of anxiety. He had also reported that as a young child he was exposed to violence during periods of civil unrest in his home country. A community OT completed an initial assessment and started treatment.

| STAGES OF TREATMENT | INTERVENTIONS | | |
|---|---|---|---|
| 1 RECOVERY | Safety plan<br>Psycho-education – hurt vs harm, illness and symptomology | Basic routine<br>Sleep, hygiene & nutrition<br>Symptom management | Introduce CBT strategies for managing self-care and daily routine<br>Mindfulness skills for emotional regulation |
| 2 RE-INTEGRATION | Pacing and pain management strategies within daily activity | Reinforcement of hurt vs harm | Exposure therapy within community<br>Behavioural activation |
| 3 RTW & SUSTAINABILITY | Review of safety plan at workplace<br>Review of sleep hygiene | Work-focused CBT<br>Stress management<br>Social re-integration<br>Job coaching | Job Demands and Job Match Analysis<br>Employer education re: accommodation, stigma, mental health |

**RECOVERY:** The OT completes weekly home visits to address stabilization, understanding of illness, and reduce conflict within the family. Time is taken to understand Abdi's cultural and personal beliefs regarding pain, disability, and injury.

**RE-INTEGRATION:** Abdi's intrinsic motivation, values, and interests are explored in order to identify meaningful activities. The OT will increase visits initially to twice weekly as community re-integration begins, and then reduce to weekly as Abdi re-engages in the community.

**RETURN TO WORK & SUSTAINABILITY:** The OT formulates RTW strategies in collaboration with WPP and Abdi is offered alternate duties. With increased OT support, the potential for an increase in symptoms due to added stress of a return to work is mitigated and revisions to work duties are made as required. Treatment frequency is decreased and discharge planned as he adapts and builds confidence.

# Appendix B
## Practice Resources

**American Occupational Therapy Association (AOTA)**
Fact Sheet: Occupational Therapy's Role with Post-Traumatic Stress Disorder
https://www.aota.org//media/Corporate/Files/AboutOT/Professionals/WhatIsOT/MH/Facts/PTSD%20fact%20sheet.pdf

**B.C. Mental Health & Addiction Services**
Antidepressant Skills at Work: Dealing with Mood Problems in the Workplace*, 2007; by D. Blisker, M. Gilbert & J. Samra*
http://www.bcmhsus.ca/Documents/anti-depressant-skills-at-work-self-care-guide.pdf

**Bio Med Central (BMC)**
Canadian Clinical Practice Guidelines for the Management of Anxiety, Post-traumatic Stress and Obsessive-compulsive Disorders*, 2014; by Katzman, M.A., Bleau, P., Blier, P. Chokka, P., Kjernisted, K. & Van Ameringen, M.*
https://bmcpsychiatry.biomedcentral.com/track/pdf/10.1186/1471-244X-14-S1-S1

**Canadian Association of Occupational Therapists (CAOT)**
COVID19: Occupational Therapists – Essential to Mental Health*, 2020*
https://www.caot.ca/document/7305/Mental%20Health%20Case%20Study%20-%20three.pdf

**Canada Life**
Strategies for Workplace Mental Health – Supporting Employee Success: A tool to plan accommodations for workplace mental health
https://www.workplacestrategiesformentalhealth.com/

**Canadian Mental Health Association, Ontario (CMHA)**
Workplace Mental Health Promotion: A How to Guide
http://wmhp.cmhaontario.ca/

**Center for Psychiatric Rehabilitation – Boston University**
https://cpr.bu.edu/resources-and-information

**Health Canada**
Best Practices: Concurrent Mental Health and Substance Use Disorders*, 2002*
https://www.canada.ca/en/public-health/topics/mental-health-wellness.html

Federal Framework on Post-Traumatic Stress Disorder: Recognition, Collaboration and Support*, 2019*
https://www.canada.ca/en/public-health/services/publications/healthy-living/federal-framework-post-traumatic-stress-disorder.html

