

CLAIMS COMPANION™



Chesapeake Disability Management, Inc
Reclaiming Lives, Improving Outcomes.

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Announcements

Chesapeake Disability Management, Inc. is looking for RN case manager who is an independent team player with computer skills, critical thinking, autonomy and curiosity. Injured worker population, onsite Baltimore area. Experience and Spanish speaking a plus. Competitive benefits. Fax resume to CDM @ 410-665-0529 or email fwaddell@chesapeakeedisability.com

Maturity Concepts: Care Management & Consulting is a subsidiary of Chesapeake Disability Management, Inc and provides geriatric case management, senior assessments, and planning. To receive more information on services provided by Maturity Concepts or to receive the newsletter *Managing Maturity*, please call 410-665-2027

Understanding Pain Sufferers: Why Is Work Rehabilitation Effective?

By Michael Wah, PT, OCS

Active Life & Sports PT

People process and interpret pain differently.

The interpretation of pain may change the way people process pain related and other information. Some chronic pain clients appear to develop a hypersensitivity to normal stimuli. This is often characterized by a lower threshold for labeling certain stimuli as noxious. The persons' beliefs, appraisals and expectations regarding the consequences of a pain sensation can influence their mood and coping mechanisms.

Fear starts to guide the pain sufferers' behavior

What we often see with these clients is fear. They are afraid to move and afraid to hurt themselves. Movement becomes associated with pain and injury. Fear is often a better predictor of functional limitations than biomedical factors. Fear of pain and what we do about it can be more disabling than the actual physical impairment. By reducing pain related anxiety in clients, we can effect functional improvements and reduce the distress, pain, and pain related interference with activity.

Mastery of tasks helps individuals overcome their fears.

We define self-efficacy as a personal conviction that one can successfully perform certain required behaviors in a given situation. Mastery experiences are gained from performance accomplishments. These can establish and strengthen the clients' perceived self-efficacy. Techniques such as work hardening and work conditioning provide chronic pain clients with graded task accomplishments to bring about behavioral change. By helping clients gain mastery experiences, we ultimately diminish their pain perceptions and reduce their fears.

Positive results requires skillful execution of programs

Careful and thorough objective testing and interview form the basis for the individualized programs provided to chronic pain clients. Programs must specifically address physical impairments, endurance issues, motivation, symptoms, fears, and worker habits in a structured, graded, and comprehensive manner. Implementation of this type of program requires personal care in an environment that is positive and supportive yet holds individuals accountable for active participation.

For more information about any of our Work Rehabilitation or physical therapy program offerings, please call Active Life & Sports at our office in Perry Hall. Learn why we are recommended for so many clients with pain disorders. We encourage and welcome your referrals.

Exposure Desensitization

PTSD (Post Traumatic Stress Disorder) is defined by the United States Department of Veterans Affairs as an anxiety disorder that can occur after one has been through a traumatic event. A traumatic event is defined as something "horrible and scary that you see or that happens to you." During this event the participant believes that their life or the lives of others is in danger. These responses can occur after an assault, motor vehicle accident with fatalities or near fatalities, physical injury, rape, or after a difficult medical experience like a heart attack. Following a traumatic event, people typically describe feeling things like relief to be alive, followed by stress and anger. They often find that they are unable to stop thinking about what happened. "Post Traumatic Stress (PTS) is a normal survival response. " Post Traumatic Stress Disorder is a pathologic variant of that normal survival reaction."

With Exposure Desensitization, the person's reactions, signs and symptoms do not have to become PTSD.

Reaction to traumatic stress can be "physical, cognitive, emotional and/or behavioral. Physical reactions can include "upset stomach, appetite changes, sleep disturbance, exhaustion, pounding heart, rapid breathing, edginess, severe headache if thinking of the event, profuse sweating, difficulty breathing, elevated BP, chest pain, weakness, dizziness, visual difficulties, fainting, vomiting", etc.

Cognitive reactions may include "suspiciousness, intrusive images, blaming someone, poor problem solving, poor abstract thinking, poor concentration/memory, poor decisions, increased or decreased awareness of surroundings, some describe disturbing dreams or memories or flashbacks of the incident and also may experience work or school problems." etc.

Emotional reactions may include "denial, anxiety, agitation (feeling jumpy or hyper alert), increased irritability, depression, intense anger, apprehension, emotional shock, emotional outbursts, feeling overwhelmed, feeling guilty (somehow responsible or survivor guilt), worsening of any preexisting mental health conditions," etc. Many people dealing with post traumatic stress complain of

feeling hopeless about the future and detached emotionally.

