



Psychological Claims Management

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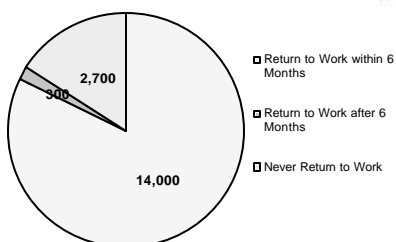
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Agenda



- Background & Data
- Psychological Treatment
- The Role of Psychology in Claims Management and Rehabilitation
- Benefits to Insurers
- Summary

Government Data



Based on medical certification issued by GPs - 17,000 new people per week certified as ill for the previous 6 weeks.

Government Data Conclusions



- The majority of those off for 6 weeks return within 6 months
- The majority of those who do not return within 6 months do not ever return to work

Why?

Reasons For Non-return To Work After 6 Months



- Serious conditions - such as a malignant condition
- Complications - such as an infection or a pulmonary embolus
- Previously unrecognised or recently appearing additional conditions, e.g. depression and anxiety disorders

Causes of Disability



	Total		Men		Women	
	1,000's	% of Total	1,000's	% of Men	1,000's	% of Women
Mental and behavioural disorders	844	35%	483	33%	361	39%
Musculoskeletal system and connective tissue	518	22%	312	21%	206	23%
Diseases of the circulatory system	176	7%	141	10%	35	4%
Injuries	150	6%	107	7%	43	5%
Nervous system	124	5%	68	5%	56	6%
Respiratory system	65	3%	43	3%	22	2%
Other	507	21%	313	21%	194	21%
All cases	2384	100%	1468	100%	917	100%

Number of claimants on Incapacity Benefit at 30th November 2002 - detailing top six diagnosis groups

Psychological Illnesses
Seen After Physical
Illness or Accidents



- Depression
- Anxiety
- Substance Abuse
i.e. alcohol
- PTSD
- Travel anxiety
- Chronic pain
- Adjustment
Disorders
- Chronic Fatigue
Syndrome

Psychological Illnesses
Seen After “Stress”
at Work



- Depression
- Substance abuse
- Chronic Fatigue
Syndrome
- Anxiety
- Work phobia
- Psychosomatic
disorders e.g.
headaches, backache,
IBS



Psychological Treatments:
1- Counselling

What is Counselling?



- Generic Term – generally acceptable
- Support
- Often non-focussed
- Often based on psychodynamic theory (past events)
- Usually ineffective for specific problems
- Most effective for “talking things over”
- It is therefore not cost effective due to its generality



2 - CBT

Cognitive Behaviour Therapy

The Origins Of CBT



- Psycho-analysis: Change feelings for improvement. Long treatment, past events, “insight”
- 1965 - Aaron Beck: Role of thoughts
- Thoughts determine mood
- Once mood is low, thoughts and behaviour become more maladaptive

How Does CBT Work?



- Negative Automatic Thoughts
 - I can't return to work as people now think I am mad
- Negative assumptions about self, world and others
 - I can only be happy if everyone approves of me
 - Other people are critical and just ready to judge
 - The world is a threatening place
- Core belief
 - I am not good enough
 - I am a failure
- Result: anxiety and / or depression

When is CBT Effective?



- Sound and extensive evidence base for
 - Depression
 - Anxiety Disorders including
 - Panic
 - Phobias such as travel and work phobia
 - Avoidance Behaviour

When Does CBT Not Work?



- When the client is not motivated to do the "homework"
- When the client is not "psychologically minded"
- Intelligence is no obstacle



3 - EMDR

Eye Movement Desensitisation and Reprocessing Therapy

The Origins of EMDR

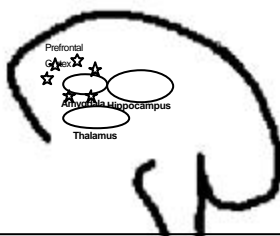


Developed by Francine Shapiro, an American
Clinical Psychologist in 1986

First controlled study: 1987 – Vietnam War
veterans

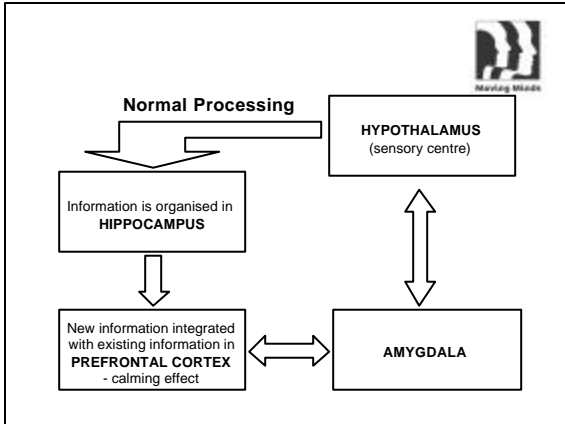
Saccadic eye movements used in conjunction with
carefully developed protocol

