Human Resilience and the Crisis of Workplace Absence
Les Kertay, Ph.D., ABPP
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Disclosures
• Employed as Chief Medical Officer, R3 Continuum
• Private practice; coaching, consulting, counseling
• AMA Guides to Navigating Disability Benefit Systems
• No commercial endorsements or conflicts

Disclaimer
• The opinions and ideas expressed in this presentation are those of the author, based on his training and experience.

Agenda
• Articulate an understanding of workplace absence and needless disablement as a crisis that impacts multiple stakeholders.
• Articulate the ways in which the principles of critical incident response can be applied practically to absence management.
• Describe the four common pathways of response to crisis, and apply them to recovery from impairment.

Workplace absence constitutes a life crisis
Resilience is the most common human response
Psychological First Aid works for absence management
### Organizational Resilience

- Relational reserves
- Viable business model
- Financial reserves
- Layoffs/Layoff avoidance

Gittell, Cameron, Lim, & Rivas (2006)

### Resilience as Characteristic

#### Exposure-related risk factors
- Direct exposure
- Serious injury
- Long-lasting or severe trauma
- Perceived danger of self or family member
- Severe reaction at the time
- Perceived helplessness

#### History-related risk factors
- Earlier trauma
- Another MH condition
- Family history
- Low support
- Loss of loved one
- Recent stress
- Alcohol
- Female, low education, younger

### Resilience as Praxis

Practical Individual Resilience: A Neuropsychological Approach

- The skills to bounce back from adversity
- The art of resilience
- Resilience is not a fixed trait but a dynamic process
- Resilience involves the ability to adapt and thrive in the face of adversity
- Resilience is not a lack of stress but a capacity to manage stress effectively
Trauma & PTSD
Adults, Kilpatrick et al. 2013

- Exposure to traumatic events is high
  - 89.7% in adults using DSM-5 criteria
  - Exposure to multiple events is the norm
  - Exposure estimates vary
- PTSD prevalence
  - 8.3% lifetime
  - 4.7% 12-month
  - 3.8% 6-month
- Conditional prevalence higher, but minority

Recovery curves - Bonanno

Recovery or Resilience?

- Resilience to major life stressors is not as common as thought
  - Infurna FJ, Luthar SS. *Perspectives on Psychological Science*, 2016; 11(2):175-194

- It's not so easy to make resilience go away: Commentary on Infurna and Luthar (2016)

- Resilience has been and will always be, but rates declared are inevitably suspect: Reply to Galatzer-Levy and Bonanno (2016)

Lies, Damned Lies, & Statistics

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A Better Mousetrap

Always ask:
Is anything else needed?
Less is more, except (only) when it isn’t
Stop at the earliest step that leads to resolution

Psychological First Aid
Principles and Application


Bridging to absence management
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Workplace Absence
Incidence & Cost

- 2013 8.8 million collecting SSDI, cost $10.3 B
  - Social Security Administration
- 2012 $59.6 B in direct benefits for top 10 occupational accidents and injuries
  - Liberty Mutual
- 2008 $1.8 T estimated cost of poor health on the workplace
  - Bureau of Labor Statistics
- 2010 estimate 2.6% of payroll to direct costs of incidental and extended absences, 8.7% when including indirect costs
  - Kronos & Mercer

Impact of Worklessness

- Higher mortality
- Poorer general health
- Increased chronic illness
- Poorer mental health
- Higher medical costs, number of consultations, and hospital admission rates


The Benefits of Working

- Key means for obtaining adequate resources
- Meets important psychosocial needs
- Central to individual identity, roles, and status
- Main drivers of social gradients in physical health, mental health, and mortality

But ...

By far the most likely outcome of a workplace absence is to return to work

When all you have is a hammer

... everything looks like a nail
Recovery curves - Bonanno

Recovery curves in sciatic pain

SPORT

Connecting the Dots

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<th>Trauma</th>
<th>Absence</th>
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<td>Resilience</td>
<td>Return</td>
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<tr>
<td>Growth</td>
<td>Productivity</td>
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The question may be less about where we end up, than how we get there.

What is it about recovery?

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Meet Richie Parker
Wrong message, wrong incentive

• Claimant
• Claims manager
• Physicians
• Employers
• Carriers

What can we do?
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Is this you?
If ...

By far the most likely outcome of a workplace absence is to return to work

Why does this happen?

Case 1: Construction Worker
- No medical red flags
- No medical comorbidity
- Average medical history
- No tests or referrals
- “Not a big deal”
- “Just a sprain”
- “I know what to do”
- “I can get help”
- “Happens to everyone”

Case 2: Construction Worker
- No medical red flags
- No medical comorbidity
- Average medical history
- No tests or referrals
- “Forever damaged goods”
- “Probably a slipped disc”
- “Probably will get fired”
- “No one understands”
- “Why me?”

Key drivers of extended duration
- Presence & extent of verifiable impairment
- Individual’s attitude toward disability
- Physician’s attitude toward disability
- Perception of workplace support
- Availability of compensation
1 Week Screening:
Relative Risk for RTW 1 month after LBP Onset

![Graph showing risk factors for RTW recovery](image)

Dr. Glenn Pransky, Liberty Mutual Research Institute

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The Single Best Question

How likely is it that you will be able to return in the next month?

![Bar chart showing likelihood of RTW](image)

Dr. Glenn Pransky, Liberty Mutual Research Institute

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The Four Horsemen

- Perceived Injustice
- Catastrophizing
- Psychosocial Factors
- Pain Avoidance
- Disability Beliefs

![Diagram illustrating the Four Horsemen](image)
If you want a different conclusion …

Start with a different premise

Don’t go looking for a black cat

Implications for RTW
1. Adopt a Biopsychosocial Model

Implications for RTW
2. Presume resilience
Implications for RTW

3. Least appropriate intervention

Don’t just do something: stand there

Implications for RTW

4. Talk to the claimant, ask what’s needed, offer practical help

Get it from the horse’s mouth

“Always listen to experts. They’ll tell you what can’t be done, and why. Then do it.”

— Robert A. Heinlein, Time Enough for Love

Implications for RTW

5. Evaluate for barriers
Implications for RTW

6. Enlist all stakeholders

Apply the Principles of Psychological First Aid

Implications for RTW

7. Enhance Resilience Behaviors

Hobfoll et al. Five essential elements of immediate and mid-term mass trauma intervention. 

• An activity
• With positive health effects
• Modifiable risks and risk profile
• Requiring patient education
• Amenable to psychosocial intervention
• With a natural tendency to resilience

Implications for RTW

8. Think work as a health behavior
Implications for RTW
9. Resilience is both a set of traits and a teachable behavior

Aurbach R. Practical individual resilience: A neuroplastic approach. AMA Guides Newsletter, March/April 2015

There is no such thing as an unmotivated person.
He or she may not be motivated by the same things that motivate you.
- Ken Mitchell, Ph.D.

Implications for RTW
10. Think about motivation

The Part of Threes
Plus a bonus

• Assume resilience
• Think of work as a health behavior
• Ask what’s needed and offer what you can
• Listen, Listen, Listen some more
Thank you!

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