Behavioral signs and symptoms may include "erratic movements, change in social activity" (isolating themselves), "change in speech patterns", excessive smoking, hyper alert to environment ("startling easily at sudden noises, feeling hyper vigilant and constantly alert"), increased alcohol or drug consumption.

In the process of desensitization, the individual is systematically and repeatedly confronted in an anxiety-reducing environment with the feared situations. This process can be initially accomplished by imagery or in vitro, exposing the person onsite with a trained counselor. These methods and the accompanying anxiety which is the core component challenging the treatment program will gradually decrease and allow the individual to successfully return to work.

Psychologists and psychiatrists very often provide the initial assessment in these situations and prompt treatment is imperative. This desensitization therapy consists of weekly sessions, 1 ½ to 2 hours long with the counselor. The client is encouraged to be actively involved in setting goals for the gradual movement towards return to work. The client is offered the opportunity to work at their own pace and each session must move one step closer toward the goal of resolution

In the return to work process, the individual who has experienced the trauma in the work place may have the belief that the world is an unsafe place, that the person themselves is not "competent" and is not able to cope with the trauma or that they are in some way responsible for what has occurred. With supportive counseling many individuals feel less anxious and are able to accomplish things that they are unable to do prior to treatment. This empowers the client to reengage in the return to work process.

The service of exposure desensitization may be a stand alone service or can be used as an adjunct to catastrophic case management.

Announcements!

Chesapeake Disability Management, Inc. welcomes Susan Budden, MS, CRC to their staff of vocational counselors. Ms. Budden has over thirty years of vocational assessment, case management, labor market surveys, job analyses, job modifications, and ergonomic evaluations. Chesapeake Disability Management, Inc looks forward to Ms. Budden's further development and contributions to the Crisis Intervention and Exposure Desensitization Services provided through them. Ms. Budden also has many years of experience working as a vocational expert on litigation cases including workers' compensation, personal injury, medical malpractice and divorce.

Chesapeake Disability Management, Inc has two fulltime positions available for a RN Pain Management Case Manager. The position is responsible for care coordination and case management for individuals with pain management in the Maryland area. RN, essential, CCM preferred. Work remote and onsite. Interested candidates should forward a resume to 410-665-0529 or email fwaddell@chesapeakeedisability.com

Please contact Chesapeake Disability Management, Inc. @ 410-665-9548 for more information or to make a referral.

References:

Critical Incident Stress Management (CISM): Group Crisis Intervention - 4th Edition by Jeffrey T. Mitchell, Ph.D., C.T.S. (2006 by the International Critical Incident Stress Foundation, Inc.)

Critical Incident Stress Debriefing: An Operations Manual for CISD, Defusing and Other Group Crisis Intervention Services-Third Edition, 2001 by Jeffrey T. Mitchell, Ph.D., CTS and George S. Everly, Jr., Ph.D., CTS

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Sue, David, Derald Wing Sue, Stanley Sue. *Understanding Abnormal Behavior, Eighth Edition*. November 6, 2007. <http://college.hmco.com/psychology/sue/abnormal/8e/students/outlines/ch17.html>

Lim, MD, Russell F., Francies Lu, MD. *Clinical Aspects of Culture in the Practice of Psychiatry: Assessment and Treatment of Culturally Diverse Patients*. November 6, 2007. <http://medscape.com/viewarticle/507208>

Healthy Recipe:

Courtesy of Janet Burgess, Chef, Culinary Adventures, San Diego, CA. Email: cooksrule2@yahoo.com

Hummus:

1 cup light sour cream

¼ cup skim milk

1 15-oz. can garbanzo beans

2 teaspoons finely chopped fresh garlic

½ teaspoon ground cumin

½ teaspoon salt

Toppings:

½ cup plain non-fat yogurt

¼ cup diced cucumber

¼ cup chopped tomato

2 tablespoons finely chopped red onion

¼ cup crumbled feta cheese

2 tablespoons sliced olives

2 tablespoons chopped parsley

Toasted Pita Chips:

Take 6 pita bread rounds, cut in wedges and toast in oven.

Spread hummus on platter, arrange toppings over and serve with pita chips.

Eight Tips for 2008

It's the time of year to make resolutions and changes in your life. You can make small changes in your home to help save money and spend on what you really want.



