



NATIONAL WORKERS
COMPENSATION
AND DISABILITY
CONFERENCE

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The Link Between Physical Health and Behavioral Health Is Closer Than You Think

Presented by:

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Medical Disclaimer

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Today's Presenters



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Chief Clinical Officer



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Discussion Topics

- Behavioral health issues in workers' compensation
- Impact of mental health on physical health
- Types of treatments
- Treatment impact on work performance
- Caring for the trauma caregiver
- What you can do as you manage your claims



**Behavioral health issues in
workers' compensation**

Workers' Compensation and Behavioral Health

#1 barrier to recovery is psychosocial



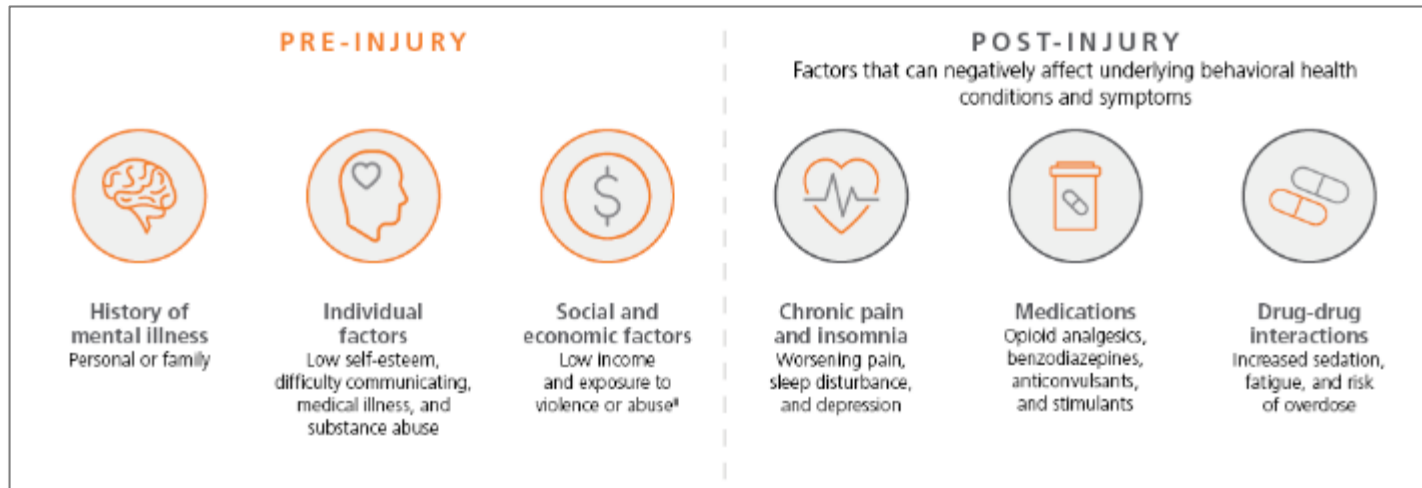
60%

pain patients have mental health challenges

Frequency of Behavioral Health Issues in Healthcare/Workers' Comp

Mental illness results in lost earnings of \$193 billion dollars annually¹.

Risk factors for mental illness in claimants





MENTAL HEALTH CONDITIONS

**MOOD
DISORDERS**

**TRAUMA AND
STRESSOR-
RELATED
DISORDERS**

**SUBSTANCE USE
DISORDERS**

DEFINING MOOD DISORDERS

- A condition that severely impacts one's mood and related functions.
- Broad term that includes different types of depression and bipolar disorder.
- Types include:
 - Major Depressive Disorder
 - Seasonal Affective Disorder
 - Bipolar I & II Disorders
 - Cyclothymic Disorders
 - Disruptive Mood Dysregulation Disorder
 - Persistent Depressive Disorder

Source: Diagnostic & Statistical Manual of Mental Disorders, 5th Edition (DSM-V)

Symptoms

- Loss of interest in activities that were once enjoyed
- Appetite disruption
- Sleep disturbance
- Fatigue
- Crying
- Anxiety
- Feelings of isolation, loneliness, sadness, hopelessness and/or worthlessness
- Thoughts of dying and/or suicide

Source: Diagnostic & Statistical Manual of Mental Disorders, 5th Edition (DSM-V)

Case example

- 28-year-old-male
- Security guard; shot during robbery attempt
- Threatened in court by assailant's family
- Purchases MJ, Percocet & Norco on the street
- Loss of closest relative, post-injury
- Isolated, lonely, sad, anxious, worried, worthlessness, hopelessness, poor concentration
- Depression & PTSD
(coincidence rate of 48%-55%; "overlap syndrome")
- Mental health components primary factors in compromised trust, communication, adherence and delayed outcomes.

Sources: *Diagnostic & Statistical Manual of Mental Disorders, 5th Edition (DSM-V)*,
Journal of Affective Disorders, 2013
Dialogues in Clinical Neuroscience, 2015



*Case study image changed to protect identity.

