

RETURN TO WORK SERVICES

SCHEDULE 4D

CPI SERVICES AND CPI 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 CPI Services and CPI Programs only.

3.00 GENERAL

- 3.01 For the purpose of this Schedule only, "Occupational therapy" includes Services provided by occupational therapists. Associated services may be provided by MSWs.

4.00 SERVICE OVERVIEW

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

5.00 SERVICE OBJECTIVES

- 5.01 CPI Program objectives are to:
- a) Increase tolerance for stressful work environments focusing on developing resiliency, learning appropriate coping strategies and building strong interpersonal relationship skills;
 - b) Provide the Worker with the skills to implement appropriate strategies to help cope with ongoing anxiety, depression, fatigue, isolation, and pain;
 - c) Develop behaviours which will improve the Worker's ability to RTW, function independently and benefit from other rehabilitation;
 - d) Reduce isolation through socialization and establishing a structured day;
 - e) Increase tolerance for taking psychological risks such as increasing the ability to tolerate high stimulus environments and learning to gauge appropriate threats;

- f) Increase tolerance for fear-eliciting experiences related to the workplace accident or incident, as appropriate; and
- g) Assist the Worker in developing skills and finding Employment if the Worker is no longer job attached.

6.00 SERVICE PRINCIPLES

- 6.01 CPI Program 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 ADMISSION CRITERIA

- 7.01 Guidelines for admission for CPI Services are as follows:
- a) The outcome of the Worker's psychological Assessment or triage indicates a CPI Program approach to rehabilitation is necessary. Triage into standard or complex will be based on:
 - 1) CPI standard Program – the psychological impact on the worker has been mild or moderate, based on their psychological functioning, daily life, and ability to RTW. The following factors will be considered in the triage decision:
 - i. Recent claim triggered by an identifiable event;
 - ii. Mild to moderate depression and/or anxiety;
 - iii. Moderate to high resiliency; and
 - iv. No long-term pre-existing psychological issues.
 - 2) CPI complex Program – the psychological impact on the worker has been moderate to severe, based on their psychological functioning, daily life, and ability to RTW. The following factors will be considered in the triage decision;
 - i. Long-term chronic condition resulting from multiple events over a long period of time;
 - ii. History of pre-existing psychological issues;
 - iii. Moderate to severe depression and/or anxiety; and
 - iv. Low resiliency.
 - b) Other relevant barriers, including but not limited to:
 - 1) Concurrent physical injuries;
 - 2) Concurrent functional limitations;
 - 3) RTW Barriers;
 - 4) Fear avoidance issues; and
 - 5) A failure to respond or progress with single Service psychology.
 - c) An ME and a BFCE are mandatory if the Worker has been off work for six (6) months or greater.
- 7.02 Relevant psychological Assessments for all CPI services may include at least one of the following:
- a) Psychological Screen;
 - b) CPA;
 - c) Psychiatric IME; and

- d) NPA.

8.00 ADMISSION PROCESS

- 8.01 Where there is no prior CO authorization to proceed with a Program, the Program must be confirmed with the CO by case conference following the psychological Assessment.

9.00 PROGRAM DESCRIPTION

- 9.01 The CPI Program is designed to address the needs of the Worker who has suffered a cumulative psychological injury which has developed over time or major psychological condition related to the injury. The Worker will have significant psychosocial issues related to the psychological condition. The Worker may also have physical barriers to returning to work.
- 9.02 There are two (2) levels of CPI Program.
 - a) CPI standard Programs consist of psychological, occupational, and exercise therapy Services two (2) to three (3) times per week.
 - b) CPI complex Programs consist of daily Interdisciplinary treatment Services, four (4) to five (5) days per week.

10.00 CPI STANDARD PROGRAMS

- 10.01 This is the primary treatment intervention for the Worker who has a non-traumatic psychological injury and will include both psychotherapy and occupational therapy.
- 10.02 The CPI standard Program is appropriate when the Worker does not require a daily program, their condition is more acute in nature, and the severity of the symptoms is mild to moderate.
- 10.03 The Worker may have returned to work in a full or modified capacity and may be currently working.
- 10.04 The Contractor will support, and job coach the Worker during worksite reintegration as the Worker is returning to work.
- 10.05 The Contractor will support the Worker who is having difficulty completing daily tasks and normal community living during community reintegration.

11.00 CPI COMPLEX PROGRAMS

- 11.01 The CPI complex Program is appropriate when the Worker will benefit from a full Interdisciplinary Program due to the severity of the Worker's psychological condition (e.g., chronicity and/or pre-existing psychological diagnosis). It is also appropriate when the Worker has been off work for a significant period 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 Contractor will support, and job coach the Worker during worksite reintegration as the Worker is returning to work.
- 11.04 The Contractor will support the Worker who is having difficulty completing daily tasks and normal community living during community reintegration.

12.00 SERVICE DURATION – CPI STANDARD AND CPI COMPLEX PROGRAMS

- 12.01 Initial Length of Stay is based on Worker presentation and the recommended Program type.
- 12.02 Program duration eligibility for all CPI Program extensions are as follows:

Table 1. Program durations and extensions (weeks)

	Standard	Extension	
Approved by	CO	CO	HCC
Standard	8	9-30	31+
Complex	12	13-30	31+

- 12.03 All CPI complex 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. If there is a psychological contraindication which necessitates attendance of fewer than four (4) days per week, prior HCC approval is required to continue to provide a CPI complex Program.
- 12.04 Within the Program parameters, the frequency and intensity of the Services will be individualized to meet the needs of the Worker.
- 12.05 The Contractor will provide one-on-one psychological treatment one (1) to two (2) times per week. Other psychological interventions such as behavioural activation, group psychotherapy, and /or group psychoeducation must occur at least once per Program day.

