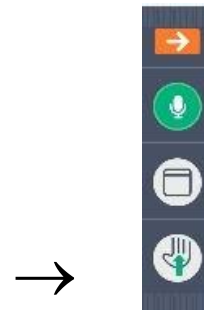


Welcome to Today's Webinar

- To access captioning services, please use the link in the Chat box.
- Submit questions in the Chat box at any time during the webinar.
- Use the Chat box for both content questions and requests for technical assistance.
- Attendees will be unmuted occasionally to interact verbally.
- Raise your hand if you have a question.



Attuning Your RETAIN Program to Workers' Concerns, Wants, and Needs

This presentation consists of unofficial advice and guidance based on the professional training and years of experience gained by working at the SAW/RTW interface in healthcare delivery, workplace, and payer settings of

Jennifer Christian, MD, MPH, FACOEM

Senior Advisor to RETAIN

Office of Disability Employment Policy, US Dept of Labor

November 5, 2019

Objectives and Intended Outcomes

- **Objective:** Review typical questions, concerns, wants, and needs of the target population of workers whose lives and work have recently been disrupted by a new health problem – so you can custom-tailor your communications (and service offering) to look good to them.
- **Objective:** Provide factual data from prior projects about the differences within this group in levels of distress and the kinds of issues that are worrying them.
- **Objective:** Provide you with more detailed information and tools to help design/engineer your initial and on-going relationship with workers.
- **Intended Outcome:** Prepare you to increase the attractiveness of your service offerings to workers – and ensure their satisfaction with their subsequent relationship with you. Allow you to increase your “client-centeredness”.

Plan for This Session

45 minutes for:

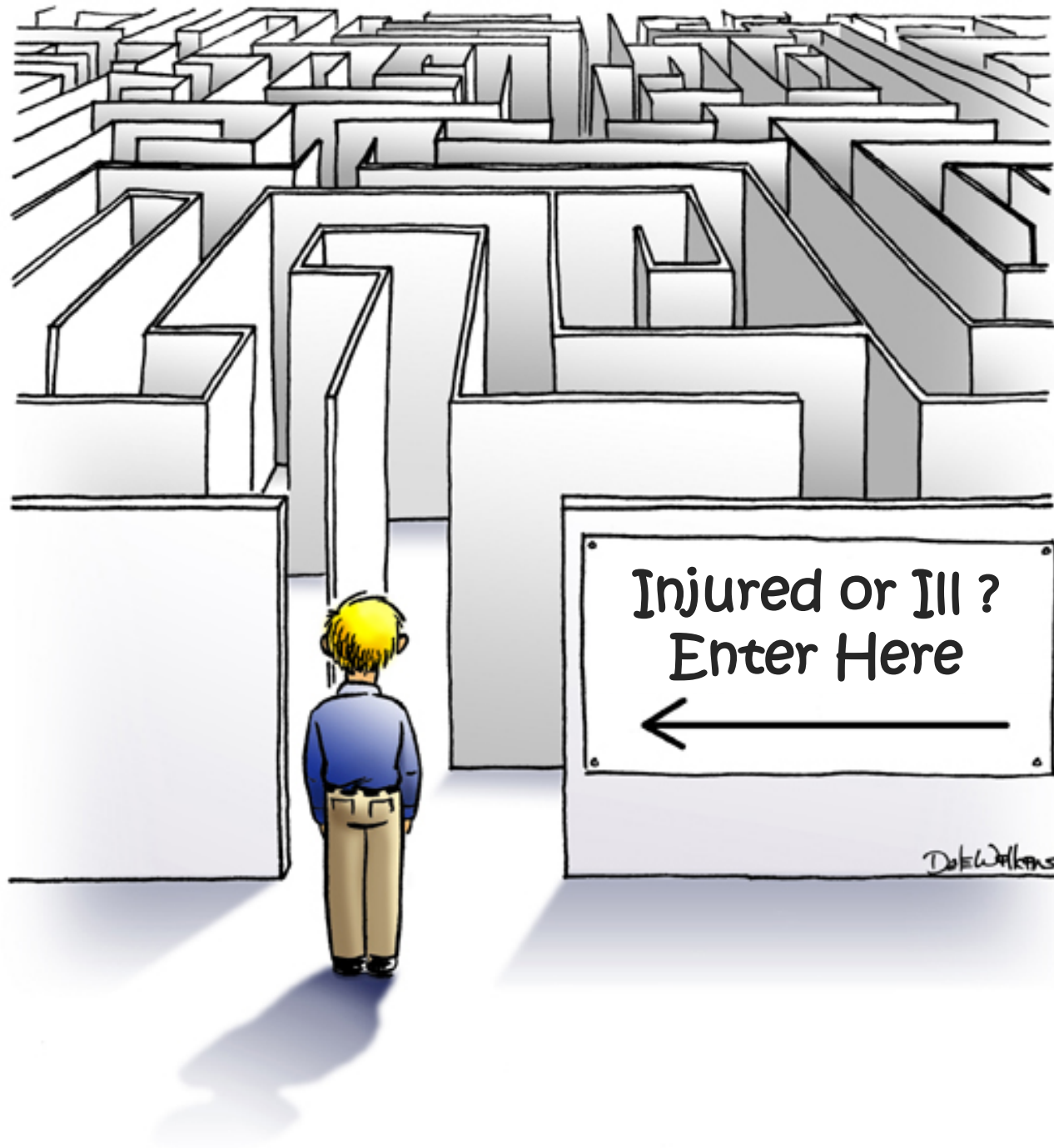
- Orientation to a typical worker's current situation -- and sources of risk
- Review findings of 205 phone interviews with newly-injured workers
- Introduce three big ideas:
 - Events during the unfolding of an episode increase or decrease risk.
 - RETAIN is about timely and positive “orchestration of events” as things unfold.
 - The most important tools RETAIN/the Coordinators will use are words and relationships.
- Do's and Don'ts in written materials aimed at workers – Detailed results of my review of draft materials submitted by states – with examples.

