

# Adaptation of the *Therapeutic return-to-work program* from MSD to common mental disorders

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## Current literature

- Symptoms reduction not associated with return to work (Goldner 2004; van der Klink 2003, Nieuwenhuijsen 2004; St-Arnaud 2003)
- Few studies on return-to-work (RTW) rehabilitation programs for workers with common mental disorders (St-Arnaud, 2004)
  - Most programs focussed on disease not disability



## Current literature

- Approaches oriented towards
  - cognitive behavioural interventions involving problem-solving
  - stress management strategies centred on the individual
  - do not focus on the **work environment** and **concerted action**

(Nystuen & Hagen, 2003;  
van der Klink, Blonk, Schene, & van Dijk, 2003)



## Work Disability Paradigm

- Long-term work disability is no longer seen simply as the consequence of an illness but rather as the result of interactions between the worker and 3 main systems:
  - Health care
  - Work environment
  - Financial/compensation systems

(Loisel et al., 2001)



## Current practice in Quebec

- Progressive return to work (RTW)
  - Are prescribed by general practitioner (GP)
    - Based on the number of hours
      - Passes from 3 to 5 days based on indirect evaluation (discussions)
    - Workplace often not informed
      - No coordination
    - Tasks not chosen
  - Few follow-up
    - Increase anxiety and anticipation



## Progressive vs therapeutic

- Progressive  $\neq$  therapeutic
  - Modulation of number of hours only
  - Leads to relapses
- TRW (Therapeutic return to work)
  - Progressive and therapeutic
  - Modulation of tasks, interactions, stress management
  - Frequent follow-ups



# Program

- Therapeutic Return to Work Program (TRW)
  - 3 Components
    - Work disability diagnostic interview (WoDDI)
    - Pre-TRW (clinic training)
    - TRW (work exposure)
      - Rehabilitation centralized in the workplace
      - **Interdisciplinary team**
      - **Coordination - Collaboration of all stakeholders**
- Program developed for low back pain patients
  - Effective (Loisel et al, 1997; Durand et al, 2002)
  - Cost-effective and cost-benefit (Loisel et al, 2002)



## WoDDI: Work Disability Diagnostic Interview

- Developed for prolonged work disability from musculoskeletal disorders (Durand 2002, Marois & Durand, 2009)
- Structured interview integrating prognostic work disability factors (Durand et al. 2010)
  - Person
  - Work environment
  - Health service
  - Compensation system



## Factors associated with prolonged work absence

- Individual
  - e.g., more than 44 year-old, man, live alone, symptom severity, perception of bad prognosis,...
- Work
  - e.g., conflict at work, casual work, work dissatisfaction, perception of an extra load of work, ...
- Medico-administrative
  - e.g., legal process underway, high deductible insurance coverage,...



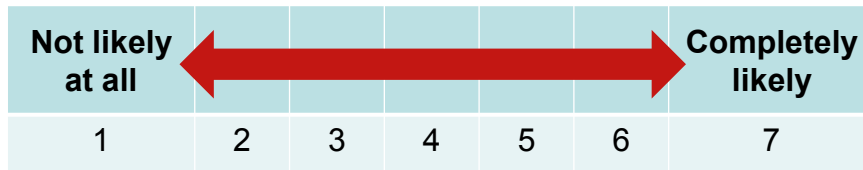
## Factors related to TRW

- Factors hindering TRW
  - e.g., organisational changes (lay-off, technological changes...), competition, fears related to work resumption, lack of confidence in the programme, ...
- Assessed during the rehabilitation process



## Scale

- Each factor in the WoDDI are weighted



## Pre-TRW (clinic)

- Working on the prerequisite
- Decreasing work obstacles
- Implementation of working conditions
- Approach cognitivo-behavioural emphasizing on problem solving