DEFINING TRAUMA AND STRESSOR- RELATED DISORDERS

- Direct or indirect exposure to a traumatic event with effects on cognition and mood, and including symptoms of intrusion, avoidance, arousal and reactivity.
- Historically grouped with Anxiety Disorders and with different factors and symptoms.
- Types include:
 - Post-Traumatic Stress Disorder (PTSD)
 - Acute Stress Disorder (ASD)
 - Unspecified Trauma and Stressor-Related Disorder

Source: Diagnostic & Statistical Manual of Mental Disorders, 5th Edition (DSM-V)

Symptom clusters

1. Recurrent experiences of the event (i.e., memories, dreams or flashbacks)
2. Amplified arousal (i.e., sleep disturbances and reckless behavior)
3. Avoiding thoughts, places and memories about the event
4. Negative thoughts, moods, or feelings

Source: Diagnostic & Statistical Manual of Mental Disorders, 5th Edition (DSM-V)

TRAUMA AND STRESSOR-RELATED DISORDERS

| Domain | Select symptom - Potential difficulties |
|------------------|--|
| Physical | <ul style="list-style-type: none">• Hypersensitivity to physical contact• Numbness• Coordination & balance• Somatization |
| Medical | <ul style="list-style-type: none">• Asthma• Autoimmune disorders• Pseudoseizures• Sleep disturbances• Disordered eating |
| Cognitive | <ul style="list-style-type: none">• Attention• Executive functioning• Learning• Processing difficulties• Language problems |

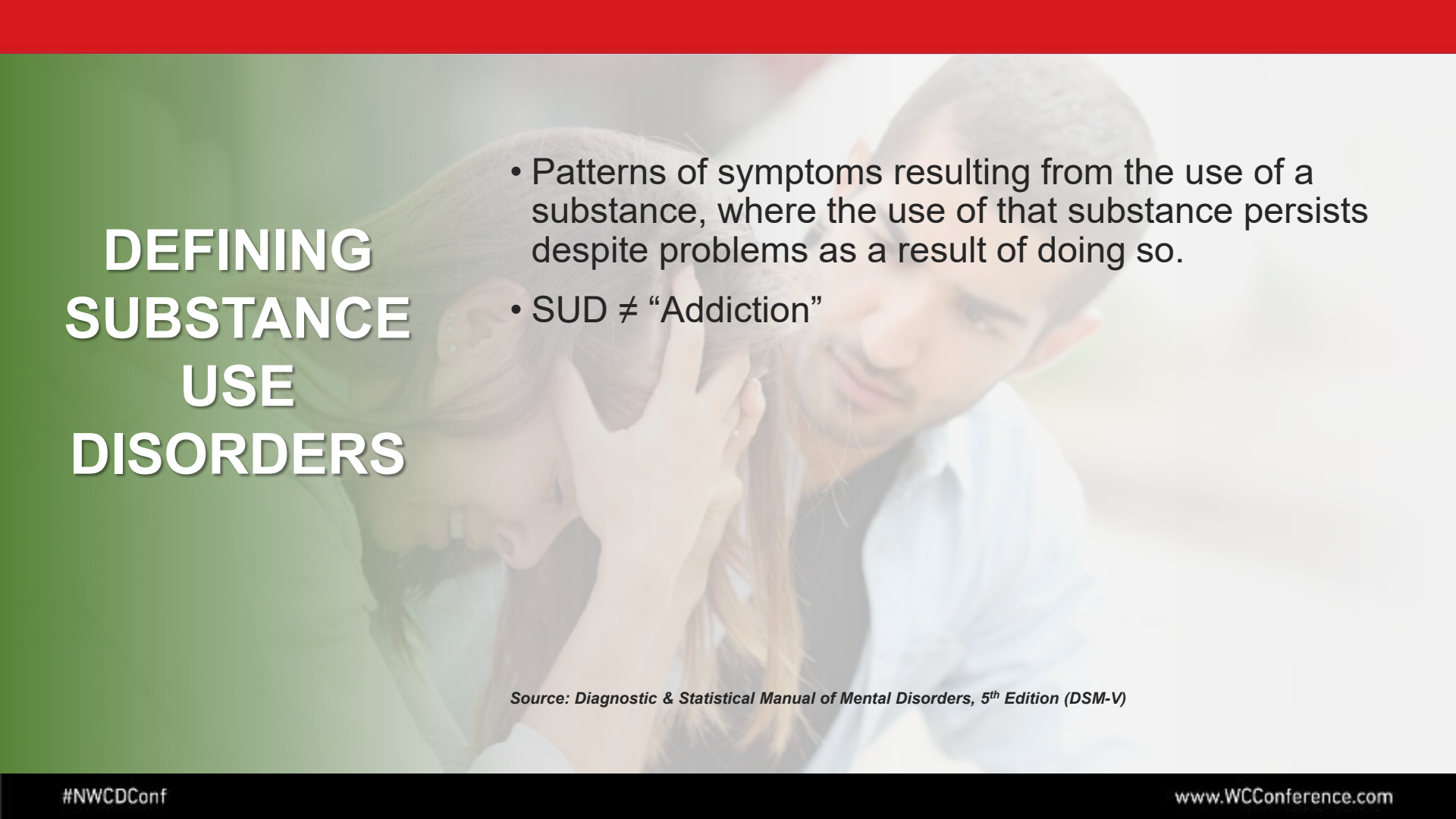
| Domain | Select symptom - Potential difficulties |
|-------------------|--|
| Behavioral | <ul style="list-style-type: none">• Impulse control issues• Aggression• Self-destructive behavior• Opposition / defiance• Excessive compliance |
| Emotional | <ul style="list-style-type: none">• Affective dysregulation• Dissociative symptoms• Amnesia• Low self-esteem• Shame or guilt |

Case example

- 35-year-old-male
- K-9 law enforcement officer with military background
- MVA; TBI and multiple fractures
- Separated from work animal (“partner”)
- Marital strain, unresolved acute stress related to service
- Death of two closest friends within days of accident
- Hyper vigilance, anxiety, sleep problems, flashbacks, nightmares, guilt/shame



*Case study image changed to protect identity.