1. Install flow restricting shower heads and fix running toilets or leaking faucets. You are not only helping the environment but you save on the cost of water and heating it.

2. Do full loads of laundry, even though most washers have the option to use less water several smaller loads end up using more water than just doing two large loads. Also cut back on using the dryer. Hang clothes out to dry and reserve the dryer for towels & sheets.

3. Run your dishwasher only when you have a full load and let the dishes air-dry instead of using the drying function.

4. Install the new energy saver light bulbs that use less electricity and last longer and always remember to turn the lights off when you are not in the room.

5. Set the thermostats no higher than 68 degrees in the winter and no lower than 78 degrees in the summer. Turn the heat down when you are not home unless you have a heat pump which operates better on a constant setting.

6. Lower the temperature on your hot water heater to between 110-120 degrees.

7. There is controversy on whether or not cooking with the microwave takes nutrients from the food but cooking with the microwave instead of the oven whenever possible saves energy.

8. Planning your meals for the week before going grocery shopping can cut down on impulse buying. Make a chart of days and list the side dishes as well as ingredients you will need.

Resources: www.financialplan.about.com

Case Study

Scott Jefferson, Construction Accident.

The Challenge:

Scott Jefferson is a self-employed roofer who fell from a 2 story house. Mr. Jefferson was transported to the University of Maryland Medical Center Trauma Unit; he fractured most of the bones in both legs and also fractured his right elbow. One of the femur fractures was an open fracture. The case was referred to Chesapeake Disability Management, Inc from his insurance company within 12 hours of the accident.

The Solution:

Chesapeake Disability Management, Inc assigned a nurse to his case and she was onsite within hours of being notified of the accident. The nurse case manager met with the family to gather information about Mr. Jefferson's accident and consult with the medical team. Mr. Jefferson required three surgical procedures and a lengthy hospital stay. During this time the nurse case manager discussed with the family that Mr. Jefferson will probably be using a wheelchair and other walking devices as he progresses. The family advised the nurse that his home was not designed for wheelchair use.

The nurse case manager was able to bring in a provider for an architectural assessment. By the time Mr. Jefferson was able to return home the temporary changes had been made to his home. A ramp had been added along with strategically removing doors to allow access.

The nurse case manager helped to coordinate and recommend to his family the companies that offer transportation services and therapy. Mr. Jefferson required transportation to his outpatient physical and occupational therapy, also to his follow up appointments with his doctor at the University of Maryland Medical Center Trauma Unit.

The Result:

Mr. Jefferson may need future surgery but he had a positive medical experience and he is aware of all the resource available to him to help manage his situation. He was able to return to work less than a year from the date of the injury.

*Name has been changed to ensure confidentiality

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WE'RE ON THE WEB!

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Chesapeake Disability Management, Inc. offers a unique approach to complex catastrophic and disease case management. We have designed our services to empower individuals to succeed in their own rehabilitation and proactively reclaim their lives. We believe that our focus on maximizing the individual's role in functioning more independently—at home, in the community, and at work or school—can significantly reduce the emotional, economic, societal and legal costs for all parties involved throughout the treatment.

Specialized Catastrophic Injury and Disease Management Team:

Carole Stolte-Upman, a registered nurse with a Master's Degree in Rehabilitation Counseling, founded CDM in 1991. She has first-hand experience with the most complex, chronic and catastrophic cases, and has carefully selected a team of credentialed case management nurses, all with hands-on experience with catastrophic injury and disease management. They understand the importance of immediate treatment planning and rehabilitation activities to assist the individual in returning to a productive life. They also know that the careful management of this process will reduce emotional, economic, societal and legal costs, and they work hard to make this a reality for every stakeholder involved throughout the case process, while ensuring the best possible outcomes.

Sudoku

	4	2		1	5		9	
8		5			9			
				7				5
		9				2		
2	8						5	1
		7				4		
3			1					
			7			6		8
	6		5	2		3	7	

3		7		9	8	6		
	2							
8	4		1	2				7
		1	5					4
	7							3
4					1	2		
6				7	5		1	3
							6	
			5	6	3		7	

Please email amills@chesapeakedisability.com or look in the April/May/June issue of Claims Companion for the solutions to the puzzles.

This Newsletter is published by Chesapeake Disability Management, Inc. as a service to its clients and friends. It is not intended as a substitute for professional advice and we suggest that it be used in conjunction with professional consultation. Please send all comments and questions to amills@chesapeakedisability.com.