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**Screening for complex healing processes
and psychological intervention in injured
individuals**

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Faculty Disclosure

X	No, nothing to disclose
	Yes, please specify:

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Equity Position	Ownership/ Employee	Other (please specify)

Introduction - Facts

- > Last year 800'387 registered accidents in Switzerland
- > Injuries lead to acute and potentially chronic physical and psychological impairments
 - High prevalence of mental disorders like depression (about 17.5%) within the working and injured population
 - 20 to 30% developed a mental disorder after injury
 - Individuals with chronic pain showed more psychopathological symptoms and more days off work
- > Consequences of the injury → temporarily incapacity to work

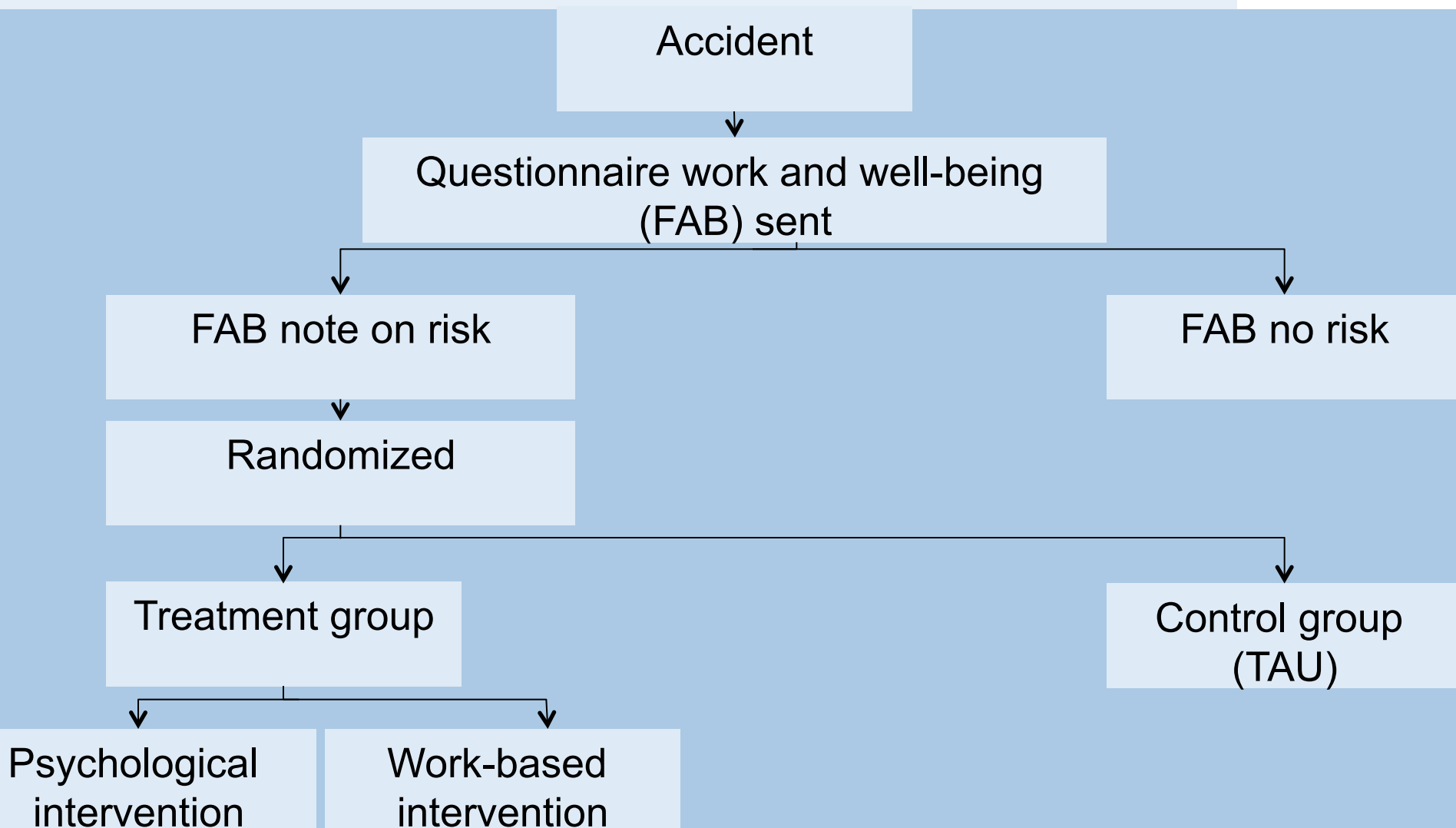
Introduction - Return to work

- > Decreased participation in work has direct effects on people's well-being