**Institute for Work and Health (IWH)**
Evidence-informed Guide to Supporting People With Depression in the Workplace*, 2018*
https://www.iwh.on.ca/tools-and-guides/evidence-informed-guide-to-supporting-people-with-depression-in-workplace

Effectiveness of Interventions to Address Depression in the Workplace: A Systematic Review*, 2011*
https://www.iwh.on.ca/projects/effectiveness-of-interventions-to-address-depression-in-workplace-systematic-review

Supporting Return to Work Among Employees with Musculoskeletal or Mental Health Conditions: An evidence-based practical resource*, 2019*
https://www.iwh.on.ca/sites/iwh/files/iwh/tools/iwh_supporting_rtw_among_employees_with_musculoskeletal_or_mental_health_conditions_resource_2019.pdf

Red Flags/Green Lights: A guide to identifying and solving return-to-work problems*, 2009*
https://www.iwh.on.ca/sites/iwh/files/iwh/tools/rtw_problems_guide_2009.pdf

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**International Association of Industrial Accident Boards and Commissions (IAIABC)**
https://resources.iaiabc.org/

**International Social Security Association (ISSA)**
The ISSA Guidelines: Return to Work and Reintegration*, 2013*
https://ww1.issa.int/guidelines/rtw/read

**Job Accommodation Network (JAN)**
www.askjan.org

**Manitoba Trauma Information and Education Centre**
Trauma-informed – The Trauma Toolkit: A resource for service organizations and providers to deliver services that are trauma-informed, *2013, second edition*
http://trauma-informed.ca/

**Mental Health Commission of Canada (MHCC)**
https://www.mentalhealthcommission.ca/English

A Practical Toolkit to Help Employers Build an Inclusive Workforce, *2019; by R. Gewurtz & E. Tompa*
https://www.mentalhealthcommission.ca/sites/default/files/2019-01/aspiring_workforce_toolkit_2019_eng.pdf

**Ontario Human Rights Commission (OHRC)**
www.ohrc.on.ca/en/ohrc-policy-position-medical-documentation-be-provided-when-disability-related-accommodation-request

**PsychArmor Institute**
https://psycharmor.org/services/

**Public Safety Canada**
Supporting Canada's Public Safety Personnel: An Action Plan on Post-Traumatic Stress Injuries*, 2019*
https://www.publicsafety.gc.ca/cnt/mrgnc-mngmnt/mrgnc-prprdnss/ptsi-en.aspx

**U.S. Department of Health and Human Services**
Pain Management Best Practices Inter-Agency Task Force Report: Updates, gaps, inconsistencies, and recommendations, *May, 2019*
https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf

**World Health Organization (WHO), Geneva, Switzerland**
Mental Health in the Workplace: Information Sheet, *May, 2019*
https://www.who.int/mental_health/in_the_workplace/en/

Comprehensive Mental Health Action Plan 2013-2020-2030
https://www.who.int/mental_health/action_plan_2013/en/

# Appendix C
## Continuing Education, Conferences and Training Resources

**Canadian Center for Occupational Health and Safety**
Webinars
https://www.ccohs.ca/products/webinars/return_work2/

**Canadian Institute for Military and Veteran Health Research**
http://cimvhrforum.ca/

**Canadian Institute for Public Safety Research and Treatment (CIPSRT)**
https://www.cipsrt-icrtsp.ca/

**Centre for Research on Work Disability Policy (CRWDP)**
A trans-disciplinary initiative on the future of work disability policy in Canada
www.crwdp.ca

**College of Occupational Therapists of Ontario (COTO)**
Standards of Practice and Guidelines (such as psychotherapy, third party payers, ethics, consent)
https://www.coto.org/standards-and-resources/ethics-standards-guidelines

**College of Registered Psychotherapists**
https://www.crpo.ca/

**CSA Group**
Publishes industry standards such as CSA Z1011:20: Work Disability Management System, 2020.
https://www.csagroup.org/standards/