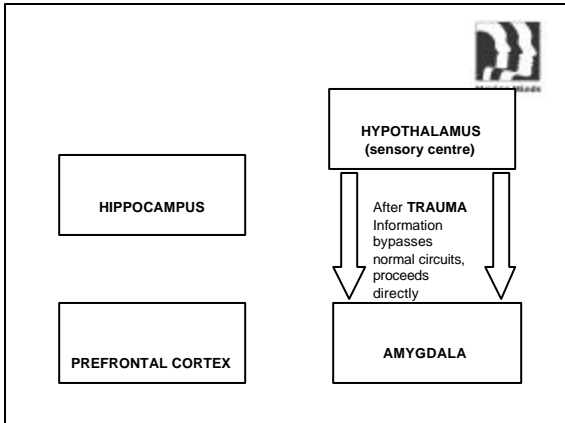
The Traumatized Mind



Brewin, C R: A Cognitive neuroscience account of posttraumatic stress disorder and its treatment Behaviour Research & Treatment, 39, 2001

Van der Kolk, B.A.: Trauma and Memory in Traumatic Stress, Van der Kolk et al, Guilford Press, 1996





SPECT: The Physical Evidence

SPECT (Single Photon Emission Tomography)

- Method to investigate brain function
- Confirms anatomical findings / provides validation for EMDR
- Results of recent study on police officers with PTSD: remarkable physiological change concurrent with behaviour change

Who Does EMDR Work For?



- Research / evidence base for:
 - Trauma-induced disorders
 - Anxiety disorders, especially phobias
 - Avoidance problems (i.e. fear of returning to work after a long absence, driving phobia)
 - Performance problems

What Works for Whom?



Psychological illness/symptoms	Most effective therapeutic interventions
Depression	CBT and/or antidepressants (but not tranquillisers). <i>Assisted increase in activity levels</i>
Anxiety disorders ('stress'), Panic Disorders, Feeling "wound up", unable to "switch off"	CBT including relaxation skills and anxiety management
Phobias (such as social phobia, agoraphobia and claustrophobia)	CBT, EMDR, graduated exposure therapy, Desensitisation
Posttraumatic Stress Disorders (PTSD)	EMDR, CBT, Exposure Therapy
Travel anxiety	EMDR, CBT, Exposure Therapy
Chronic Pain without apparent cause	EMDR, CBT, Relaxation training
Workplace Phobia	CBT, EMDR, relaxation, graduated exposure
Anger problems, overwork due to an inability to say 'no'; bullying	Assertiveness training; relaxation training, CBT
Chronic Fatigue Syndrome. Usually with depression and / or anxiety	A combination of CBT and graded exercise

The Role of Psychology in Claims Management and Rehabilitation



- Identify potential claimants
- Basic support process
- Psychological assessment
- Psychological treatment



Identify Potential Claimants



Identify Potential Claimants

- It pays to be proactive
- Not financially viable to assess all potential claimants
- Possible to identify those likely to develop psychological problems at an early stage
- Only assess those with high probability of developing psychological problems (i.e. possible claimants)



Basic Support Process

Basic Support Process



- It pays to be proactive!
- Often possible to prevent deterioration (= definite claim) by offering basic support
- Most cases solved / Potential claimants identified – early intervention possible

Psychological Assessment



Psychological Assessment – What?



- Provides a "status report" of the of the client's personality and coping style; mental state and presence and severity of mental disorders (mostly stress, anxiety, depression)
- Current social / interpersonal circumstances
- The role of chronic physical illness or physical symptoms
- Attitudes to work, fellow employees or managers
- Motivation to return to work
- Factors which would mitigate against a return to work - secondary gain issues
- Allows claims management and rehabilitation to focus where most needed

**Psychological
Assessment –
Who Could Benefit?**



- Individuals likely to be suffering from a psychological disorder which CAUSES their disability
- or
- As a POST ILLNESS consequence that may inhibit recovery
- or
- Claims where SECONDARY GAIN ISSUES have come to outweigh the motivation to return to work

**Psychological
Assessment – When?**



- Ideally before claim admittance (early identification of potential claimants)
- Otherwise whenever physical / emotional recovery seems protracted

Psychological Treatment



Psychological Treatment – When?



- “Positive” Psychological Assessment
- Good chance of successful treatment
- Financially viable (likely claim amount vs. cost of treatment)

Psychological Treatment – What?



- Treatment type (CBT / EMDR) according to psychological condition / claim type
- Treatment Package (e.g. Basic / Moderate / Severe) based on severity of condition
- (Probable) cost of treatment known in advance

Psychological Treatment – How



Find an appropriate Clinician:

- Basic profession
- Psychological training?
- Member of the British Psychological Society (BPS) or British Association for Cognitive and Behaviour Therapists (BABCP)
- Supervision and ongoing CPD
- Managed treatment optimises psychological input and ensures that treatment stays “on track”

Benefits to the Insurer of Psychological Rehabilitation



- Impact on profitability – reduced claims cost / release of reserves
- Holistic approach to treatment for claimant
- Identification at an early stage of attitude to return to work

Summary



- Psychological factors are widely associated with physical conditions
- Psychological ill health can delay full recovery
- Psychological conditions can be accurately diagnosed
- Modern psychological treatment is often very effective
- Psychological assessment is advantageous at an early stage for guidance on management of the case

Moving Minds



- Psychological claims management: managed assessment and treatment
- Nationwide network of specialists
- Use of evidence based treatments
- Independent
- Rehabilitation First
- Service for Life (IP) and Non-Life Insurers