 - lose a valuable source of social support and interpersonal contacts
 - lose a part of their income and
 - consequently tend to develop even more (severe) psychological symptoms
- > Goal in the rehabilitation is the early return to work, but less is known about methods that successfully enhance return to work after an accident
- > Effective treatment of employees suffering from mental health problems or after an accident has received increasing attention
- > But we know: better mental health is a predictor for return to work in workers with somatic comorbidities

Main aim of the study

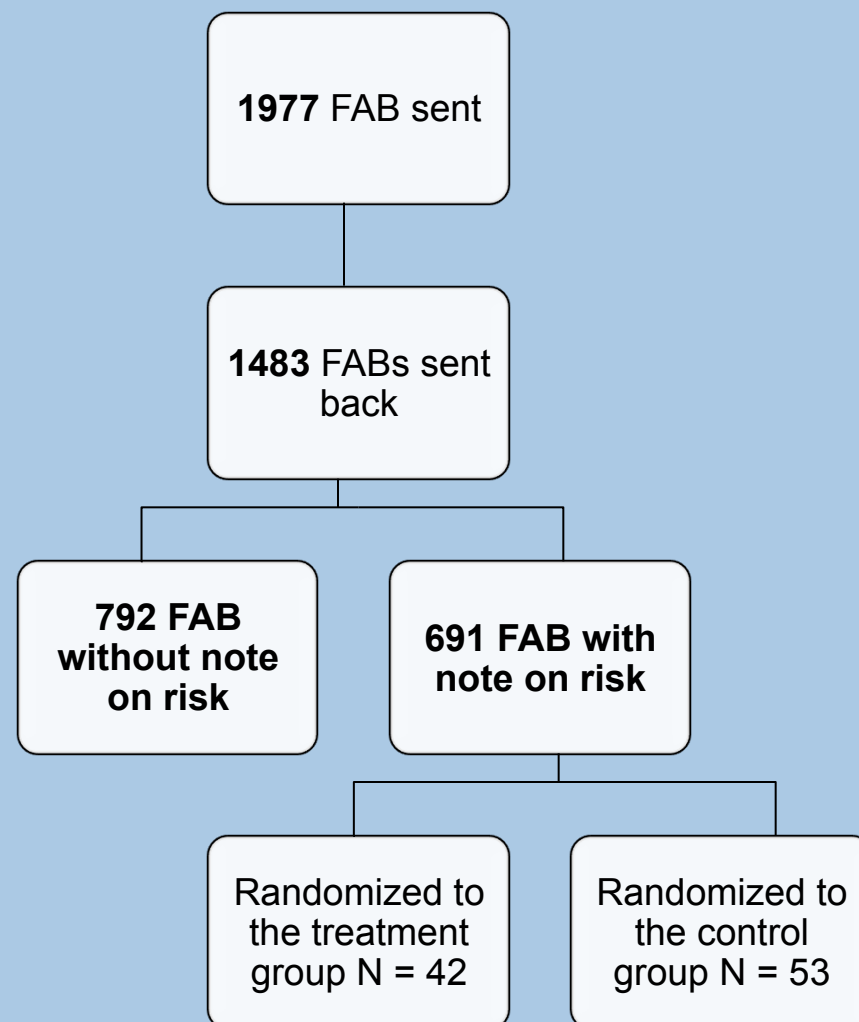
- > To improve the treatment-triage after an accident and so to early detect individuals, which face a high risk for mental disorders and so a complex rehabilitation
- > To investigate whether a psychological and / or work-related intervention influences early return to work and well-being in injured individuals

Method - Participant recruitment (still ongoing)