**Ontario Society of Occupational Therapists (OSOT)**
Webinars, Conferences, Workshops
https://www.osot.on.ca/OSOT/Professional_Development/OSOT/Events/OSOT_Professional_Development.aspx?hkey=ba9cc60a-b3ff-434f-9122-2b1e8d3990fa

Practice Resources
https://www.osot.on.ca/OSOT/Practice_Resources/OSOT/Practice_Resources.aspx?hkey=0cc0dbc6-200a-42d4-a983-0df3c75669ef

Compendium of Psychotherapy – For Training and Education Related to Psychotherapy
http://www.osot.on.ca/docs/practice_resources/Psych_Compendium_2nd_Edition.pdf#:~:text=Although%20there%20is%20some%20overlap%2C%20the%20COTO%20standards,theoretical%20approach%20that%20may%20include%20development%20of%20insight

**Pacific Coast University – Workplace Health Sciences**
On-line courses such as; Disability Management, Conflict Resolution, Negotiation in the Workplace
https://www.pcu-whs.ca/programs/continuing-professional-education/dmpc-program/

**PsychArmor Institute**
Courses available for health care providers and employers who treat veterans
https://psycharmor.org/healthcare_audience

**School of Rehabilitation Therapy – Queen's University**
Occupation and Trauma: Expanding Occupational Therapy Practice; *presented by Megan Edgelow & Heidi Cramm*
This two-day workshop provides occupational therapists the opportunity to explore the nature, prevalence and impacts of trauma, as well as current evidence-based assessment and intervention approaches using the Occupational Therapy Trauma Intervention Framework (OTTIF), a framework based on client readiness and trauma-informed practice approaches. For more information about the OTTIF visit;
https://www.rehab.queensu.ca/blog/developing-occupational-therapy-trauma-intervention-framework or edgelowm@queensu.ca

# Appendix D
## Suggested Further Readings


**Internet-Assisted Cognitive Behavioral Therapy**
Andersson, G. & Carlbring P. (2017) *Psychiatr Clin North Am,40(4):689–700*

**Spotting PTSD: A PTSD Toolkit for First Responders**
Ash-Maheux, R., Bartczak, M., Monteferrante, J., Nurse, A., Persad, S., Zafran, H., Lambert, H. (2018) *McGill University*
https://www.researchgate.net/publication/323607557_Spotting_PTSD_A_PTSD_Toolkit_for_First_Responders

**The Evolution of Workplace Mental Health in Canada: Toward a Standard for Psychological Health and Safety**
Baynton, M. & Fournier L. (2017) *The Great-West Life Assurance Company : Friesens.*
https://www.workplacestrategiesformentalhealth.com/pdf/articles/Evolution_Book.pdf

**Peer Support and Crisis-Focused Psychological Intervention Programs in Canadian First Responders: Blue Paper**
Beshai, S. & Carleton, R.N. (2016) *Regina, SK: University of Regina Collaborative Centre for Justice and Safety*
http://www.justiceandsafety.ca/rsu_docs/blue_paper_full_web_final_production_aug_16_2016.pdf

**Traumatic Re-Enactment in the Workplace: Assisting Clients with Depression, Anxiety and PTSD Return to Work Successfully**
Cowls, J. & Galloway, E. (2009) *Work 33, 401-411*

**Mindfulness and Cognitive-Behavioral Interventions for Chronic Pain: Differential Effectives on Daily Pain Reactivity and Stress Reactivity**
Davis, M.C., Kautra, A.J., Wolf, L.D., Tennen, D. & Yeung, E.W. (2015) *Journal of Consulting and Clinical Psychology, 83(1), 24-35. doi: 10.1037/a0038200*

**Occupational Therapy and Return To Work: A Systematic Literature Review**
Desiron, H., de Rijk, A.M., Van Hoof E. & Donceel P. (2011) *BMC Public Health, 11:615*

