

RETURN TO WORK SERVICES

SCHEDULE 4A

TPI SERVICES AND TPI PROGRAMS

1.00 LOCATIONS

- 1.01 The Contractor's approved Premises for this Schedule are as follows:
- a)
 - b)
 - c)

2.00 APPLICATION

- 2.01 Schedules 1, 6 and 7 apply to this Schedule.
- 2.02 This Schedule applies to TPI Services, and TPI Programs only.

3.00 GENERAL

- 3.01 For the purpose of this Schedule only;
- a) "Exposure or Occupational therapy" includes Services provided by occupational therapists, as well as associated services provided by MSWs and psychiatric nurses; and
 - b) "Exposure therapist" includes occupational therapists, MSWs, and psychiatric nurses who provide functional and cognitive Services.

4.00 SERVICE OVERVIEW

- 4.01 TPI Services is designed to address the psychological, medical, functional, musculoskeletal, cognitive, and vocational needs of the Worker with a traumatic psychological injury and high barriers to facilitate safe, sustainable RTW.
- 4.02 TPI program and services assist workers and by outlining abilities and restrictions, negotiation of modified work plans and provision of workplace supports.

5.00 SERVICE OBJECTIVES

- 5.01 TPI Service objectives are to:
- a) Increase tolerance of fear-eliciting experiences related to the workplace accident or incident;
 - b) Increase tolerance for taking psychological risks such as increasing the ability to tolerate high stimulus environments and learn to gauge appropriate threats;
 - c) Reduce isolation through socialization and establishing a structured day;
 - d) Provide the Worker with the skills to implement appropriate strategies to help cope with ongoing anxiety, depression, fatigue, isolation, and pain;

- e) Develop behaviours which will improve the Worker's ability to RTW, function independently and benefit from other rehabilitation; and
- f) Assist the Worker in developing skills for finding Employment if the Worker is no longer job attached or unable to return to their date of accident employer.

6.00 SERVICE PRINCIPLES

- 6.01 TPI Service principles require the team to:
- a) Utilize an evidence-based psychological approach to Service interventions as previously outlined; and
 - b) Focus on increasing the Worker's independence on self-management techniques for managing ongoing anxiety, depression, fatigue, isolation, and pain.

7.00 SERVICE DESCRIPTION

- 7.01 TPI Services are designed to address the needs of the Worker who has suffered a traumatic psychological injury. The Worker will have significant psychosocial issues related to the psychological condition. The Worker may also have physical barriers to returning to work.
- 7.02 There are three (3) levels of TPI Services. The Worker may receive consecutive Services in more than one (1) level before returning to work.
- 7.03 TPI level 1 Services consist of psychological Services only. TPI level 2 Services consist of psychological and exposure therapy and may include exercise and psychological groups if indicated (stand-alone exposure therapy can be provided under level 2). TPI level 3 Programs consist of Interdisciplinary team Services.
- 7.04 Other relevant barriers impacting the choice of TPI level of Service, include but are not limited to:
- a) Concurrent physical injuries;
 - b) Concurrent functional limitations;
 - c) RTW Barriers;
 - d) Fear avoidance issues; and
 - e) A failure to respond, or progress, with single Service psychology.

8.00 TPI LEVEL 1 SERVICES

- 8.01 This is the primary treatment intervention for the Worker who has a traumatic psychological injury.
- 8.02 The psychologist will provide the Worker with psychotherapy. Recommended treatments may include:
- a) Cognitive behavioral therapy weekly sessions for eight (8) to twelve (12) weeks total;
 - b) Eye movement desensitization and reprocessing (EMDR) of between two (2) and twelve (12) sessions total;
 - c) In-vitro systematic desensitization;

- d) Cognitive processing therapy; and
- e) Prolonged exposure therapy.

8.03 In-vivo exposure is the direct confrontation of feared objects, activities or situations by the Worker. The Worker is exposed to the fearful situation while being supported by psychological counselling. The psychologist will develop a fear hierarchy, therapist-directed exposure activities, and the Worker's self-exposure plan in conjunction with the Worker. This plan must be within the Worker's demonstrated psychological capabilities, including the Worker's observed tolerance of the fear-eliciting experience.