15 minutes for Q&A

Workers' Wonderings, Worries & Concerns

What Are These Workers Dealing With ?

- Most of them will simultaneously be coping with:
 - (a) Pain and/or other distressing symptoms due to a new or changed illness or injury
 - (b) Involvement with medical care process / healthcare system
 - (c) Absence from work, co-workers, supervisor
 - (d) Benefits programs: FMLA, sick leave, disability benefits claim or workers' comp claim process (ADA is rare in this time period)
 - (e) Financial stress (many workers live paycheck to paycheck)
 - (f) Other practical predicaments: disrupted daily routine
 - (g) Adjusting to upset and uncertain about implications of condition for the future / livelihood
- They may be uncomfortable, feeling vulnerable, suddenly socially-isolated, and may or may not be looking for guidance.



Injured or Ill?
Enter Here

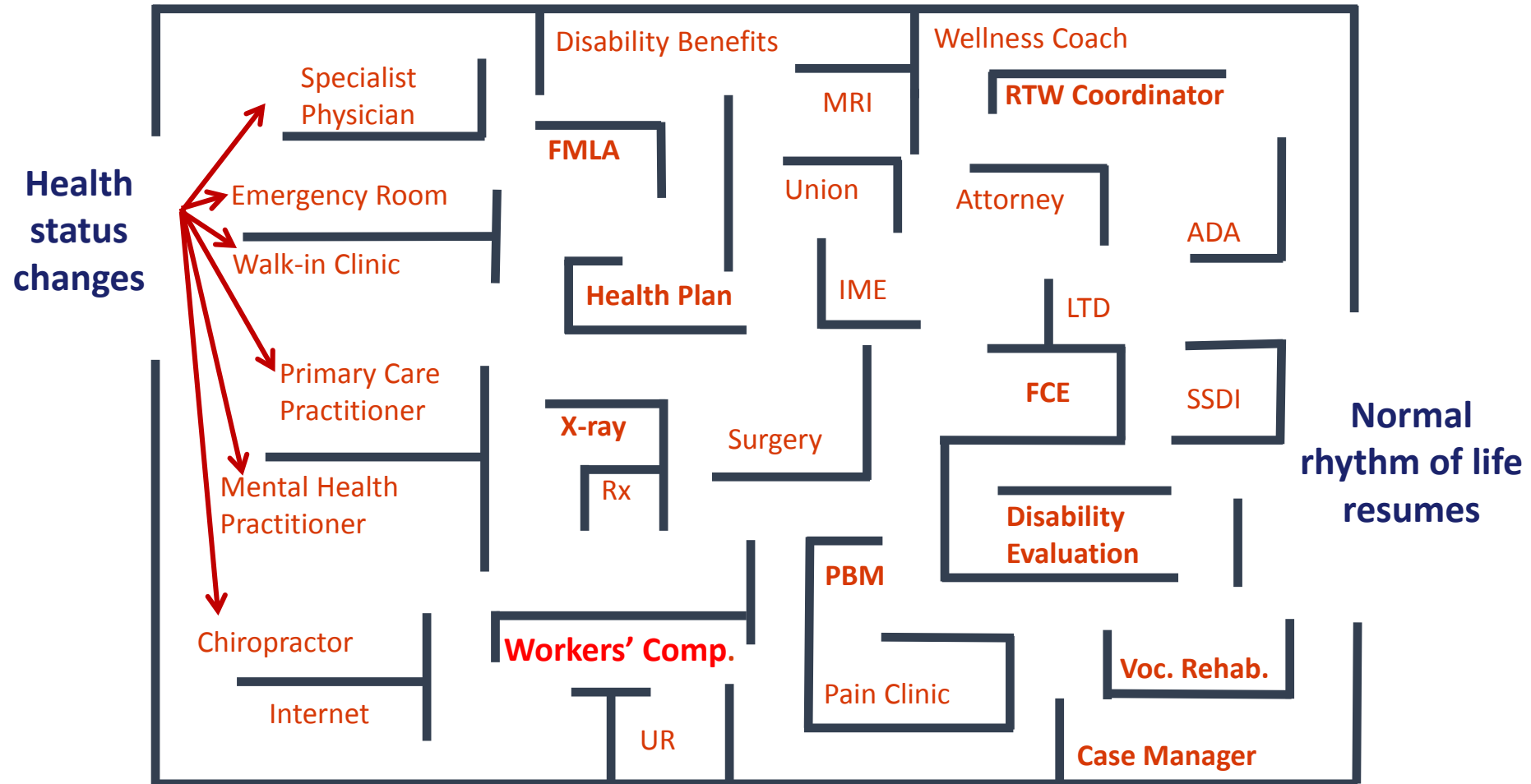


Dale Watkins

All of us naturally wonder about the impact of a new medical condition on our lives

- What is the matter with me? What caused it?
- What care do I need to feel better ?
- How long am I going to be out of commission?
- How long do I have to take it easy?
- What can I still do? What shouldn't I do?
- What should I do to speed my recovery?
- When will life be back to normal? ...if ever?
- What does this mean about me? My future?
- What's my role in this situation?
- Who will really help me with this?
- Whom can I trust?

Workers Thrust into a Maze by New Health Problem



Each individual's situation is different!