**Occupational Well-Being: Rethinking Occupational Therapy Outcomes**
Doble, S. & Josiane, C.S. (2008) *Canadian Journal of Occupational Therapy, (75) 3: 184-190*

**Bearing the Brunt: Co-workers' Experiences of Work Reintegration Processes**
Duntson, DA. & MacEachen, E. (2013) *Journal of Occupational Rehabilitation. 23:44-54*

**Occupational Therapy Return To Work Interventions For Persons with Trauma and Stress-Related Mental Health Conditions: A Scoping Review**
Edgelow, M., Harrison, L., Miceli, M. & Cramm, H. (2020) *Work. DOI:10.3233/WOR-203134*

**Occupational Therapy and Post-traumatic Stress Disorder: A Scoping Review**
Edgelow, M., MacPherson, M., Arnaly, F., Tam-Seto, L. & Cramm, H.A. (2019) *Canadian Journal of Occupational Therapy. Vol. 86(2) 148-157*

**Ameta-Analysis of Randomized Trials of Behavioural Treatments of Depression**
Ekers, D., Richards, D. & Gilbody, S. (2008) *Psychological Medicine, 38,611–623*

**Workplace-based Return-To-Work Interventions: A Systematic Review of the Quantitative Literature**
Franche, R-L., Cullen, K., Clarke, J., Irvin, E., Sinclair, S. & Frank, J. (2005) *Journal of Occupational Rehabilitation, 15(4), 607-631*

**Behavioral Activation for Moderately Depressed University Students: Randomized Controlled Trial**
Gawrysiak ,M., Nicholas, C. & Hopko, D.R. (2009) *Journal of Counseling Psychology, 56,468–475*

**Adjuvant Occupational Therapy Improves Long-Term Depression Recovery and Return-To-Work in Good Health in Sick-Listed Employees with Major Depression: Results of a randomized controlled trial**
Hees, H.L., de Vries, G., Koeter, M.W. & Schene, A.H. (2013) *Occupational Environmental Medicine, 70:252-260*

**Working Together: Successful Strategies for Return To Work**
Institute for Work & Health. (2008) *Institute for Work & Health. Ontario Society of Occupational Therapists (OSOT)*


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**Effective Workplace Return To Work Interventions Are Multi-Faceted: IWH Review**
Institute for Work & Health (Feb, 2017) *At Work, 87*
https://www.iwh.on.ca/newsletters/at-work/87/effective-workplace-return-to-work-interventions-are-multi-faceted-iwh-review

**Managing Depression in the Workplace: A Systematic Review Contextualized for Manitoba**
Institute for Work & Health (March, 2017)

**Supporting Return To Work Among Employees with Musculoskeletal or Mental Health Conditions: An Evidence-Based Practical Resource**
Institute for Work & Health. (2008) *Author, Institute for Work & Health. Ontario Society of Occupational Therapists (OSOT)*

**Working Together: Successful Strategies for Return To Work**
Institute for Work & Health (May, 2019)
https://www.iwh.on.ca/tools-and-guides/supporting-return-to-work-among-employees-with-musculoskeletal-or-mental-health-conditions-evidence-based-practical-resource

**Canadian Anxiety Guidelines Initiative Group**
Katzman M.A., Bleau P., Blier P., Chokka P., Kjernisted K., Van Ameringen M. (*Anxiety Disorders Association of Canada/ Association Canadienne des troubles anxious*) *And* Antony M.M., Bouchard S., Brunet A., Flament M., Grigoriadis S., Mendlowitz S., O'Connor K., Rabheru K., Richter P.M., Robichaud M., Walker J.R. (*McGill University*), (2014) *BMC Psychiatry [2014, 14 Suppl 1:S1]*

**Action Over Inertia: Addressing the Activity-Health Needs of Individuals with Serious Mental Illness**
Krupa, T., Edgelow, M., Chen, S., Mieras, C., Almas, A., Perry, A., Radloff-Gabriel, D., Jackson, J. & Bransfield, M. (2010) *CAOT Publications*

