The Psychology of Injury:
Applications for Cognitive Behavioral Therapy

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FAST FOCUS
Cognitive behavioral therapy (CBT) has been considered a “gold standard” treatment approach in a range of psychosocial disorders, but only in recent years has its value truly begun to materialize in workers’ compensation. New and emerging applications, including work-focused CBT and expanded delivery channels, continue to increase its viability as an effective strategy in the injured worker population.

It has been well-discussed throughout the workers’ compensation industry that a successful path to recovery is built through a concerted effort on the part of all involved stakeholders; that the contributions of one without the others are limited in their ability to impact outcomes. But truly, there is one stakeholder on which the trajectory of the claim hinges: the injured worker patient.

THE PSYCHOLOGY OF INJURY: Applications for Cognitive Behavioral Therapy

THE PSYCHOLOGY OF INJURY
There is an undeniable psychological component to injury and recovery. Anxiety, depression, catastrophizing, fear avoidance – these are all factors that influence the course of a claim in a very real way. In some cases, these psychosocial factors can be even more detrimental to claim outcomes than physiologic factors. In a recent study of workers undergoing surgery following traumatic occupational hand injury, negative affect was a much stronger predictor of delayed return to work than was severity of injury. In another study of patients with minor injury, depression was the foremost inhibitor of restored function during the 6 to 12 months post-injury – more so than type of injury. Fear avoidance represents another psychological hurdle to physical recovery in that the patient is afraid to participate in active treatment modalities such as physical or occupational therapy. This obstacle to functional improvement leads to poor treatment outcomes, including higher pain and disability levels, and lower return-to-work rates.

CBT’S GROWING ROLE IN WORKERS’ COMP
The psychotherapeutic intervention known as cognitive behavioral therapy (CBT) is hardly a new concept. With its roots arguably reaching back to the 1960s, one might describe it as “retro.” For some time it has been considered a front-line treatment for a range of psychosocial issues and conditions – such as alcoholism, social anxiety, and various sleep and mood disorders. But over the last few years, something interesting has been happening in workers’ compensation. Increasingly CBT has been recognized as a valuable component of treatment among injured workers. Payers are now much more likely to recommend CBT for chronic pain claimants who exhibit psychosocial concerns. And this approach is having a profound effect on functional outcomes as well as pain symptoms.
It is important to note that standard CBT is not tailored for a workers’ compensation setting. Its applications are much broader, and therefore there is no built-in focus on return to work. That being said, incorporating return to work strategies into a CBT program that addresses common mental disorders reaps significant benefits. Not only can this approach speed return to work, but application of CBT during job re-entry can address residual depression or a patient’s anxiety about their ability to perform at pre-injury level, both of which pose obstacles to successful return to work. A patient’s treatment journey does not stop at Day 1 of being back on the job. CBT during the transition can get them over the initial “hump” and ultimately increase work participation as well as the likelihood that the patient’s re-entry to the workforce will be successful over the long term.  

**CBT WITHIN A COMPREHENSIVE STRATEGY**

Application of CBT is triggered by the presence of specific risk factors. There are many opportunities throughout the care continuum that can provide the payer with insight into psychosocial factors that may be impacting the claim trajectory. As with any negative factor influencing treatment outcomes, earlier intervention is better, and indeed there is research being undertaken to assess the impact of upfront pain education in individuals at high risk for chronic pain.

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**EXPANDING CONVENIENCE, ACCESS**

New approaches to CBT are putting a technological twist on this gold-standard treatment strategy, and they are proving effective. Over-the-phone CBT has demonstrated results that are comparable to in-person therapy in disorders that include major depression. Similarly, Internet-based CBT has a positive impact on work-related outcomes, including improved work engagement. Smartphone apps are also proving to be a viable tool in the treatment of psychosocial disorders. For example, the mood journal app Moodnotes launched in August 2015 and is based on the principals of CBT. The app is designed to aid self-awareness and help patients self-manage their stress and anxiety. For the right patient, putting mental health management right in their hands—literally—can be empowering as well as effective.

There are other benefits of delivering CBT through nontraditional channels, including expanded access to services for patients living in rural or low-population areas where mental health services are limited. It can also reduce or eliminate the need for office visits, which is beneficial from an employer perspective because it reduces time needed away from work for injured workers who are not on leave or have already returned from leave. From a payer perspective, CBT via telemedicine offers potential cost benefits in terms of fewer office visits and transportation services in situations where these would otherwise be necessary.

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**ADDRESSING PSYCHOSOCIAL FACTORS TO INFLUENCE OUTCOMES**

- Greater potential for long-term opioid usage or opioid misuse
- Less likely to return to pre-injury functional levels
- Delayed return to work
- Reduced quality of life
- High risk of prescription opioid misuse
- Higher postsurgical pain ratings
- Increased disability
- Interference with pain-related activity
- Potential for other negative psychosocial factors such as depression or anxiety
- Higher pain levels
- Increased disability/risk of re-injury
- Lower return-to-work rates
- Interference with pain-related activity
- Pain intensity
- Interference with treatment
- Perceived disability
- Depressive symptoms

**CBT can improve catastrophizing to reduce**

- Speeds return to work by 65 days
- Increases work participation by 44%

**Work-focused CBT to address depression or anxiety:**

- Work-focused CBT to address depression or anxiety

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**“Nothing I do will make this better”**

**“I feel so hopeless”**

**“I am afraid I will make things worse”**

**“I am afraid I will make things worse”**

**“I feel so hopeless”**
REFERENCES


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