9.00 TPI LEVEL 2 SERVICES

9.01 Treatment is in addition to TPI Service level 1 requirements and will include exposure therapy.

9.02 Exposure therapy treatments can be stand-alone, combined with psychology or combined with community psychology service provision.

9.03 Additional Service interventions will include;

- a) In-vivo exposure;
- b) Worksite reintegration; and
- c) Community reintegration.

9.04 The Contactor will support, and job coach the Worker during worksite reintegration as the Worker is returning to work.

9.05 The Contractor will support the Worker who is having difficulty completing daily tasks and normal community living during community reintegration.

10.00 TPI LEVEL 1 AND 2 SERVICES

10.01 If the Worker requires additional support for a TPI level 1 or level 2 Services but is not appropriate for a higher level of Program, the Contractor may recommend TPI support Services. TPI support Services include the following:

- a) Exercise therapy Assessment;
- b) Exercise therapy group sessions; and
- c) Psychological group sessions.

10.02 The recommendation for TPI support Services must be included in TPI reporting, which must be submitted prior to the Contractor providing the support Services. The recommendation will include the rationale for the additional Services, the number and type of each additional support Service recommended, as well as an explanation as to why the Worker should not be admitted to a higher level of TPI Program.

10.03 The Contractor will report on support Services provided in each progress report. This will include an update as to whether the support Services are benefiting the Worker, the number, and the type, of any additional support Services recommended.

11.00 TPI LEVEL 3 PROGRAM

- 11.01 This is appropriate when the Worker will benefit from a full Interdisciplinary Program as a result of the Worker having sustained both a physical injury and psychological injury, or major psychological condition. It is also appropriate when the Worker has been off work for a significant period of time following a psychological injury, resulting in social withdrawal or isolation.
- 11.02 A full Interdisciplinary team approach must be used when the Worker has multiple barriers to RTW, and the Worker's psychological condition is the main barrier.
- 11.03 The following admission criteria must be met for TPI level 3 Programs:
- a) The outcome of the Worker's psychological Assessment indicates a TPI Program approach to rehabilitation is necessary;
 - b) The Worker presents with a psychological disability resulting from a significant workplace incident that requires a TPI Program and is not likely to resolve with community interventions or another type of Program; a
 - c) The Worker has completed a ME, BFCE, or CFCE if clinically indicated and supported by triage; and,
 - d) In the absence of a physical injury, a ME and a BFCE are mandatory if the Worker has been off work for six (6) months or greater.

12.00 ADMISSION PROCESS

- 12.01 Relevant psychological Assessments for all TPI services may include at least one of the following:
- a) Psychological Screen;
 - b) CPA;
 - c) Psychiatric IME; and/or
 - d) NPA.
- 12.02 Where there is no prior CO authorization to proceed with a Service, the Service must be confirmed with the CO by case conference following the psychological Assessment and prior to entry into Program.

13.00 SERVICE DURATION – TPI LEVEL 1 SERVICES

- 13.01 The Contractor must provide one-on-one psychological treatment one (1) to two (2) times per week.
- 13.02 The Contractor must complete TPI level 1 initial, progress, and discharge reports using the required templates.

14.00 SERVICE DURATION – TPI LEVEL 2 AND LEVEL 3 SERVICES

- 14.01 Initial Length of Stay is based on the entitlement on File at the time-of-Service admission. If entitlement is updated during the course of the Service, the initial length is automatically changed to reflect the new entitlement.

- 14.02 The Contractor is responsible for ensuring that the Contractor's records reflect the current entitlement throughout the duration of the Service.
- 14.03 All level 3 Programs will be made available for up to five and a half (5.5) hours per day, four (4) days per week, unless psychologically contraindicated.
- 14.04 Within the Program parameters, the frequency and intensity of the Services will be individualized to meet the needs of the Worker.
- 14.05 The Contractor will provide one-on-one psychological treatment one (1) to two (2) times per week. Other psychological interventions such as exposure therapy and group sessions must occur at least once per Program day.