**Brief Behavioral Activation Treatment for Depression: Treatment Manual**
Lejuez, C.W., Hopko, D. & Hopko, S.A. (2011) *Behavioural Modification Vol. 25 No 2 April 2011 255-286*

**Systematic Review: Effect of Psychiatric Symptoms on Return To Work After Occupational Injury**
Lin K.H., Lin K-Y. & Siu, K-C. (2016) *Occupational Medicine, 66:514-521*

**Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy**
Litz, B.T., Stein, N., Delaney, E., Lebowitz, L., Nash, W.P., Silva, C. & Maguen, S. (2009). *Clinical Psychology Review, 29, 695-706*

**The Impact of Killing in War on Mental Health Symptoms and Related Functioning**
Maguen, S., Mettzler, T.J., Litz, B.T., Seal, K.H., Knight, S.J., & Marmar, C.R. (2009) *Journal of Traumatic Stress, 22, 435-443*

**The Issue Is—Work Disability Prevention: A Primer for Occupational Therapists**
McDougall, A. & Nowrouzi-Kia, B. (2017) *American Journal of Occupational Therapy, 71, 7106360010*
https://doi.org/10.5014/ajot.2017.018671

**Current Perspectives on Internet-Delivered Cognitive Behavioral Therapy for Adults with Anxiety and Related Disorders**
Mewton, L., Smith, J., Rossouw, P. & Andrews, G. (2014) *Psychol Res BehavManag., 7: 37–46*

**Interventions to Improve Return To Work in Depressed People (Review)**
Nieuwenhuijsen, K., Faber, B., Verbeek, J.H., Neumeyer-Gormen, A., Hees, H.L., Verhoeven, A.C., van der Feltz-Cornelis, C.M. & Bultmann, U. (2014) *Cochrane Database of Systematic Reviews, 12*

**Operational Stress Injury: The Impact on Family Mental Health and Well-being – A Report to Veteran Affairs Canada**
Norris, D., Cramm, H., Eichler, M., Tam-Seto, L. & Smith-Evans, K. (March, 2015)

**Therapist-Supported Internet Cognitive Behavioural Therapy for Anxiety Disorders in Adults**
Olthuis, J.V., Watt, M.C., Bailey, K., Hayden, J.A. & Stewart, S.H. (2016) *In: Cochrane Database of Systematic Reviews [Internet]. John Wiley & Sons, Ltd; 2016 [cited 2018 Feb 27]*
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011565.pub2/abstract

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**Validation of the Readiness for Return-To-Work Scale in Outpatient Occupational Rehabilitation in Canada**
Park, J., Roberts, R.M., Esmail, S., Rayani, F., Norris, C.M. & Gross, D.P. (2017) *Journal of Occupational Rehabilitation, 28:332-345*

**Workplace-Based Work Disability Prevention Interventions for Workers with Common Mental Health Conditions: A Review of the Literature**
Pomaki, G., Franche, R. L., Khushrushahi, N., Murray, E., Khushrushahi, N. & Lampinen, T.M. (2011) *Journal of Occupational Rehabilitation 22: 182-195*

**Best Practices for Return-To-Work Interventions for Workers with Mental Health Conditions**
Pomaki, G., Franche, R.L., Khushrushahi, N., Murray, E., Lampinen, T., & Mah, P. (2010) *Occupational Health and Safety Agency for Healthcare in B.C.*

**Work-Focused Cognitive–Behavioural Therapy and Individual Job Support to Increase Work Participation in Common Mental Disorders: A Randomized Controlled Multi-centre Trial**
Reme, S.E., Grasdal, A.L., Løvvik, C., Lie, S.A. & Øverland, S. (2015) *Occupational Environmental Medicine, 72: 745-752*