A photograph of a man in a light blue shirt gently holding a woman's head with both hands. The woman has her eyes closed and a pained or distressed expression. The background is blurred, suggesting an indoor setting. The image is overlaid with a semi-transparent green filter on the left side where the text is located.

DEFINING SUBSTANCE USE DISORDERS

- Patterns of symptoms resulting from the use of a substance, where the use of that substance persists despite problems as a result of doing so.
- SUD ≠ “Addiction”

Source: Diagnostic & Statistical Manual of Mental Disorders, 5th Edition (DSM-V)

American Society of Addiction Medicine (ASAM)

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

Source: Diagnostic & Statistical Manual of Mental Disorders, 5th Edition (DSM-V)

Definition

- SUDs occur on a spectrum; mild, moderate and severe
- Psychoactive substances grouped into 10 classes
- Classification now includes substance-induced and substance-related disorders as well

Source: Diagnostic & Statistical Manual of Mental Disorders, 5th Edition (DSM-V)

SUBSTANCE USE DISORDERS

Criteria

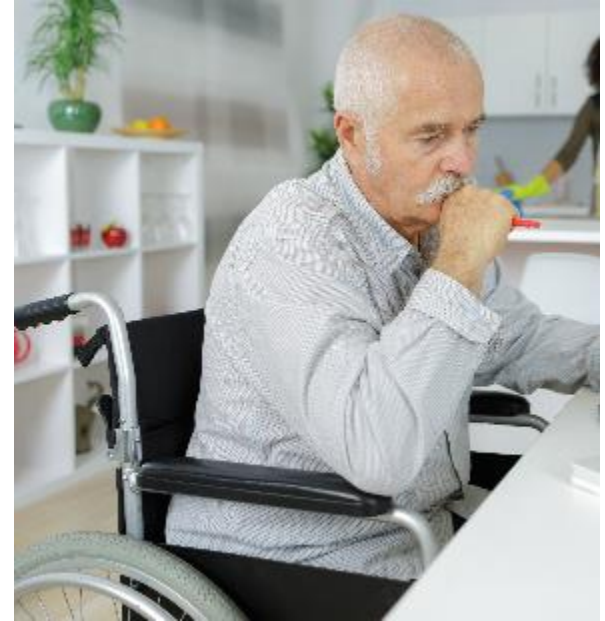
- Hazardous use
- Social or interpersonal problems related to use
- Neglected major roles related to use
- Withdrawal
- Tolerance
- Use larger amounts/longer
- Repeated attempts to quit/control use
- Much time spent using
- Physical or psychological problems related to use
- Activities given up due to use
- Craving

Source: Diagnostic & Statistical Manual of Mental Disorders, 5th Edition (DSM-V)

SUBSTANCE USE DISORDERS

Case example

- 60-year-old-male
- Roofer; fell ~20' from a scaffold 9 years ago, SCI w/ paraplegia + TBI
- Spinal fusion and neuro rehabilitation
- Hx of UTI's and other medical complications
- MH / SUD history in family
- Prescribed high-dose OPR's, many short-acting agents Rx errantly for chronic pain
- Patient hx of alcohol, other opiates/opioids, marijuana, stimulant and hallucinogen misuse



*Case study image changed to protect identity.

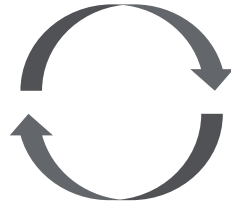
A physical therapist is assisting a patient with exercises in a bright, modern clinical setting. The therapist is standing and holding a blue resistance band, while the patient is sitting on a treatment table, also holding a blue resistance band. They are both smiling and looking towards the right. In the background, there is a large window and a whiteboard with diagrams of the human body.