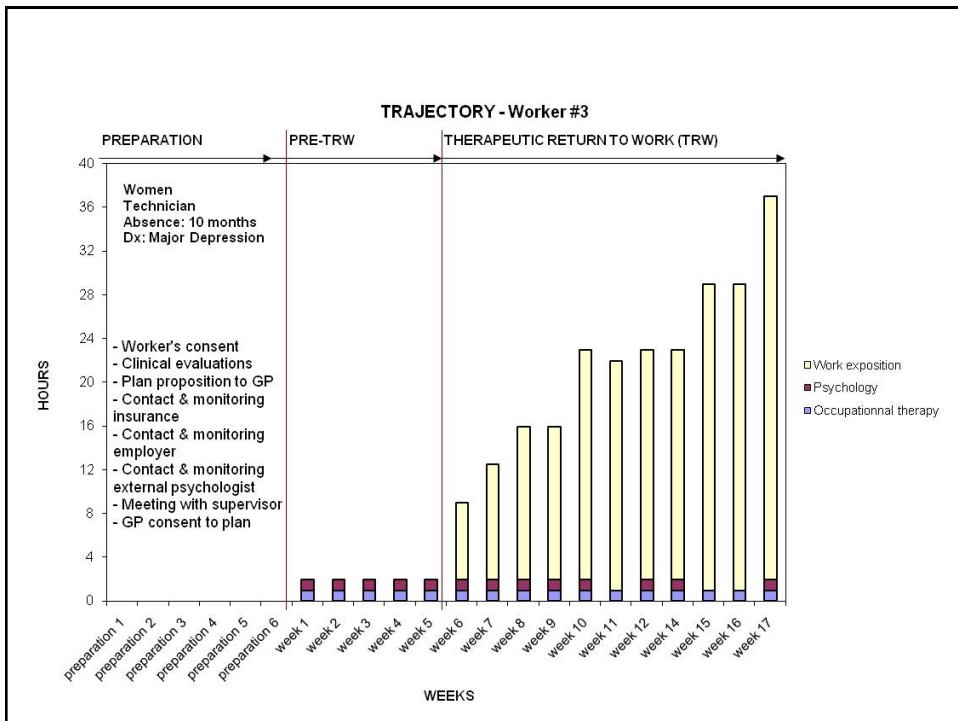
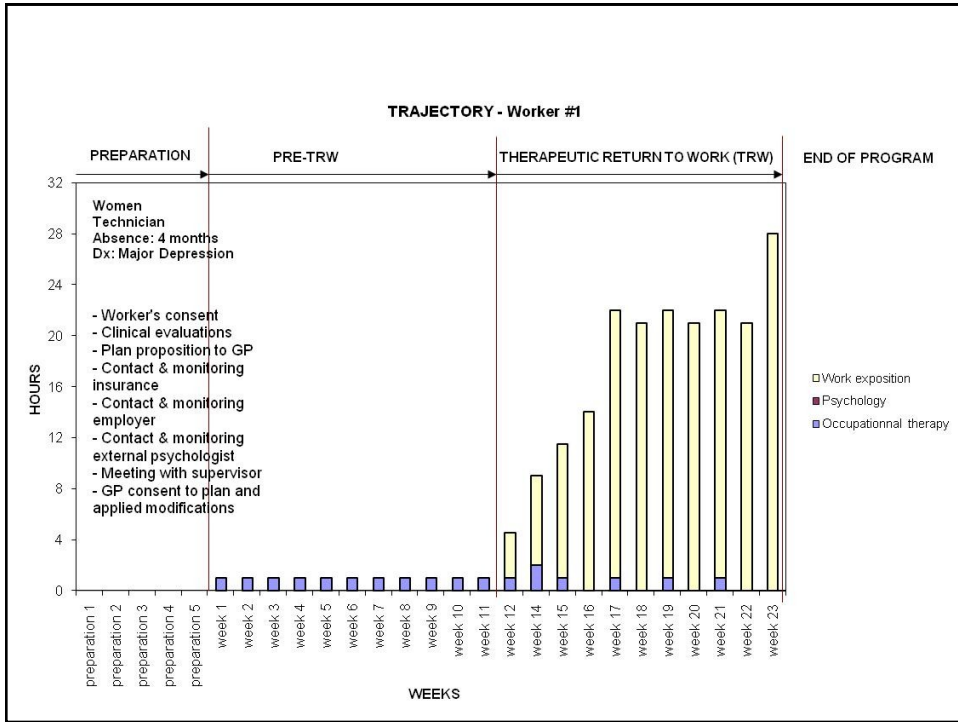
# TRW

- progressive return to work with:
  - Structured tasks weekly
  - Capacity evaluation and progression weekly
  - Concerted action between the medical staff and the stakeholders
  - Occupational therapist or ergonomist

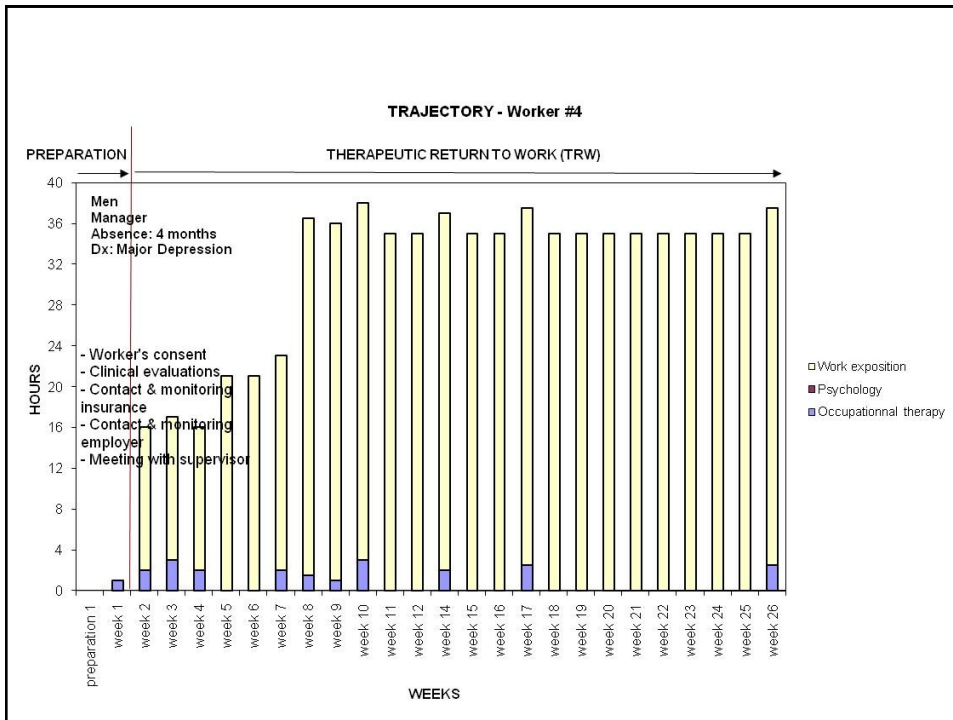


# Examples









## Discussion

- TRW program appears to be adaptable from MSD to common mental disorder
- Disability paradigm is important and could orient the evaluation and treatment of those workers
- Systematic identification of risk factors seems to lead to a more targeted treatment and finally influence the rate of RTW
- Treatment of common mental disorder require to construct an action with the workplace



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