- **Workers with seemingly identical biology at the start will have wildly different functional and life outcomes.**
- Outcomes of common musculoskeletal and mental health conditions are especially variable, especially low back & joint pain, depression.
- Workers vary: Educational/skill level, personality, past history, previous healthcare experience, world view, intentions, etc.
- Physicians/healthcare professionals vary: Competence, philosophy, attitude, interpersonal attentiveness, outcomes, etc.
- Employers vary: Response to injury, tangible and intangible workplace environment, willingness to support recovery, sophistication, etc.
- Claims payers and legal systems vary: Skill, responsiveness, philosophy, availability, aligned vs. malaligned incentives, etc.

Findings from 205 Interviews with Workers with New Work-Related Injuries

- Outbound calls made to workers 2 – 4 weeks post injury.
- 205 conversations completed, 136 with a longer version of the script.
- Selected for outreach program because they had injuries characterized by high variability in outcome (mostly MSK).
- Most newly-affected workers are in unfamiliar territory.

They do not know much about workers' compensation [and by extension whatever other benefits programs they are now involved with]. A significant fraction lacks confidence that they are prepared to deal with their predicament. They were willing to listen to an orientation by phone, saw it as helpful, and report that it increases their confidence. They also appreciated a mailed informational packet, but few made use of an informational website.