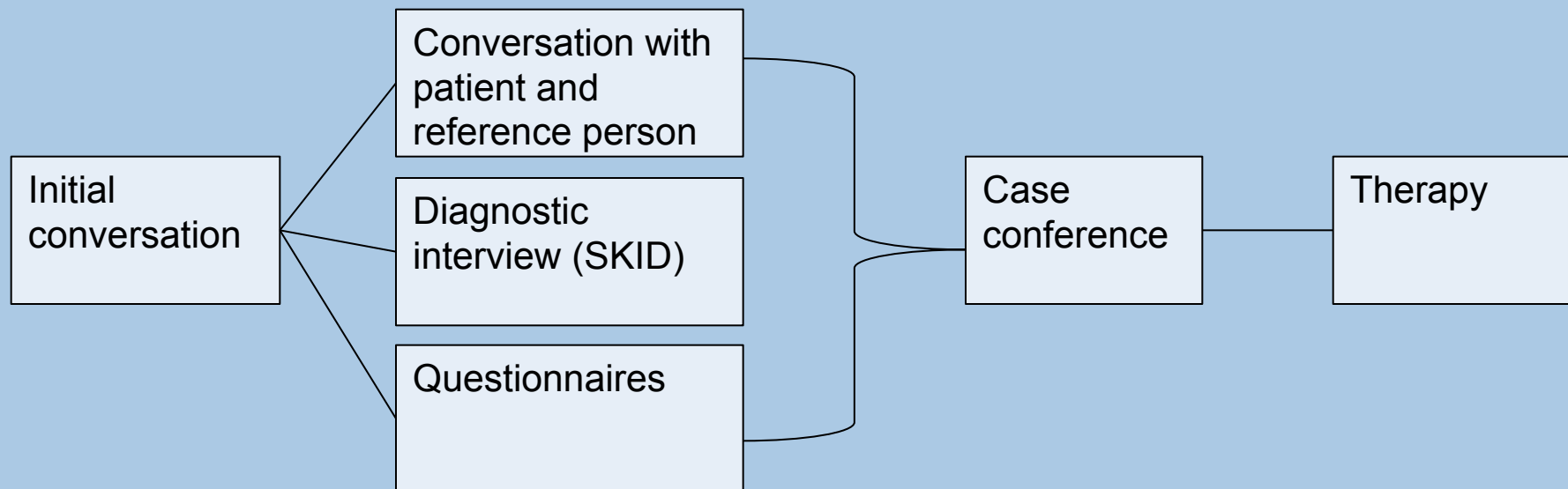
Questionnaire work and well-being FAB

- > FAB as part of the case management of the insurance “SUVA”
- > Screening instrument for work and mental health (well-being) problems
- > 23 Items
 - 11 well-being
 - E.g: do you feel helpless during or after the accident?
 - Impairment by the pain
 - 12 work related
 - E.g: I can see by myself if my work is good or not



The clarification and the interventions

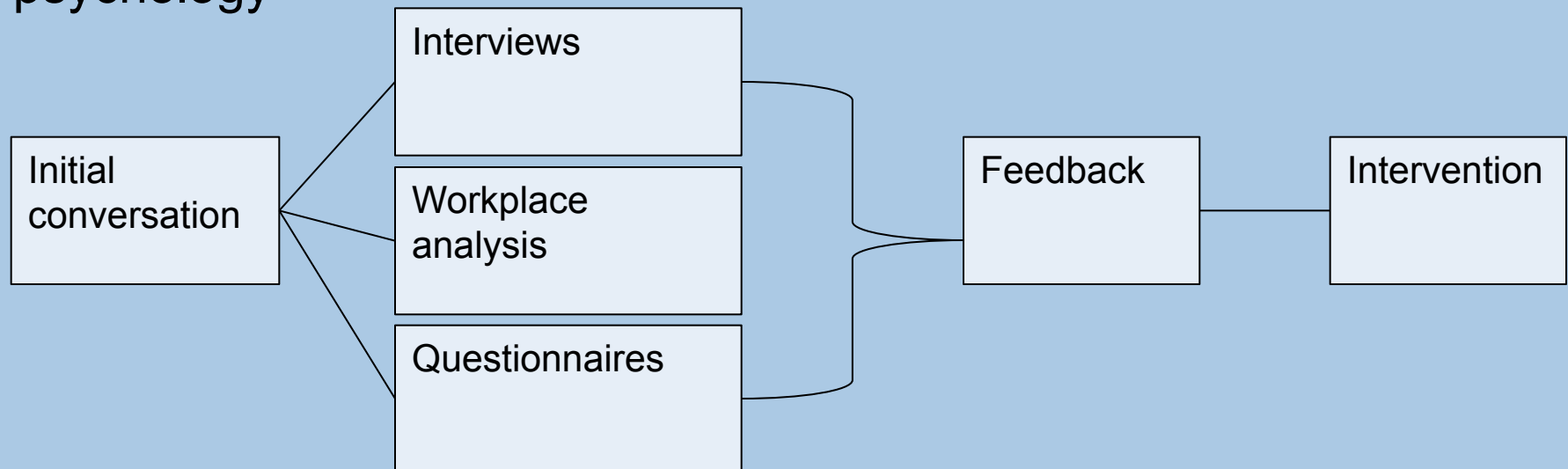
- > After the informed consent we receive a report which describes the accident and the injuries
- > The clarification:



- > Therapy → The psychological intervention for mental health, depends on the problems of the patients (indication)

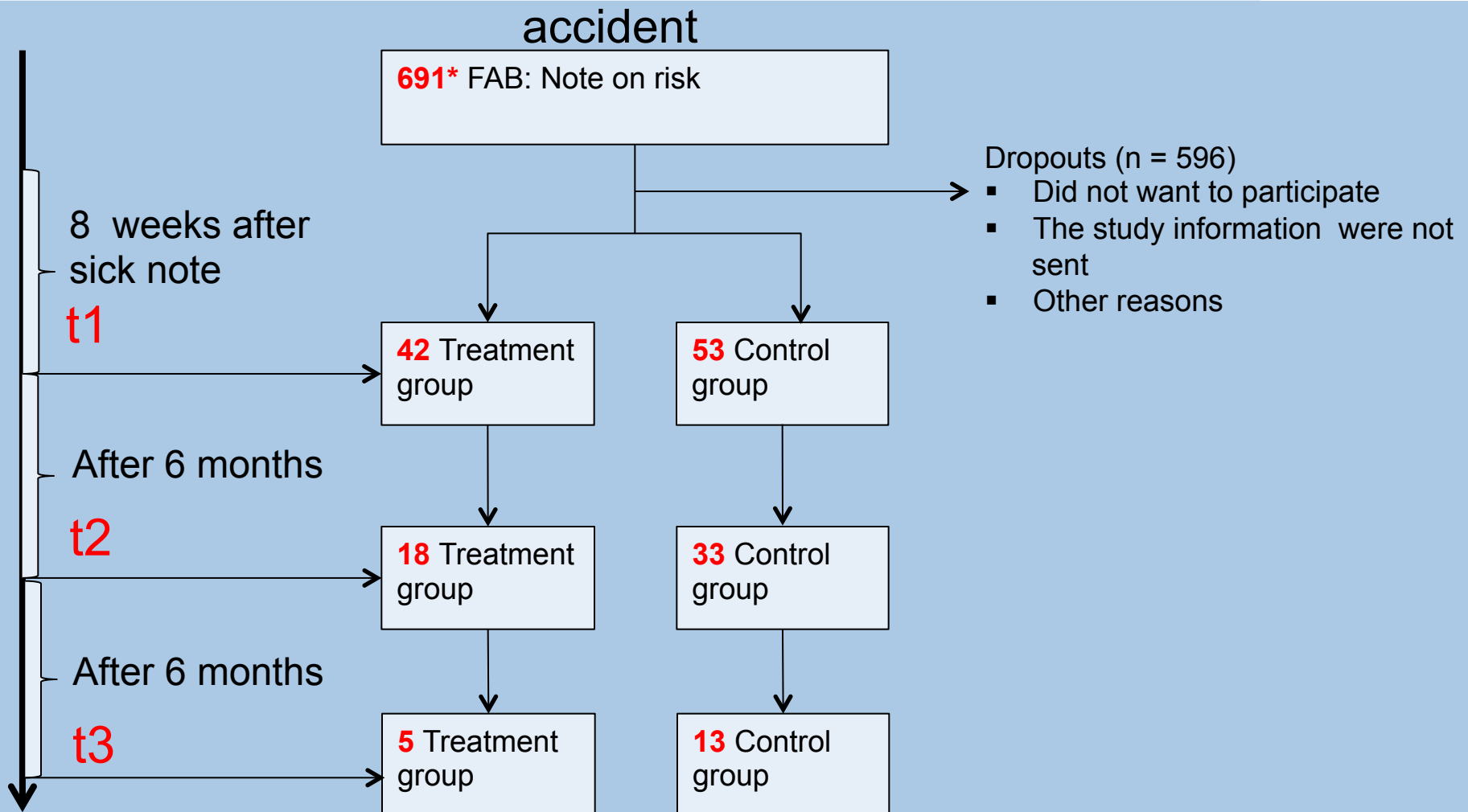
The intervention for work related problems

