

PROLONGED DISABILITY:

> Understanding and mitigating the role of unconscious processes

Intensive short-term dynamic psychotherapy is proving to be highly effective in diagnosing and working with the unconscious emotional factors that contribute to prolonged disability. This therapy not only facilitates voc rehab efforts, but also results in high return-to-work rates, even among the chronically disabled.

MANY OF YOUR clients who are off work with long-term disabilities may, without even being aware of it, have emotional factors that are contributing to their prolonged disabilities. These emotional factors manifest themselves through a range of physical symptoms, as well as anxiety, depression and self-destructive behaviours that affect health. What's more, these emotional factors can lead to behavioural problems, conflicts with health care providers and insurers, and

avoidance patterns—all of which can override ordinarily effective vocational rehabilitation efforts (see Figure 1).

With the advent of new short-term psychotherapies—including intensive short-term dynamic psychotherapy (ISTDP)—it is possible to directly diagnose and work with these unconscious emotional factors. Such an adjunctive treatment facilitates rehabilitation efforts

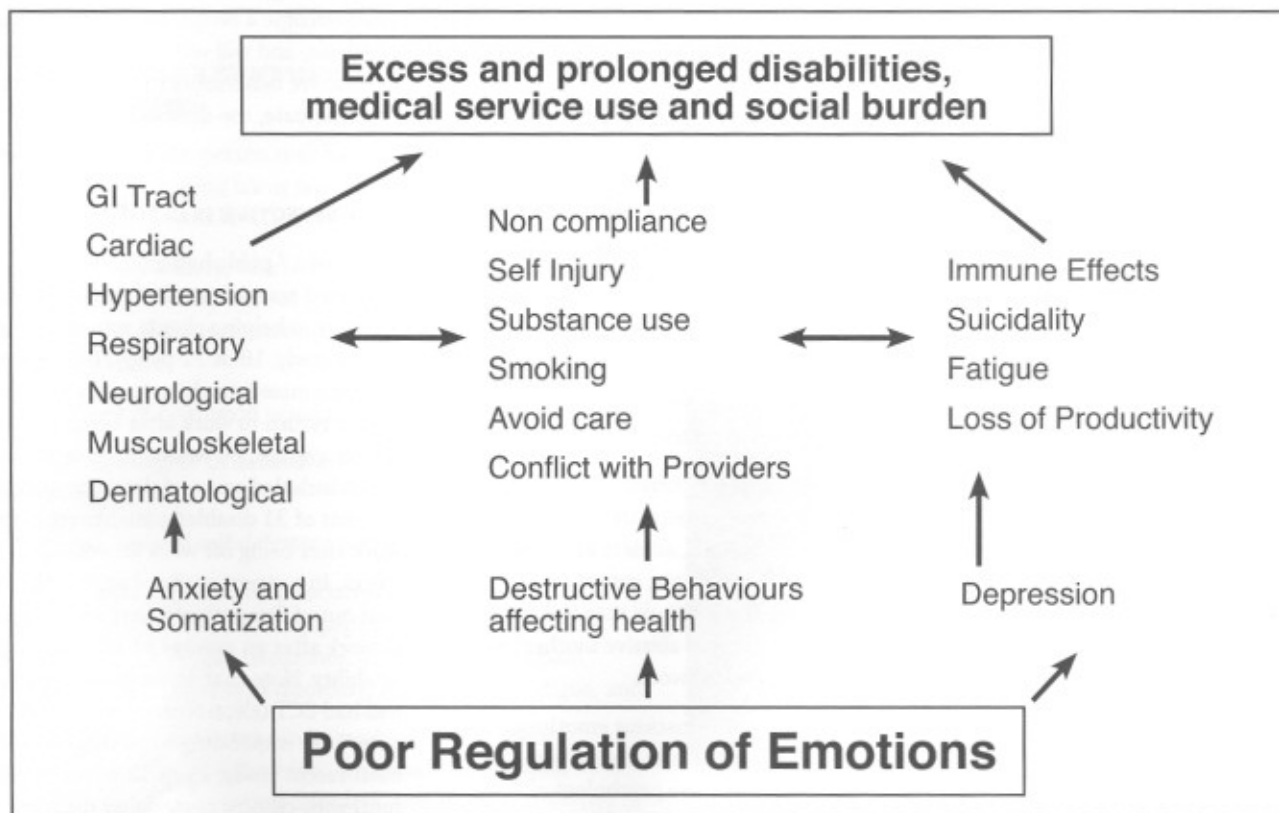


Figure 1: The effects of unconscious emotional factors*

* Abbass, A.A. (2003). *Expert Reviews of Pharmacoeconomics and Outcome Research* 3(5), 535-539.

and, based on existing research, results in a high rate of response—with return to work being possible even among long-term disabled populations.