Level of Distress & Dissatisfaction Varies

- **Distress:**
- 9% of AWs selected this response: “My injury has caused such a major upset, I’m worried it may take a long time to get back on my feet – if ever.” (In prior research studies, a single forecasting question like this has turned out to be a good predictor of poor outcomes.)
- 26% said: “This is a really hard time for me; but I am trying to hang on”.
- The largest group (41%) picked: “This is a challenge but I’m actually coping pretty well with it.”
- Another 18% selected: “I’m pretty much OK now, but still dealing with minor inconveniences.”
- Only 5% picked: “I’m back to normal, working, and everything’s fine.”
- **Dissatisfaction:**
- Roughly half were dissatisfied with the way some aspect of their situation had been handled (medical care, workplace response, benefits process, interactions with professionals).
- A significant fraction (between 5 and 12%) were very distressed and dissatisfied about something.

Workers' Concerns Vary – and Are Many

The most striking things were how many concerns workers selected, and how the nature of the specific concerns varied among them.

- 3 was the most common number of concerns cited. Half of the AWs were concerned about more than 4 issues. N = 136 workers
- The average rating given to an issue was ≥ 5 on a scale from 1 to 10.

	Medical Issues				Claim Issues				Workplace Issues			Personal Issues		
CONCERN	Understand my injury	Pain & symptoms	Take care of myself	Medical care process	Understand work comp	Who are all the people?	Why the delays?	Answers about money	People at my workplace	Risk of re-injury	Ability to RTW	Ability to keep my job	Uncertainty about future	Life disruption & worries
% with this concern	44%	39%	28%	31%	69%	35%	42%	25%	29%	51%	31%	28%	23%	42%
Avg.	4.2	5.2	4.9	5.0	6.0	5.6	6.2	6.2	5.8	5.3	5.3	6.0	6.0	5.8

The Passage of Time Can Make Things Worse

Results of Follow-up Survey By Payer – 30 to 90 Days Later

Things were the same or better for most of the AWs, and their level of confidence in coping had stayed the same or increased a bit.

HOWEVER:

- 11% said the impact of their injury on life was more significant than before.
- Nearly 25% were significantly less confident.

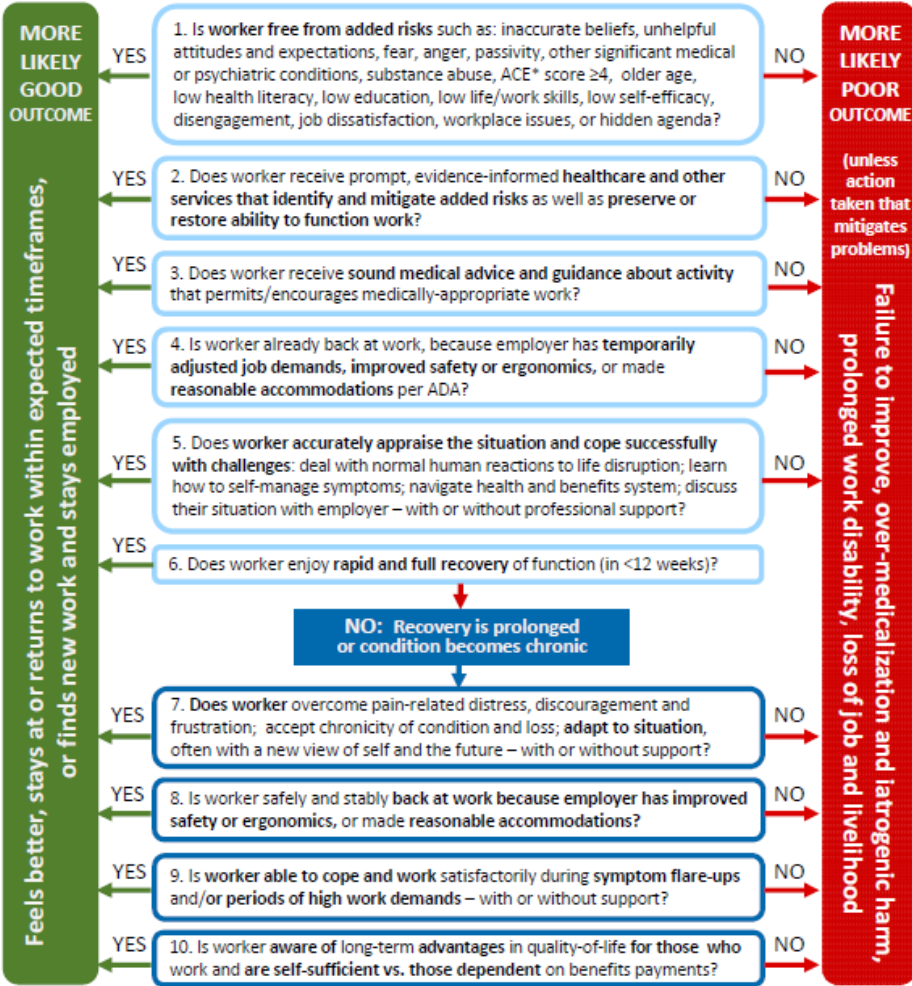
EVENTS OCCUR AS AN EPISODE OF WORK DISABILITY UNFOLDS, AND CAN DRIVE IT IN A GOOD OR BAD DIRECTION