**Effectiveness of Internet-Delivered Cognitive Behavioral Therapy for Post-traumatic Stress Disorder: A Systematic Review and Meta-Analysis**
Sijbrandij, M., Kunovski, I. & Cuijpers, P. (2016) *Depress Anxiety, 33(9):783–91*

**Interim Report on the Operational Stress Injuries of Canada's Veterans**
Standing Senate Committee on National Security and Defense. Subcommittee on Veterans Affairs (June, 2015) *Veterans Affairs Canada*

**Exercise Interventions for Mental Health: A Quantitative and Qualitative Review**
Stathopoulou, G., Powers M.B., Berry, A.C., Smits, J.A.J. and Otto, M.W. (2006) *Clinical Psychology: Science and Practice, (13), 2: 179–193*

**Truth and Reconciliation Commission of Canada: Calls to Action**
*Truth and Reconciliation Commission of Canada (2015)*
http://nctr.ca/assets/reports/Calls_to_Action_English2.pdf

**Exploring Workplace Actors' Experiences of the Social Organization of Return-To-Work**
Tjulin, A., MacEachen, E., & Ekberg, K. (2010) *Journal of Occupational Therapy, 20: 311-321*

**Cognitive Work Hardening: A Return To Work Intervention for People with Depression**
Wisenthal, A. & Krupa, T. (2013) *Work, 45: 423-430*

**Cognitive Work Hardening for Return To Work Following Depression: An Intervention Study**
Wisenthal, A., Krupa, T., Kirsh, B. & Lysaght, R. (2018) *Canadian Journal of Occupational Therapy, 85(1): p. 21-32 .doi: 10.1177/0008417417733275*

**Systematic Review of Universal and Targeted Workplace Interventions for Depression**
Yunus, W.M.A.W.M., Musiat, P. & Brown J.S.L. (2018) *Occupational Environmental Medicine, 75: 66-75*

# Appendix E
## Assessment Tools

For an in depth review of evaluation tools for use by occupational therapists in mental health and return-to-work practice, developed by OT colleagues at Queen's University (Megan Edgelow, Catarina Romero, Emma Scholefield) in October 2019, use the following link:
https://queensuca-my.sharepoint.com/:b:/g/personal/edgelowm_queensu_ca/EVvqdA70HlJBin8l_Q5D7gIBYUNOgS58dnG11okz7vqSTg?e=8weMzf

The assessment tools described below are additional ones that may be useful to your practice. *[Note: the evaluation tools listed are for consideration only. They are not a complete list and have been categorized by use.]*

### Symptom Severity

- **Hopkins Symptom Checklist- HSCL-25:** A symptom inventory that measures symptoms of anxiety and depression.

### Cognitive Assessment

- **Behaviour Rating Inventory of Executive Function (BRIEF):** Standardized measure that captures views of an adult's executive functions or self-regulation in his or her everyday environment. Both a self-report and an informant report are used.
- **Behavioural Assessment of the Dysexecutive Syndrome (Frontal Lobe Syndrome) (BADS):** Assesses planning, organization, problem solving, setting priorities, and attention. The BADS specifically assesses the skills and demands involved in everyday life.
- **Cognitive Functional Capacity Evaluation (Matheson):** Intensive evaluation of cognitive tolerance abilities related to musculoskeletal strength, endurance, speed, and flexibility.
- **Repeatable Battery for the Assessment of Neuropsychological Status (RBANS):** Neurocognitive battery measuring five cognitive domains including: immediate and delayed memory, attention, language and visuospatial skills. Versions A, B and C, which may be interchanged to eliminate, recall bias.
- **The Memory Functioning Questionnaire:** An 8-item self-report assessment of memory problems.

### Work Related Assessment

- **City of Toronto Cognitive Behavioural Job Demands Analysis:** Looks at demands of the job as are identified by the employer or worker, and client's ability to perform these demands are rated by the therapist. Discrepancies identified between demands and performance ability aids with assessing readiness to RTW as well as requesting accommodations. https://pubmed.ncbi.nlm.nih.gov/18820416/