The Impact of Behavioral Health Issues on Physical Health

Physical and Mental Health = a Bidirectional Relationship

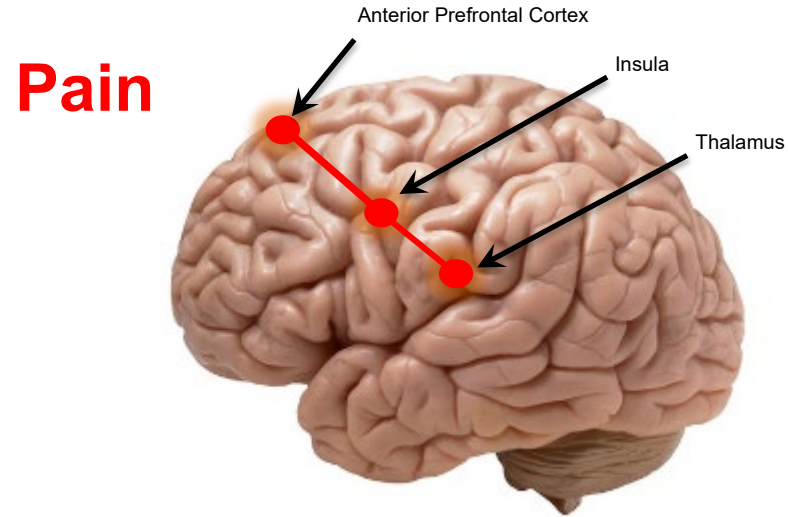


**Chronic
pain**

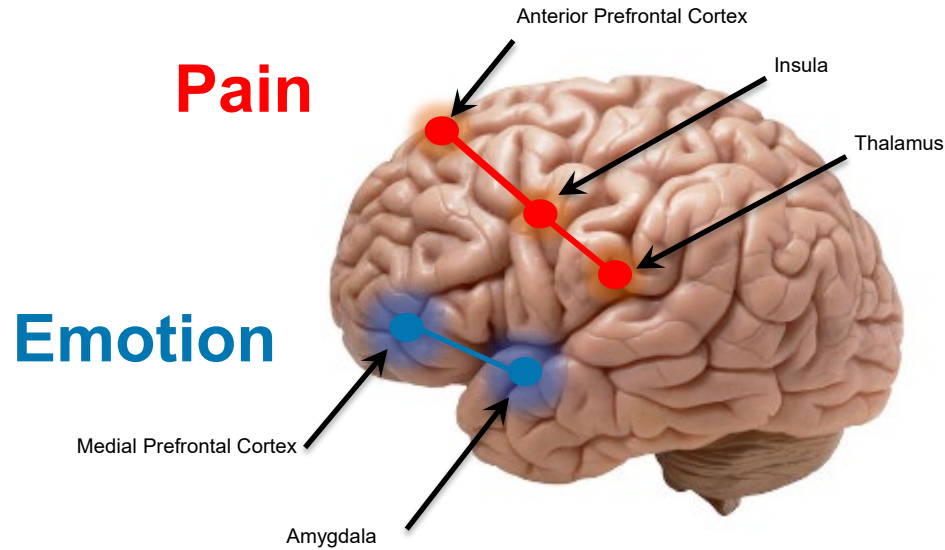


**Mental
health**

Chronic Pain and the Brain



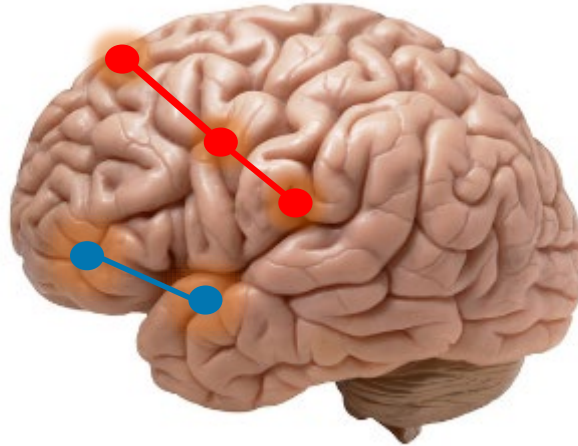
Chronic Pain and the Brain



Chronic Pain and the Brain

Chronic Pain

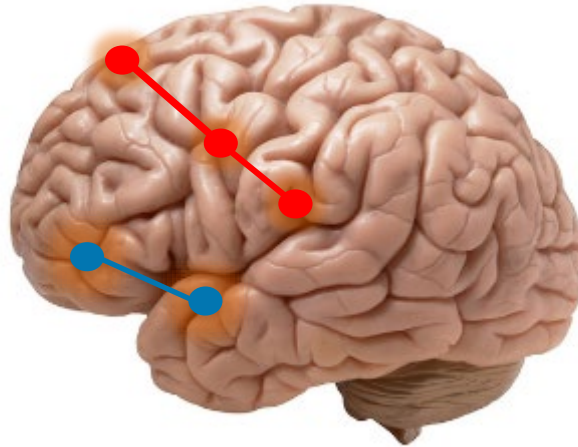
PAIN activates areas
of brain regulating
EMOTION.



Chronic Pain and the Brain

Depression & Anxiety

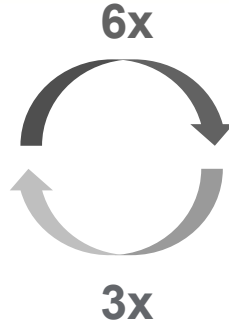
EMOTION activates
areas of brain
regulating **PAIN**.



Physical and Mental Health and MOOD DISORDERS



**Chronic
pain**

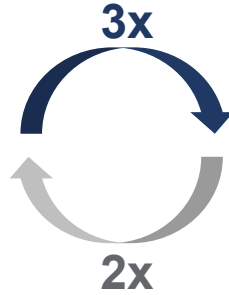


Depression

Physical and Mental Health and STRESS-RELATED DISORDERS



**Chronic
pain**

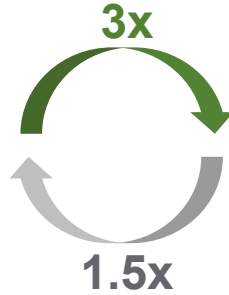


Anxiety

Physical and Mental Health and SUBSTANCE USE DISORDER



**Chronic
pain**

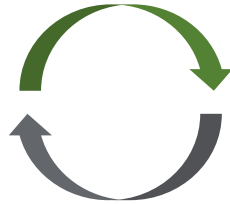


**Substance
misuse**

Physical and Mental Health and SUBSTANCE USE DISORDER



Hyperalgesia



**Opioid
use**

OPIOIDS AND THE BRAIN

All opioids are **chemically related** and interact with opioid receptors in the brain to produce pleasurable effects and relieve pain.