How to Mitigate Risk Factors for Long-Term Musculoskeletal Work Disability

As a worker's health episode unfolds, situational factors and events increase the likelihood of a **good** vs. a **poor** outcome

START: Worker seeks care for a common musculoskeletal (MSK) condition

Typical symptoms: pain, weakness, swelling, spasm, decreased function.
80-90% of episodes resolve rapidly and rarely cause job loss.



* ACE = Adverse Childhood Experiences. See www.cdc.gov/violenceprevention/acestudy
Chart by Jennifer Christian MD, member of SAW/RTW Policy Collaborative, ODEP, US Dept. of Labor v.2017-08-26

The ones at highest risk can be hard to deal with

- Disappointed, betrayed by system, iatrogenic harm
- Hopeless, depressed and unhappy
- Passive, lack curiosity, low energy, inept, spacey
- Poor treatment adherence / “nothing works”
- Complainers, whiners, full of excuses
- Ignore or resist suggestions
- Skeptical, untrusting, stand-offish, evasive, closed
- Angry, hostile, lay blame, hold grudges, adversarial
- Demanding, manipulative, unreasonable expectations

Features of “Communication” That Improves Things:

- **INFORMATION IS SHARED** so that both parties have the same data & are looking at the same picture.
- An **EASY METHOD** for sending/receiving information, so the parties can share it efficiently.
- **RELATIONSHIP** of trust/respect/connectedness – so that shared information is believed by the receiver.
- **MUTUAL UNDERSTANDING**: Awareness of what each party wants (and needs)
- **HUMAN CONNECTION**: Empathy – communicating an understanding of the other’s predicament.
- **ALLIANCE**: The parties have a shared goal(s) and are actively collaborating to reach it/them.

Words

- Reassure – or frighten
- Signal interest / empathy – or not
- Build trust / confidence – or distrust/insecurity
- Create expectations – positive or negative
- Grow relationships – or alienation
- Transfer factual information
- Empower – or undermine

Science of Persuasion and Influence -- Words have a more powerful IMPACT when:

- A. The listener believes you are a “credible authority”:
 - benevolent
 - trustworthy
 - expert in the matter at hand

- B. The listener believes that you **see** them and are familiar with their **specific situation**:
 - who they are as a person
 - what has happened so far
 - what they are wondering and worrying about
 - what they want to accomplish.

These benign and non-technical interventions can help.