UNDERSTANDING UNCONSCIOUS PROCESSES

People who, typically early in their lives, experience an interrupted attachment with a significant person in their lives often have unconscious mixed feelings of sadness, rage and guilt about the trauma suffered as a result of the broken attachment. When, later in life, they experience interrupted relationships, new relationships or other upsets, these emotions are stirred up again, resulting in anxiety and self-destructive behaviours.

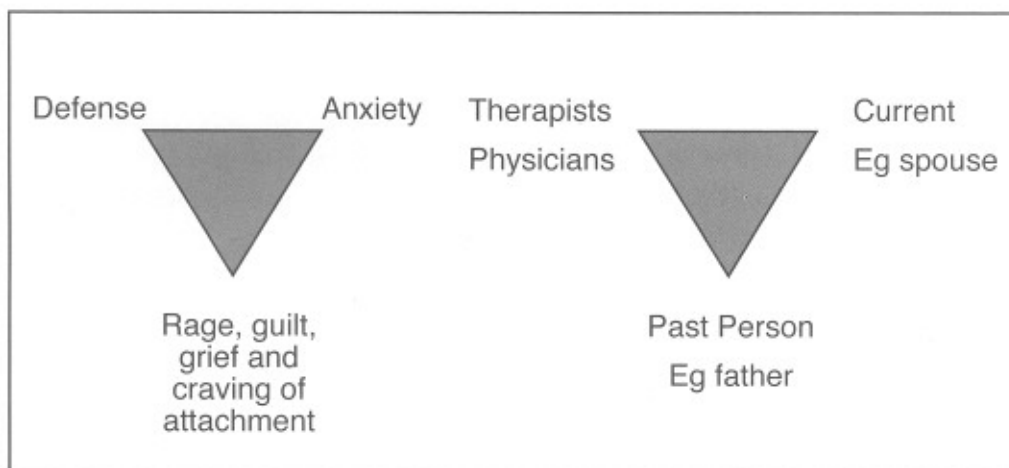


Figure 2: Transference of unresolved feelings

This is often the case among people who are injured on the job, who feel threatened in some way, or who are experiencing other major changes inside or outside the workplace. Old and unresolved emotions are activated, resulting in physical and psychological symptoms, non-responsiveness to treatment and prolonged disabilities.

When this happens, current relationships are coloured and, indeed, are often damaged by the past emotions, anxiety and defensive behaviours. For example, case managers working with these people may feel they are being treated "like an abusive mother" while doing their standard work.

Typically, when unconscious emotional factors are in play, clients do not respond very well to supportive psychological treatments, which tend to take a superficial view of current problems and offer support

alone. Indeed, supportive treatments can make these clients worse, increase their avoidance and make them more entrenched in their disabilities. In many of these cases, underlying emotional issues must be addressed in order to bring about a sustained return to work.

HOW DOES ISTDP WORK?

ISTDP (intensive short-term dynamic psychotherapy) was developed by Dr. Habib Davanloo of Montreal's McGill University to deal directly with the unconscious emotional processes associated with broken attachments in a very broad range of psychiatric and medical patients. By focusing on emotions and how the person experiences emotions during the office visit, therapists can see directly how a person handles these feelings. They can see, in the moment, both the physical and behavioural effects of avoiding these emotions.

Based on these observations, therapists can tailor a treatment to help the person become conscious of the emotions that are being stirred up by, for example, the current workplace situation, insurers and care providers. By becoming aware of and experiencing these emotions, the client can overcome a broad range of behavioural problems, and will reduce or stop the self-destructive behaviours that so often result in, or perpetuate, the disabled state.

HOW EFFECTIVE IS ISTDP?