13.00 SERVICE COMPONENTS FOR CPI PROGRAMS AND SERVICES

- 13.01 The Worker receiving a CPI complex Program will have participated in an Assessment, and together with the Contractor will develop a RTW plan.
- 13.02 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.
- 13.03 All program reports will be signed by at least one team representative.

- 13.04 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.
- 13.05 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.
- 13.06 Specific information directed towards increasing the Worker's understanding of the injury will include information relating to the following, as applicable;
- a) General information on the psychological injury;
 - b) Symptom progression and management;
 - c) Outcome expectations;
 - d) Stress management;
 - e) Interpersonal communication skills; and
 - f) Symptom reduction.
- 13.07 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.
- 13.08 The Contractor must verbally communicate to the CO the Worker's progress on Program at every review. Re-administration of appropriate psychosocial measures will be completed every four (4) to six (6) weeks;
- a) For CPI standard Program, the Contractor will report every four (4) weeks; and
 - b) For CPI complex Program, the Contractor will report every six (6) weeks.
- 13.09 The Worker may be transferred to a CPI standard Program following discharge from a CPI complex Program without HCC approval.
- 13.10 The duration of a Program that started as a CPI complex Program and was subsequently transferred to a CPI standard Program is counted as a single Program duration, and extension requests are required accordingly. The same principle will apply for CPI standard Programs which were transferred to CPI complex Programs.

14.00 SERVICE INTERVENTIONS

- 14.01 The Contractor will ensure that the Program 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) Behavioural activation interventions; and
 - e) Community or worksite reintegration.
- 14.02 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;
 - b) Assertiveness training;
 - c) Psychological process groups;
 - d) Educational workshops;
 - e) Pain management;
 - f) Stress management;
 - g) Sleep management;
 - h) Biofeedback;
 - i) Change or expectation management; and
 - j) In-vitro and in-vivo desensitization therapy with a psychologist or an occupational therapist (as applicable).
- 14.03 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;
 - b) Dialectical behaviour therapy weekly sessions for eight (8) to twelve (12) weeks;
 - c) Traumatic therapies as required;
 - d) Mindfulness;
 - e) Behavioural activation;
 - f) Group psychotherapy;
 - g) Stress management and relaxation training; and
 - h) Other evidence-based psychological treatments that may be related to a secondary diagnosis.
- 14.04 Service interventions by an occupational therapist or social worker may include;
- a) Behavioural activation;
 - b) Worksite reintegration and job coaching;
 - c) Group psychotherapy;
 - d) Group psychoeducation;
 - e) Community reintegration; and
 - f) In-vivo exposure.
- 14.05 Exercise Therapy treatments may include:
- a) Group exercises; and/or
 - b) One-on-one exercise sessions.
- 14.06 Educational workshops may include:
- a) Healthy living;
 - b) Stress management;
 - c) Resiliency in the workplace;
 - d) Mindfulness;
 - e) Burnout and pacing workshop;
 - f) Communication and assertiveness; and
 - g) Fear avoidance.

- 14.07 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 mood of the Worker;
 - b) Improving the Worker's musculoskeletal condition as it related to strength, endurance, movement, flexibility, stability, motor control, balance, and gait;
 - c) Improving the Worker's cardiopulmonary functions; and
 - d) Improving in the Worker's physical status and functioning.
- 14.08 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.
- 14.09 The Worker may require community reintegration prior to worksite reintegration. The occupational 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.
- 14.10 Worksite reintegration is a staged progression of returning the Worker to the worksite. The occupational 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.
- 14.11 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.
- 14.12 Worksite reintegration Services may include mediation, review of the modified work plan, worksite modifications, ergonomic Services, Worker and Employer education, and job coaching.
- 14.13 In cases where significant RTW Barriers have been identified on the claim, either with the employer or the Worker, a referral to an Industry Specialist should be made.

15.00 STAFFING

- 15.01 The Interdisciplinary team for a CPI complex Program must include all three (3) of the following staff:
- a) Occupational therapist/social worker;
 - b) Exercise therapist or kinesiologist; and
 - c) Psychologist.
- 15.02 The psychologist must have:
- a) The ability to provide cognitive behavioural treatment;

- b) The ability to provide assistance in facilitating the Worker's earliest and appropriate return to DOA or modified work;
 - c) Education in pain management, stress, and relaxation; and
 - d) Experience in treating anxiety and depression, with exposure and desensitization work as an asset.
- 15.03 If trauma was a factor in the workplace incident, the psychologist must have trauma training.
- 15.04 The team psychologist must be made available for all CPI programs.
- 15.05 Masters level provisional psychologists are not eligible to provide CPI Program Services.
- 15.06 PhD level provisional psychologists may be considered for eligibility to provide CPI 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 CPI Program Services
- 15.07 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 CPI program; however, they can lead psychotherapeutic/psychoeducational groups and in-vivo exposure if they have the relevant experience.
- 15.08 The occupational therapist/MSW must have:
- a) Experience or expertise in group facilitation and psychosocial rehabilitation;
 - 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.
- 15.09 It is preferred that the occupational therapist/MSW have training in exposure therapy if working with trauma claims.