People are energized by:

- Being understood
- Being respected
- Having someone be interested
- Being encouraged to face the difficulties and overcome them.
- Being accepted
- Being forgiven
- Regaining confidence and restoring hope

Do's and Don'ts for Brochures & Websites Aimed at Workers

Aspects Assessed in Communications to Date

- Purpose, Strategy
- Utility
- Main Messages
- The “Offer”
- Look, Style, Feel
- Confidence and Trust in Your Expertise
- Worker Safety and Autonomy
- Use of Evidence-based Persuasion & Influence Techniques

Purpose, Strategy



- Do think of brochures as a way to **ATTRACT** workers to your program -- and **PERSUASIVELY** inform them about it – to increase the likelihood they will agree to accept your services (and participate in the study).
- Do think of brochures as an invitation to engage with you in an on-going relationship. The brochures will signal what that relationship will be like.
- Do make sure it is clear what the next steps will be. Also tell them how to contact you / find out more.
- Do make it easy for workers to say yes. Think of ways to simplify the process and eliminate every possible roadblock. Each extra “click”) reduces adherence.



- Don't underestimate the importance of having written **worker-oriented** information about **RETAIN** services available to candidates—most importantly on paper and less critically on the internet – to support the referral and recruitment process.
- *Don't use a generic brochure for both employers and workers, especially if it positions the info for employers first and for workers second.*
- **SENSITIVITY TIP:** The worker and employer are not always on the same page. Moreover, some people consider RTW the **EMPLOYER's** goal, not the worker's. Workers see their main priority as getting their **WHOLE LIFE** back to normal – which usually includes work.

Utility



- Do provide the recruitment staff as well as your referral sources (medical offices, employers, and insurers) with a supply of worker brochures to hand out when making referrals. The brochure will make it easier for them to answer the worker's question.
 - Do encourage the worker to take the brochure home so they can use it to jog their memory if they say they need to discuss whether to participate with their family.
- *Don't spend time and energy on generic brochures on SAW/RTW or other general topics for workers (or other parties) BEFORE you have a successful recruitment process going and workers engaged in your program.*

Main Messages

- Do put the worker's normal human concerns and worries in front.
- Do express an awareness of / compassion for the wide variety of reasonable and predictable concerns working people have when their lives and work have just been disrupted by a new or changed medical condition.
- Do name a few issues in the brochure to signal your awareness. (At this point, most of them will think the main issue is medical, will still be actively receiving medical care and the extent of their recovery is still unknown. They are uncomfortable due to their symptoms. They are being inconvenienced by not being able to do the things they want/need to do. They have put parts of life on hold while waiting to get better. The impact on other aspects of their everyday life may be significant. Uncertainty about the future is huge.
- *Don't put the research program in front.*
- *Don't describe the program using the same bureaucratic wording the RETAIN grant does.*
- *Don't use the phrasing used in other disability programs. (The RETAIN target population is NOT "people with a disability." It IS people who think of themselves as sick or injured. They are not looking at the world the same way the usual population of PWD is.)*
- *Don't presume they currently feel ready to and are eager to return to work.*
- *Don't imply that their main goal should be to SAW/RTW and stay employed. They may not currently feel they are well enough, may not believe work is safe and appropriate at this time, or may not even feel physically or emotionally ready to think and talk about it yet. Other issues are looming larger.*
- *Don't imply that you are only interested in and available to help them with SAW/RTW issues, or only medical and SAW/RTW issues.*

The “Offer”



- Do emphasize things that the **worker** may see as valuable to them: access to a caring, helpful expert, practical guidance and services.
- The proposal is: “[**a chance to receive**] **a free and helpful service**. It is only available for a limited time because we have a grant. Those who receive services must agree to meet some requirements set by the funding agency.”



- *Don't lead off with the research.*
- This is not a very attractive proposal: “***an opportunity to be a research subject in a Federal government study*** which might or might not involve the subject receiving services.”

Look, Style, Feel



- Do use easy to read fonts, simple words, and plain language. Even people with limited interest or ability for reading should be able to get the message.
- Do use photographs to communicate empathy and create a positive emotional response to your program.
 1. Portray their current distress: show a person with a new health problem (such as wearing or sling) who is feeling unsure (looking worried while holding paperwork).
 2. Portray a happy future that is their goal such as photos showing smiling workers at job and someone playing outdoors with kids or friends.). This nonverbally implies that's what your program will deliver.