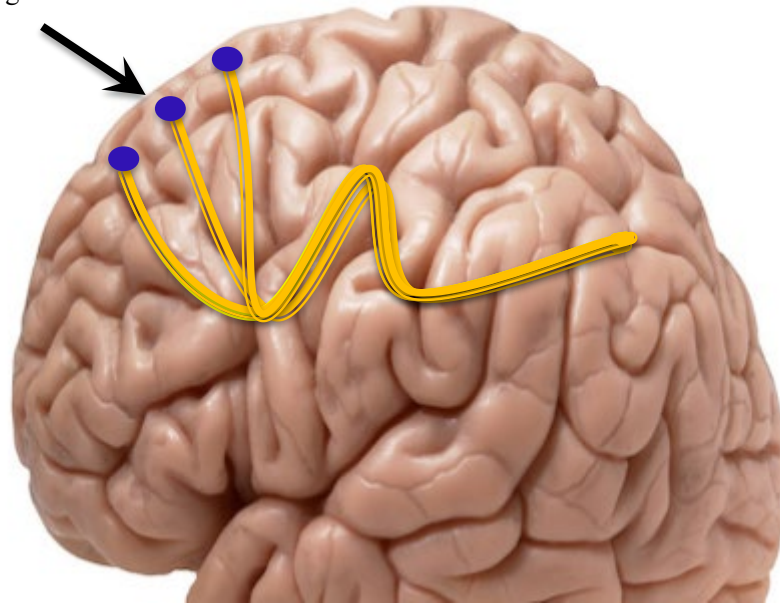
OPIOIDS AND THE BRAIN

Opioids bind to and activate receptors in the brain, triggering the release of **dopamine**.