15.00 SERVICE COMPONENTS FOR TPI LEVEL 3 SERVICES

- 15.01 The Worker receiving a TPI level 3 Program will have participated in an Assessment, and together with the Contractor will develop a RTW plan.
- 15.02 The Interdisciplinary team for a level 3 Program must have three (3) of the following staff:
- a) Physiotherapist;
 - b) Exposure therapist;
 - c) Exercise therapist or kinesiologist; and
 - d) Psychologist.
- 15.03 The Interdisciplinary team will meet no less frequently than once every ten (10) Days, with the Worker as required. All Worker or CO issues will be addressed within twenty-four (24) hours of the occurrence.
- 15.04 Each Program team member will document that team member's involvement and at least one team member will sign all Program reports.
- 15.05 The psychologist, occupational therapist, and designated team member will conduct Re-assessments throughout the Program as needed to track the Worker's progression towards rehabilitation goals.
- 15.06 The Contractor will promote an educational approach, which will include:
- a) Discussing all Assessment findings with the Worker;
 - b) Involving the Worker in the goal setting process;
 - c) Providing the Worker with specific information directed towards increasing the Worker's understanding of the injury;
 - d) Providing explanations and demonstrations to ensure the Worker understands and engages in safe work practices, and proper body mechanics, as applicable; and
 - e) Providing education with respect to safe use of all equipment and personal protective gear used in conditioning as well as work simulation areas and at the worksite, as applicable.

- 15.07 Specific information directed towards increasing the Worker’s understanding of the injury will include information relating to the following, as applicable;
- a) TPI;
 - b) Symptom management;
 - c) Pain management;
 - d) Sleep management; and
 - e) Medication adherence to prescribing physicians’ protocol.
- 15.08 Whenever possible, the psychologist, occupational therapist, and designated team member will facilitate communication and involvement of all key stakeholders in the rehabilitation process. This includes but is not limited to the Worker, CO, Employer, treating physician (as applicable), and family members.
- 15.09 The Contractor must verbally communicate to the CO the Worker’s progress on Program at a minimum of once every four (4) weeks. Re-administration of appropriate psychosocial measures will be completed every four (4) weeks.
- 15.10 The Worker may be transferred to a different level of Service following a level 3 Program without HCC approval.
- 15.11 The duration of Services includes all TPI Services and Programs. Extension requests are required as outlined in the table above (14.03).

16.00 SERVICE PROGRAM AND EXTENSIONS – TPI LEVEL 1, 2, and 3 SERVICES

16.01 Service duration eligibility for all compensable psychological diagnoses, including post-traumatic stress disorder (PTSD), and required extensions are as follows:

Table 1. Program durations and extensions (weeks)

	Standard	Extension	
Approved by	CO	CO	HCC
PTSD	12	13-30	31+
All other diagnoses	10	11-30	31+

17.00 SERVICE INTERVENTIONS

- 17.01 The Contractor will ensure that the Service is individually tailored to meet the needs of the Worker, and may include any or all of the following rehabilitation Service interventions:
- b) Psychosocial interventions;
 - c) Physical conditioning interventions;
 - d) Functional restoration interventions; and
 - e) Community or worksite reintegration.
- 17.02 The treatment team may utilize a variety of methods to mitigate psychosocial barriers to RTW. Psychosocial interventions may include but are not limited to:
- a) Individualized sessions with a psychologist with training in evidence-based treatment of trauma;