- > If the problems are indicated on the work related dimension → the company “center for human resource management and organizational engineering (cpmo)”; work and organizational psychology



- > Intervention: e.g. restructuring of the workplace, coaching, optimization of working processes

Method - Design



Method - Measurements

- > At t1, t2 and t3 the following self- report questionnaires were assessed
 - **Well-being** (Berner Fragebogen zu Wohlbefinden [BFW-E]; Grob, 2003, 39 items with the subscale:
 - positive attitude to life
 - self-esteem
 - depressed mood
 - problems and worries
 - vitality
 - physical complaints
 - **Days of the incapacity to work**

Results - Sample characteristics at t1 the newest data

	Total (n = 141)	Treatment group (n = 64)	Control group (n = 77)	p
Age	49.24 (SD = 10.39) [22-66]	48.33 (SD = 10.49) [22-63]	49.97 (SD = 10.32) [22-66]	Not sig.
Gender				
male	70.2%	75.0%	66.2%	Not sig.
female	29.8%	25.0%	33.8%	

Correlations - FAB well-being and BFW t1

	FAB well-being	Well-being	Physical Complaints	Positive attitude to life	Problems and worries	Depressed mood	Self-esteem	vitality
1	-							
2	-.30**	-						
3	.42**	-.60**	-					
4	-.16*	.77**	-.36**	-				
5	.28**	-.68**	.53**	-.37**	-			
6	.21**	-.80**	.34**	-.58**	.51**	-		
7	-.29 **	.80**	-.42**	.78**	-.50**	-.63**	-	
8	-.16*	.76**	-.33**	.64**	-.33**	-.52**	.46**	-

What predict a longer incapacity to work?

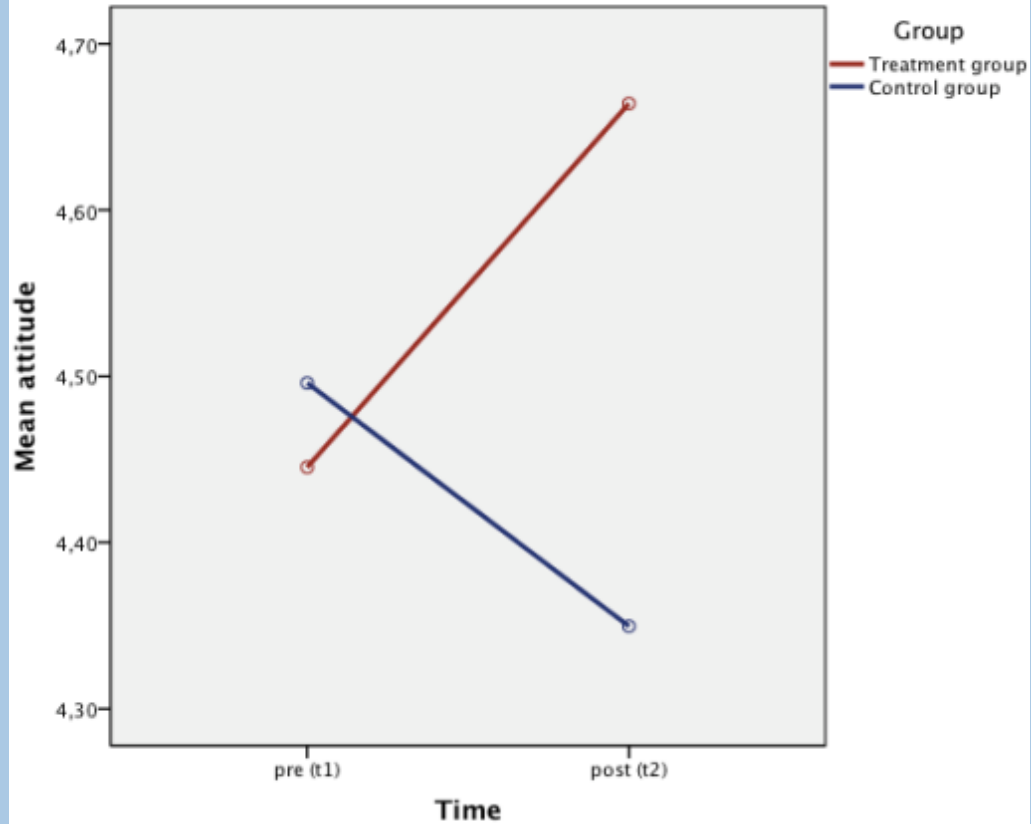
- > Validity of the screening in predicting work incapacity