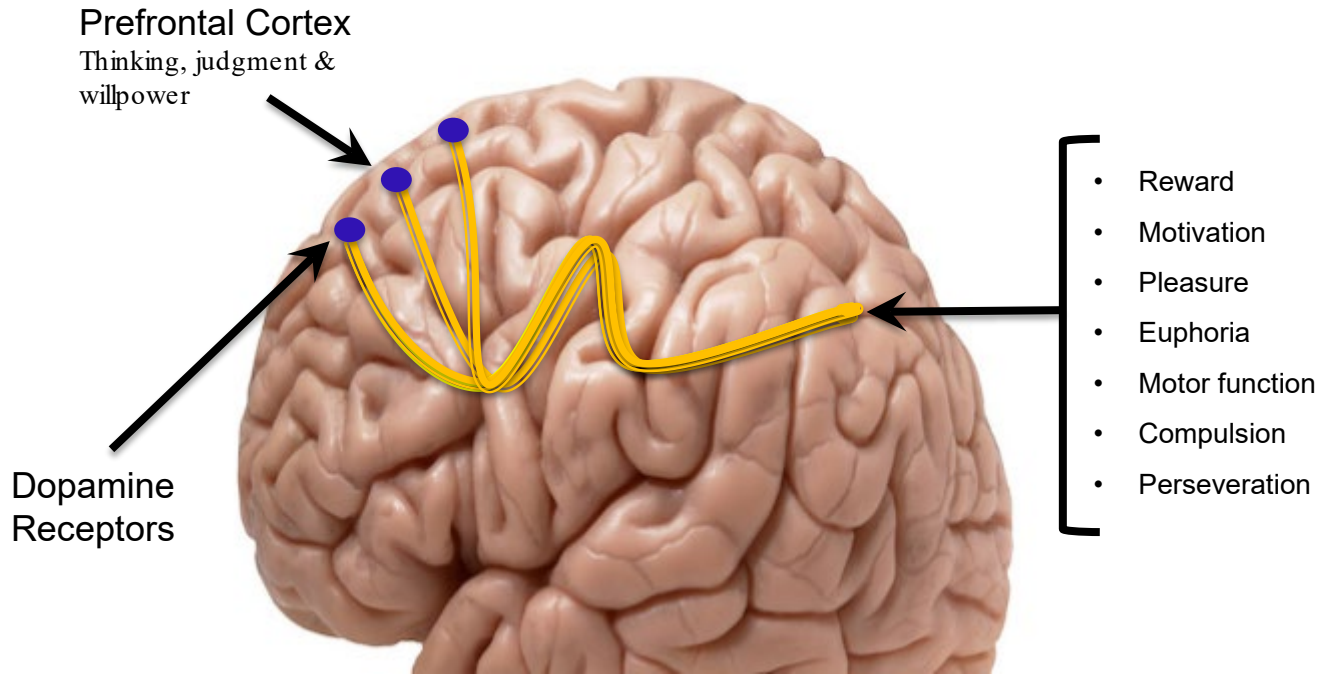


Opioids and the Brain

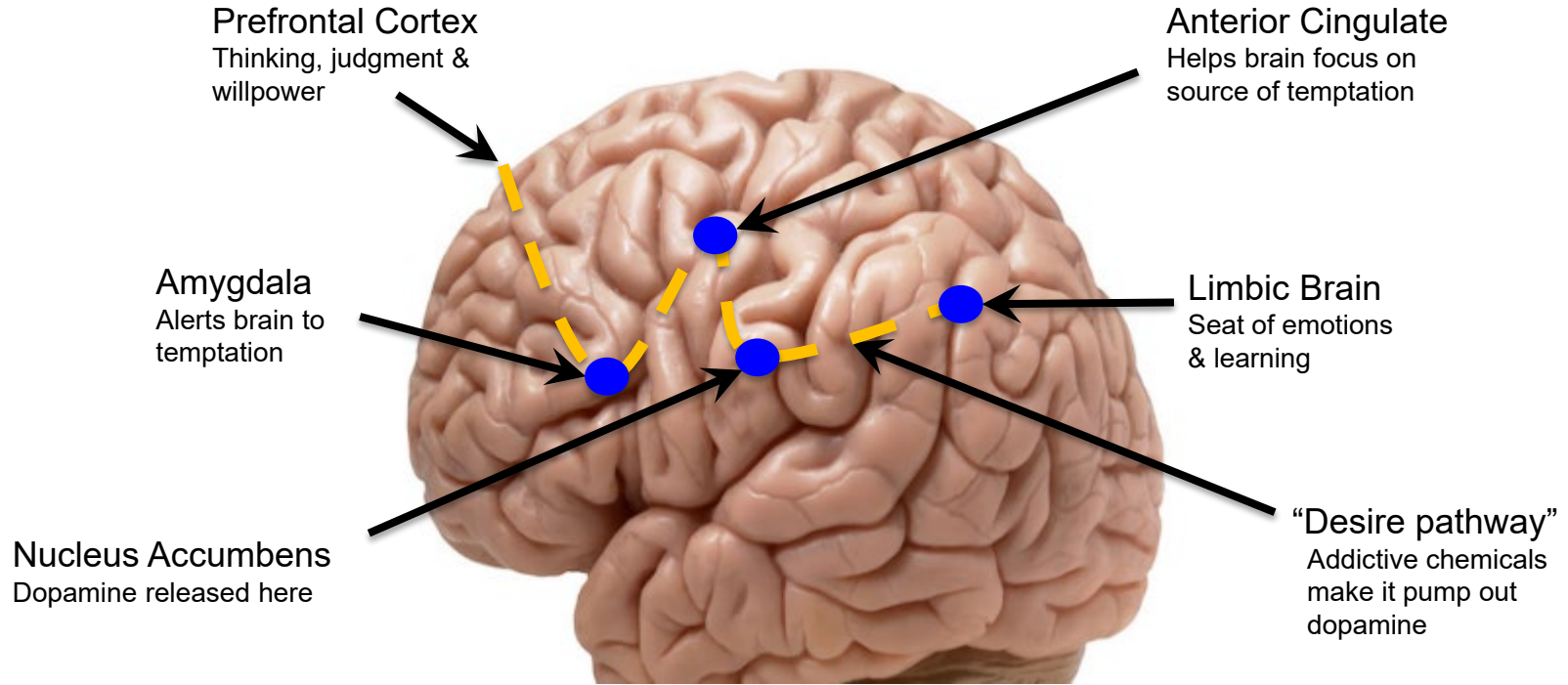
Prefrontal Cortex
Thinking, judgment &
willpower



Opioids and the Brain



Opioids and the brain



Opioids and physical health

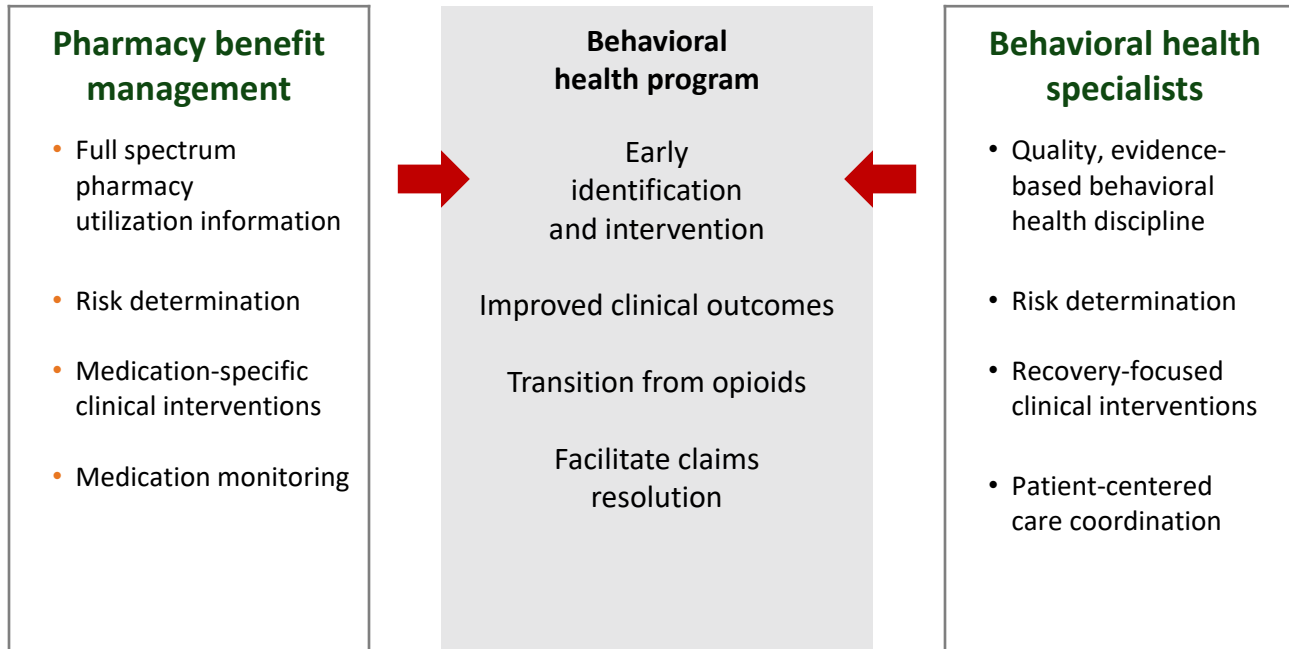


- Myocardial Infarction
- Kidney Failure
- Immunosuppression
- Hypogonadism
- Cognitive Impairment
- Overdose

A photograph of a pharmacist in a white lab coat interacting with a customer at a pharmacy counter. The pharmacist is holding a small orange container and looking down at it. The customer is seen from the back, wearing a grey blazer. The background shows shelves of medicine and a blurred pharmacy setting.