- b) In-vitro and in-vivo desensitization therapy with a psychologist or an exposure therapist;
 - c) Psychological process groups such as for first responders' group, and TPI group;
 - d) Educational workshops;
 - e) Pain management;
 - f) Biofeedback;
 - g) Change or expectation management; and
 - h) Assertiveness training.
- 17.03 Individualized sessions with a psychologist may include:
- a) Cognitive behavioral therapy;
 - b) Eye Movement Desensitization Reprocessing (EMDR);
 - c) Cognitive processing therapy;
 - d) Prolonged exposure;
 - e) Stress management and relaxation training; and
 - f) Other evidence-based psychological treatments that may be related to a secondary diagnosis.
- 17.04 Educational workshops may include:
- a) TPI etiology, normalization, treatment and expected outcomes;
 - b) Hurt versus harm;
 - c) Injury education;
 - d) Stress management;
 - e) Muscle relaxation; and
 - f) Neurophysiology of pain.
- 17.05 For physical conditioning interventions, the Contractor will monitor how the Worker's physical conditioning is affecting the Worker's psychological condition. The goals of physical conditioning activities may include but are not limited to:
- a) Improving the Worker's musculoskeletal condition as it related to strength, endurance, movement, flexibility, stability, motor control, balance, and gait;
 - b) Improving the Worker's cardiopulmonary functions; and
 - c) Improving in the Worker's physical status and functioning.
- 17.06 Wherever possible, physical conditioning activities will involve the major movement patterns required in the Worker's job or daily activities.
- 17.07 Physical conditioning activities will be supervised and will include watching for proper pacing, signs of intolerance or over-training. Upgrades of the activities will be goal focused and occur on a regular basis.
- 17.08 Physical conditioning interventions may be PSB, WSB, home based, community based, or a combination of the above.
- 17.09 For functional restoration interventions the Contractor will monitor how the Worker's functional restoration is affecting their psychological condition. Work simulation activities aimed at improving work tolerance through the simulation of CJD in relation to:
- a) Type of activity;
 - b) Duration, intensity and frequency;
 - c) Sequential order of work activities; and
 - d) Psychologically progressive challenging activities.

- 17.10 The team member supervising the work and functional activities of the Worker will ensure that the Worker is:
- a) Utilizing proper body mechanics;
 - b) Demonstrating safe work practices;
 - c) Provided with feedback relative to performance of activities; and
 - d) Engaged in meaningful vocationally related work activities.
- 17.11 Work activities will be monitored and upgraded throughout the program to promote the attainment of work simulation goals.
- 17.12 The Worker may require community reintegration prior to worksite reintegration. The exposure therapist will work with the Worker to gradually re-engage the Worker in the community, with the long-term goal of work reintegration. This is most appropriate where the Worker presents with a severe psychological disorder.
- 17.13 Worksite reintegration is a staged progression of returning the Worker to the worksite. The exposure therapist will work with the Worker to gradually re-engage in the worksite. Worksite reintegration is facilitated through Worker and Employer support and may include, but is not limited to the utilization of the following strategies:
- a) Transitional RTW during Program;
 - b) Education in worksite behaviour such as pacing, stretch breaks, energy conservation, self-responsibility, task planning and task performance;
 - c) Alternate work duties with less psychological risk; and
 - d) Reduction and management of the Worker's anxiety by use of cognitive restructuring and relaxation techniques.
- 17.14 Worksite reintegration requires Employer support and collaboration. The Contractor will work cooperatively with Employers that have reintegration programs to ensure timely, safe, and sustainable RTW.
- 17.15 Worksite reintegration Services may include mediation, review of the modified work plan, worksite modifications, ergonomic Services, Worker and Employer education, and job coaching.

18.00 STAFFING

- 18.02 The psychologist must have:
- a) Training and experience in treating trauma;
 - b) Education in the area of pain management;
 - c) The ability to do cognitive behavioural treatment;
 - e) The ability to provide assistance in facilitating the Worker's earliest and appropriate return to date of accident or modified work; and
 - f) Experience in exposure and desensitization work through both in-vivo and in-vitro exposure.
- 18.03 It is preferred that the psychologist have certification in EMDR and/or prolonged exposure (PE).
- 18.04 The team psychologist must be available daily for TPI level 3 Programs.

- 18.05 Masters level provisional psychologists are not eligible to provide TPI Program Services.
- 18.06 PhD level provisional psychologists may be considered for eligibility to provide TPI Program Services. HCC will review any requested PhD level provisional psychologists and advise the Contractor of whether or not the requested psychologist is eligible to provide TPI Program Services.
- 18.07 An MSW who is registered with the Alberta College of Social Workers and approved to perform psychosocial interventions cannot be the primary therapist on a TPI program; however, they can lead psychotherapeutic/psychoeducational groups and in-vivo exposure if they have the relevant experience.
- 18.08 The exposure therapist must have:
- a) Experience or expertise in treating trauma;
 - b) Experience or expertise in working with individuals with psychological disabilities;
 - c) A demonstrated ability to work with volatile individuals; and
 - d) The ability to objectively address and support the Worker's recovery.
- 18.09 It is preferred that the therapist have training in exposure therapy.