- Don't use *small font, long sentences, and fancy words like "detriment."*
- Don't emphasize the *association with government, especially the Federal government*, since it makes many people wary.
- Don't waste your reader's limited interest /attention span by *going into detail on research designs and the source of the funds.*

Confidence and Trust in Your Expertise



- Do position your team as experts in helping people deal with their current predicament. Point out that you have watched / helped hundreds or thousands of people recover and get their lives back on track -- so you know what needs to happen / how to help them / have resources at your fingertips.
- Do create confidence in your services by saying things like: “Studies have shown that people in situations like yours can really benefit from services just like the ones we are offering you. They feel better and focus on getting their everyday routines back to normal – which keeps their spirits up. They lose less time from work and start feeling productive again -- and get a full paycheck again sooner too. So they are much less likely to lose their jobs and end up on welfare or the disability rolls.”



- Don't create uncertainty about whether your assistance will make a difference by describing the program as an attempt to improve strategies or to figure out what works best, e.g.,
 - Don't say “*we are looking for ways to improve return to work outcomes*”
 - Don't say this is “*a federally-funded initiative exploring SAW/RTW strategies*”
- Don't start off by creating uncertainty about whether they can get the service

Worker Safety and Autonomy



- Do demonstrate trustworthiness and awareness of their reasonable concern for keeping their jobs by making it clear that they will be in charge and make the decisions.
- Say things like “we will work together with you to design a plan that works for you.”
- Consider describing coordinators as guides.
- As an example, say you can prepare the worker for important conversations with their doctor or employer, or even do them together.



- Don't forget to address the worker's reasonable concern that you might interfere in an already-fraught situation in a way that means they lose their job or benefits.
- *Don't send the message you'll "take over" the SAW/RTW process and handle the communications.* Saying the wrong thing to the worker's doctor, employer, or insurance company might jeopardize the worker's benefits / reputation / job / livelihood.

Use of Evidence-based Persuasion Techniques

- Mention that the service is free.
- Offer something THEY value, which simply be someone who is interested, will listen, and who cares – and
- Do offer a life preserver by promising PRACTICAL help to the people most at risk for a poor outcome: those who are feeling uncomfortable and uncertain about their future, a bit lost in this unfamiliar territory and unsure whom to trust.
- Give a free sample during the interaction: (“Here’s what working together would be like:” then listening, paying attention, and asking what is important to them.)
- As soon as possible, include brief testimonials from workers who were satisfied with your service. Research in persuasive techniques has shown that this type of “social proof” is very effective.
- Don’t count on pent-up demand. (Those most in need of support don’t think now is the time to think about work. They don’t know what they don’t know about what is ahead of them!)
- Don’t *list the monetary incentives you will pay them first*. Don’t imply it’s the #1 reason to participate -- although monetary incentives are a good idea because they make it much easier for workers to justify agreeing, and will ease the financial burden participating places on them.
- *Don’t use scare tactics as your primary persuasion technique*. Emphasizing the negative consequences of prolonged work disability (without any positive view of how to create a better future) may paradoxically make the workers at highest risk of a poor outcome even more likely to give up rather than reach out for help.

More Persuasion Techniques

- Do draw them towards to your program with a warm and caring tone that expresses:
 - Your interest in what they, as an individual, are dealing with, and what their goals are.
 - The benefits to them of “taking advantage” of your services – in various areas of life
- Do send a clear signal that you are willing to meet them where THEY are NOW (which will earn their trust) and help them deal with the WHOLE THING -- and simply subtly assume that SAW/RTW/finding another job or career will be part of that future.
- Tell them the offer is time-limited. “This service is only available for a limited time.”
- When you talk to them:
 - Do ask them what they miss most now, while they are not working.
 - Do ask them why it is important for them to return to work.

Dr. C's Generic Sample Brochure

GENERIC EXAMPLE OF BROCHURE WITH MESSAGES TAILORED FOR NEWLY-ILL/INJURED WORKERS

Has an injury or illness disrupted your life & work?

[NAME OF YOUR PROGRAM] provides guidance and practical help to workers dealing with a new and unfamiliar situation.



We can guide you through the maze of the medical treatment, recuperation, and return to work processes.

CALL US: XXX-XXX-XXXX
EMAIL US: GENERIC@XXXXX.GOV
WEBSITE: <http://GENERIC.XXXX.GOV>



Our goal is to smooth your path back to a healthy, safe, and productive life both at home and at work.