Pharmacy Benefit Management Perspective

The Benefits of a Behavioral Health Program



Early Identification and Intervention



MEDICATION TRIGGERS

- Opioid dosage and/or duration
- Nonadherence to peer recommended weaning
- History of substance use disorder

Early Identification and Intervention



MEDICATION TRIGGERS

- Opioid dosage and/or duration
- Nonadherence to peer recommended weaning
- History of substance use disorder

Types of medications

- Antidepressants
- Anxiolytics
- Antipsychotics
- Substance use disorder medications
- Non-opioid pain relievers
- Opioids
- Cannabinoids and other psycho-active substances

Early identification and intervention



MEDICATION TRIGGERS

- Opioid dosage and/or duration
- Nonadherence to peer recommended weaning
- History of substance use disorder



LAB TRIGGERS

- Drug testing negative for prescription opioids and/or positive for illicit drugs
- Positive for nonprescribed opioids and/or benzodiazepines
- Drug-drug interactions (prescribed and nonprescribed)

Early Identification and Intervention



MEDICATION TRIGGERS

- Opioid dosage and/or duration
- Nonadherence to peer recommended weaning
- History of substance use disorder



LAB TRIGGERS

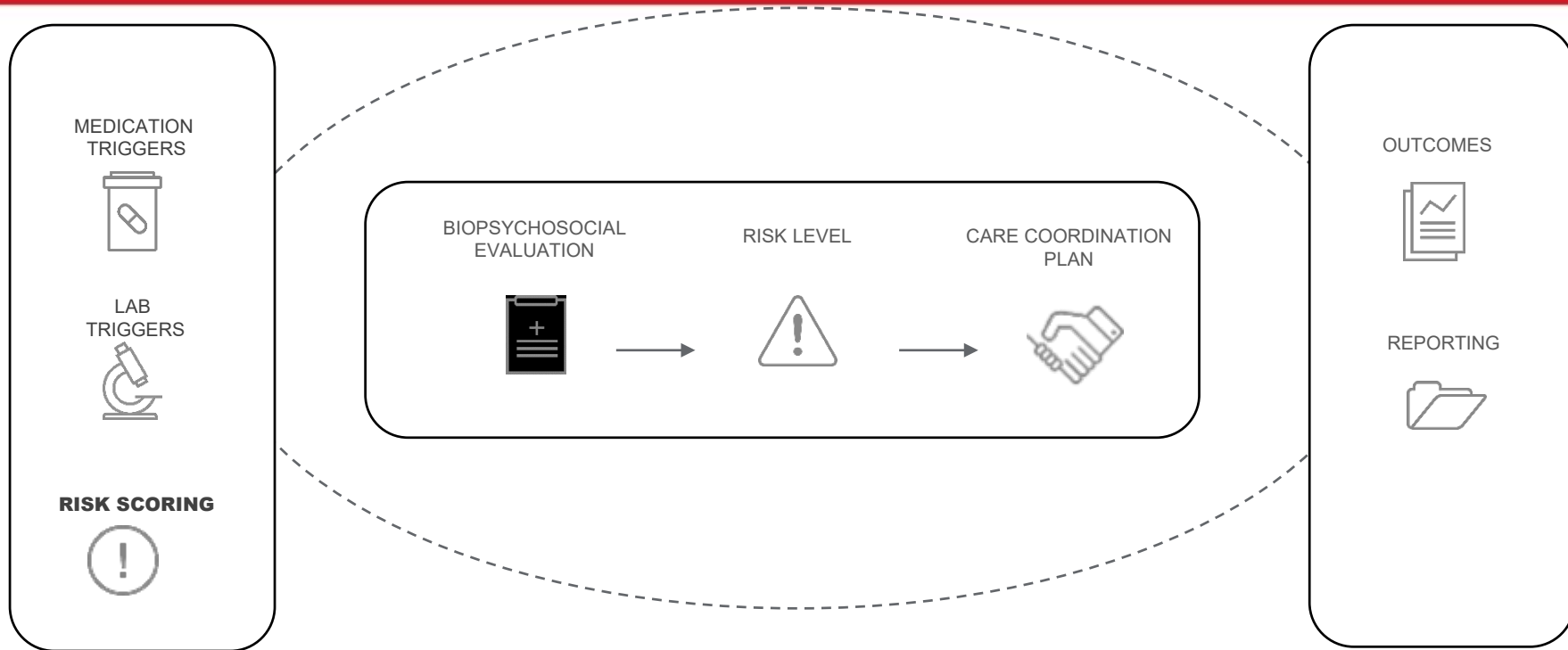
- Drug testing negative for prescription opioids and/or positive for illicit drugs
- Positive for nonprescribed opioids and/or benzodiazepines
- Drug-drug interactions (prescribed and nonprescribed)



RISK SCORING

- Population level issues
- Claimant level activity and risk
- Provider level relative to industry norms

Early Identification and Intervention



Status Reports



- Status of contact with claimant
- Care plan progress
 - Compliance
 - Clinical goals
 - Clinical assessment scoring
 - Claimant strengths
 - Barriers