Based on 17 published and soon-to-be published research studies, ISTDP is highly effective in helping clients return to work. In one study, 18 of 22 people (87 per cent) among a mixed psychiatric sample were able to return to work after being disabled for, on average, 60 weeks. In another study, which included some of the same sample, 81 per cent of 31 disabled patients returned to work after being off work an average of 45 weeks. In a recent study of severe depression, four out of five patients were able to return to work after an average of 103 weeks of disability. Note that some of these patients had had ECT (electroconvulsive therapy) and none were responding to medications. In the most recent study, 11 of 12 patients (92 per cent) with chronic personality disorders were able to return to work after an average of 58 weeks' disability.

Moreover, over 100 Canadian workers' compensation claimants have been able to return to functioning and go off benefits after ISTDP treatment averaging under 10 sessions. These claimants were disabled for an average of 94 weeks prior to starting treatment. After their workplace accidents, most had chronic pain and a mix of symptoms, or had post-traumatic stress disorder features.

To sum up, many people who are off work for over one year are able to return to occupational functioning when, through ISTDP, the underlying, unconscious emotional problems that resulted in them being "stuck" on disability are addressed.

HOW LONG DOES THIS TREATMENT TAKE?

ISTDP treatment varies in length, depending on the complexity of the client. The degree of complexity can be determined through one or two interviews, which is called "trial therapy." The least complicated clients average one to two treatment sessions, while the most complicated average 30 to 70 treatment sessions. There is a continuum between these two, but, on average, clients undergo 20 sessions, returning to work after 16 sessions.

For this average population, the cost of treatments runs about \$3,700, but prior to starting treatment, the average salary payout per claimant is over \$50,000 (Abbass, 2002). The most complicated clients experience cognitive and perceptual disruption, with fainting, hallucinations and disorganization when they are anxious. Yet even among this group, the results of ISTDP are significant. In a published study of complex clients who had been off work for an average of over 200 weeks, 64 per cent were able to return to work after an average of 24 treatment sessions.

HOW CAN A VOC REHAB PROFESSIONAL DETERMINE WHO HAS UNCONSCIOUS ISSUES?

Different clues indicate a person may have unconscious emotional factors that are interrupting his or her return-to-work functioning. Voc rehab counsellors should watch for:

- the presence of anxiety, which the client may not notice, but the counsellor does because of the client's frequent sighs, hand-clenching and obvious tension when talking with the voc rehab counsellor;
- a high degree of confusion when speaking with the counsellor;
- an inordinate degree of defensiveness that the client does not seem to recognize;
- self-destructive and self-defeating patterns;
- health problems commonly associated with unconscious emotional problems, such as dyspepsia, irritable bowel syndrome, fibromyalgia, headaches, unexplained back pain, bladder spasms, movement disorders, weakness and fatigue; and
- psychiatric symptoms that can be markers of emotional factors, such as anxiety disorders, depression, dysthymia, dissociative disorders, eating disorders, somatoform disorders or personality disorders.

By recognizing that a client has unconscious anxiety and defensive behaviours, a rehabilitation case manager can tailor his or her management to the client's patterns in order to increase the chances that traditional rehab techniques will be successful. For example, some clients react to the pressure to return to work by acting out or becoming defiant, depressed or more physically ill. In such cases, it is crucial that the voc rehab counsellor does not increase the pressure on the client, but instead engages in a collaborative effort to find answers and shared goals.

Clients who are very anxious in the interview may benefit from talking directly, right there and then, about what is making them anxious. Defensive clients may benefit from having the voc rehab counsellor point out that they are, on some level, afraid of their own emotions. In order to be successful, voc rehab counsellors must remember that they may end up being cast "in the shoes" of past parents who have died, been neglectful or been abusive. "Listening" to clients' physical responses through observation is critical because this will indicate what barriers may come up in rehab efforts. By understanding these factors, voc rehab workers will be more successful, and sleep better, while dealing with stuck or difficult clients.

WHEN SHOULD A REFERRAL BE CONSIDERED?

Based on data from a large number of disabled claimants, if a return to work is not on the horizon after 12 sessions of first-line psychotherapies, then return to work is highly unlikely and a referral for ISTDP trial therapy may be in order. The trial therapy will help determine if ISTDP therapy is likely to be beneficial and if more in-depth emotional work should be done. When ISTDP is used as a first-line treatment, fewer sessions are required and there is a higher rate of return to work. However, many of these claimants may also respond to other psychotherapy efforts that are more easily available.

For more information, including the publications referred to in this paper, you can go to the website of the Centre for Emotions and Health at www.istdp.ca. ❖

About the Author

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