At the [NAME OF YOUR PROGRAM], we can make things easier for you during this unsettled time – at no cost.

Many people feel unprepared to deal with a new and often confusing situation like this -- and wish they could get some advice from an expert. Often, just one conversation can make a big difference.

[NAME OF YOUR PROGRAM] helps people who have been unable to work for more than couple of weeks due to a new or changed medical condition. We can help you sort out your medical situation and get your everyday life, including work, back on track as soon as possible.

Are you dealing with any of these challenges?

- Being in pain or unable to do the things you need to do.
- Trying to make sure all the forms and paperwork are right.
- Waiting for important decisions or medical appointments.
- Wondering when it will be safe to try going back to work.
- Worrying maybe you'll never be able to do your job again.
- Feeling powerless, useless, or sidelined, with life in limbo.
- Worrying about money – and your financial future.

Our [CARE ADVISOR] can give you practical support.

- Teach you how these systems work and what you can do to speed your recovery, get life back to normal, and stay employed.
- Help you lay out your own step-by-step roadmap to functional recovery and return to work, so you know what to do next.
- When necessary, we can:
 - Coach or assist you in communicating with your doctor, employer, or insurer -- so you get clear answers or they get the information they need to keep things moving forward.
 - Coordinate activities and services so you get the medical treatment and other help you need to get life back on track as quickly as possible.
 - Help arrange temporary and/or long-term solutions that allow you to stay employed: short-term adjustments to your job during recovery, or long-term reasonable accommodations, job-finding services, or vocational rehabilitation.

Call or email the [GENERIC NAME OF YOUR PROGRAM].

Call XXX-XXX-XXXX or send an email to GENERIC@XXXXX.GOV to see if you qualify for free help. You will be contacted by a [CARE ADVISOR] who will describe the requirements of this grant-funded program and walk you through the enrollment process. The [NAME OF YOUR PROGRAM] can also assist eligible workers who have been referred by their healthcare provider, employer, insurer, or another professional.

ADD COOPERATIVE AGREEMENT TEXT

Next Steps and Your Opportunities

- We hope you will use these materials as the basis for discussions within your team – especially:
 - Those responsible for producing written marketing materials, brochures, recruitment materials, and call scripts,
 - Anyone who will be interacting directly with workers (i.e. recruitment team, coordinators, and those in the Workforce Agency providing services on referral from you).
- Downloads available:
 1. Slides
 2. Chart: How to Mitigate Risks
 3. Do's and Don'ts document
 4. Sample Brochure for Workers
- Dr. Christian is available on request for half-hour sessions one-on-one with each state over the next few weeks.

Coming Next: Tips on Building Risk Screening, Assessment & Intervention Planning Capability

- 1. Which referred workers are at how much risk for poor outcomes?**
 - Thinking ahead: Predicting your referred workers' most likely problems and needs.
 - Implementing a Risk Screening Process: Standardized methods, techniques, & tools to identify, quantify, and document domain in which risks lie – and risk level.
- 2. What specific problematic issues or obstacles to recovery in each worker's situation are potentially remediable with our intervention?**
 - Situation Assessment: Techniques and Tools to Guide and Document Results
- 3. What needs to happen, who can and will do it, how and when?**
 - Using Situation Assessment to Plan Interventions:
 - Creating Coordinator Plans (coordination, roadmaps, education, consultation, referrals, etc.)
 - Creating Step-by-Step Roadmaps to Recovery with Worker

Thank you for listening – and for your
commitment to RETAIN.

Questions? Confusion? Comments?
(Skeptics welcome.)

Schedule a One-on-One?

Information on scheduling a one-on-one session with Dr. Christian will be made available through ODEP. Stay tuned for additional information.

All items displayed / mentioned in this presentation will be available on the RETAIN Online Community (ROC) and upon request.

Next webinar with Dr. Christian: Thursday November 14, 1:30pm-2:30pm ET

“Outcome-Oriented Clinician Training in RETAIN: Strategic, Collegial, Purposeful, Tightly-Focused, and Operationally-Oriented!”

Your Feedback is Important!

Please Complete the Webinar Survey:

<https://www.surveymonkey.com/r/DCJ7F6V>

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