Outcomes and deliverables



- Return to work
- Return to function



- Medication optimization
- Opioid weaning
- Mental health symptom reduction
- Readmission reduction



- Cost reduction
- Claims closure
- Claims reporting



Treatment Approaches for Behavioral Health Issues

MOOD DISORDERS



Medications

- SSRI's – Prozac, Wellbutrin
- SNRI's – Effexor, Cymbalta



Other treatments

- Acceptance & Commitment Therapy
- Cognitive Behavioral Therapy
- Dialectical Behavior Therapy

TRAUMA AND STRESSOR-RELATED DISORDERS



**Cognitive
Processing
Therapy**



**Prolonged
Exposure**



**Eye Movement
Desensitization &
Reprocessing
(EMDR)**



Medications

Cognitive Processing Therapy



- Psychotherapy
- Teaches reframing of negative thoughts about trauma
- Involves talking about thoughts and writing about feelings
- Treatment typically entails weekly sessions for 3 months
- Temporary discomfort talking about the trauma
- Group and individual formats
- ~53% of participants will no longer have PTSD*

Eye Movement Desensitization and Reprocessing (EMDR)



- Psychotherapy
- Helps one process and make sense of trauma
- Involves calling trauma to mind w/focus on visuals/sounds
- Treatment typically entails weekly sessions for 2-3 months
- Temporary discomfort processing the trauma
- Individual sessions only
- ~50% of participants will no longer have PTSD*

Prolonged Exposure



- Psychotherapy (trauma-focused CBT)
- Teaches how to gain control by facing fears
- Involves talking about trauma and addressing avoidance
- Treatment typically entails weekly sessions for 3 months
- Temporary discomfort confronting trauma reminders
- Individual sessions only
- ~43% of participants will no longer have PTSD*

Medications



- Antidepressant medications
- Restores the balance of naturally-occurring chemicals
- Involves taking a pill at designated times
- Treatment course is variable
- Medication compliance required
- Dosage and medication combinations tailored to client
- ~40% of participants will no longer have PTSD*

SUBSTANCE USE DISORDERS



Medications

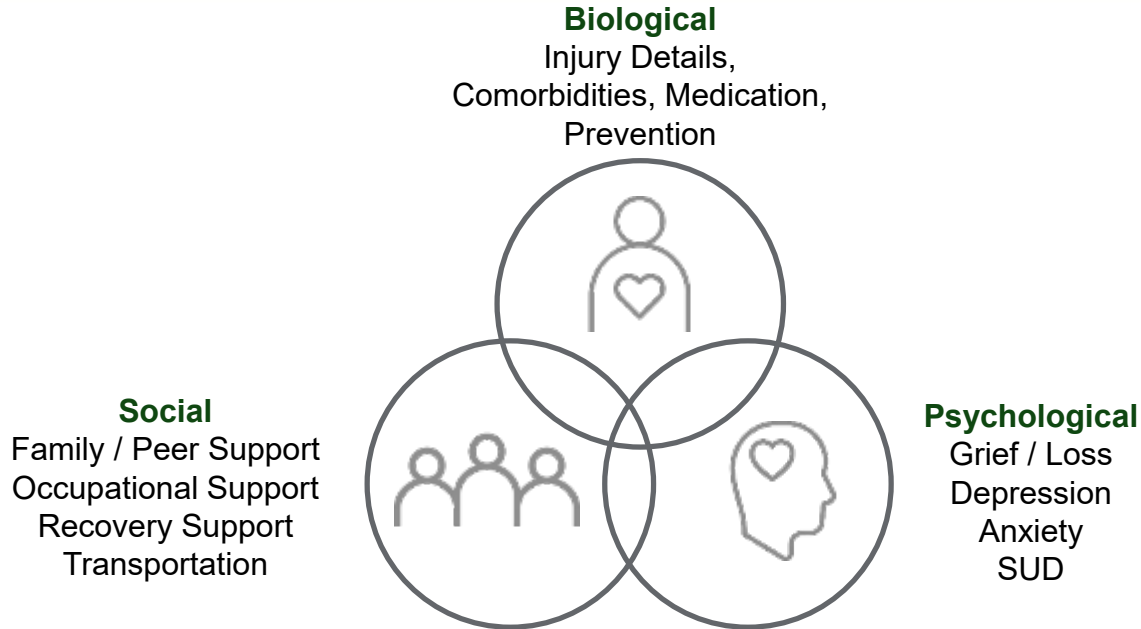
- Buprenorphine
- Methadone
- Naltrexone



Treatment modalities

- Medical stabilization
- Residential treatment
- Partial hospitalization program
- Intensive outpatient program
- Outpatient psychotherapy

Biopsychosocial Approach



Case Management: Volunteering and Employment Programs



Motivational Enhancement



Mentorship



Volunteering



Skill Development



Supported Employment

A close-up photograph of two hands clasped together in a supportive grip. The hands are positioned centrally, with the fingers interlaced. The background is blurred, showing a person's torso and arms, suggesting a supportive or caring interaction. The text "Connection Points" is overlaid in red, bold font in the center of the image.

Connection Points

Caregiver



- Empathy
- Compassion
- Capacity
- Vulnerability
- Support

Claims Professional



- Recognize symptoms
- Affirm diagnosis
- Refer claimant
- Match providers
- Manage outcomes

- Empathy
- Compassion
- Capacity
- Vulnerability
- Support

Thank you

Questions?