Predictor	B	β	SE B	ΔR^2	<i>p</i>
Gender	6.63	.02	10.95	0.08	<.001
Treatment group	30.71	.05	24.94		
FAB work	-1.68	-.08*	0.80		
FAB well-being	153.60	.28**	21.75		

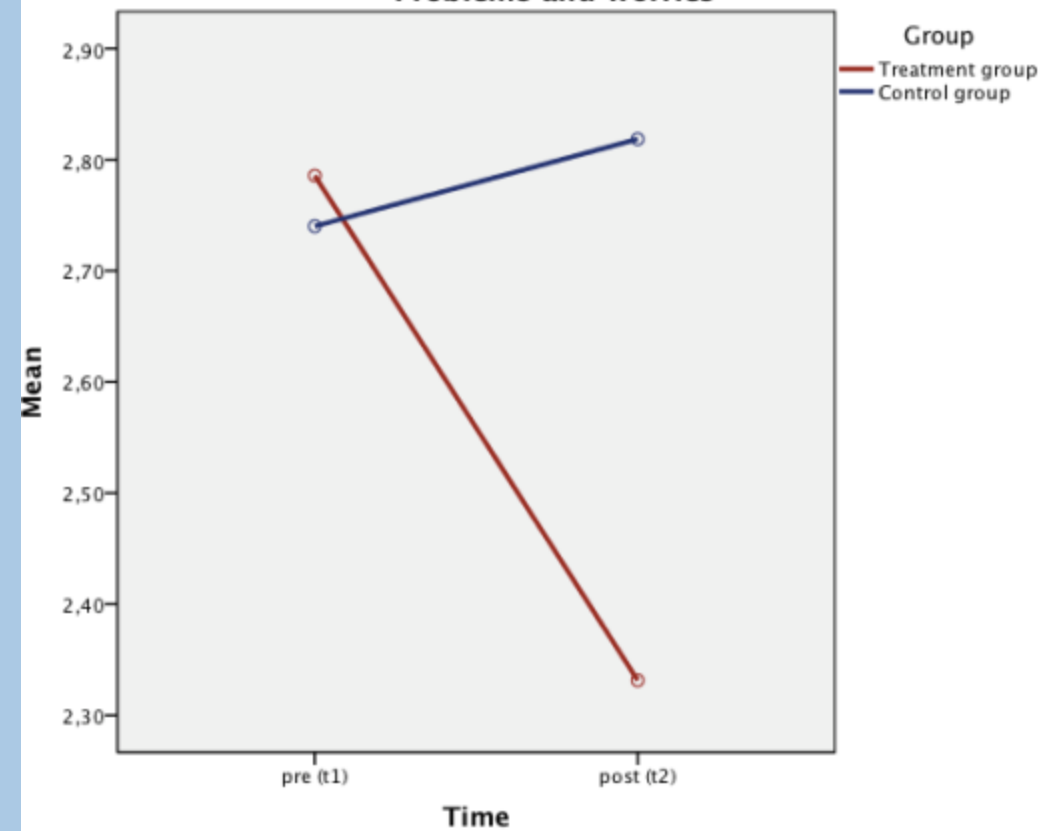
Preliminary results - well-being as outcome pre – post analysis

- > No significant time main effect ($F(7, 38) = 1.34; p = .26$)
- > No significant interaction time x group ($F(7, 38) = 1.62; p = .16$)
- > But: Significant interaction time x group on positive attitude ($F(1, 44) = 4.9, p < .05$) and the scale problems and worries ($F(1, 44) = 4.1; p < .05$)

Positive attitude to life



Problems and worries



Summary and implication?

- > Early screening after an accident is important and a opportunity to offer an individual treatment
 - The FAB as predictor of days off work is a promising instrument in the field of injured individuals
- > An individual based treatment, which are adapted to the individual needs of the injured people is important
- > The preliminary results showed that psychological and work-related intervention could improve well-being
- > But if the intervention improves the return to work process is still an open question an the future data will hopefully answer it

Many thanks to

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Any questions?

