

CAMEOS

Collaborative case management to aid return to work after long-term sickness absence



A Practitioners Guide

Karina Lovell

Introduction to the CAMEOS study

Firstly I would like to thank you so much for agreeing to deliver this intervention. Your help is invaluable in the delivery of this study. Much of what is covered in this practitioners guide is provided in the training. However, this manual is for your reference throughout the study.

How to use the Practitioner Guide

This guide is for you to use in delivering the CAMEOS intervention (Collaborative case management to aid return to work after long-term sickness absence).

The Practitioner Guide is divided into the following sections:

Section 1 – What is the CAMEOS Study?

Section 2 – Delivering the intervention

Session 1

Session 2

Sessions 3-5

Session 6

Follow-up sessions

Section 3 – Supervision and monitoring

If there is anything you do not understand or if you want to know more about the study please contact us either by telephone or email

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Section I

What is the CAMEOS Study?

This research seeks to develop a simple, low cost intervention which has the potential to be an effective and cost effective intervention among employees on long term sick absence, improving their well-being and encouraging return to work. Collaborative case management draws on current best practice in the management of a range of long-term conditions (such as depression and back pain) and has been proven effective in a number of randomised trials in a range of contexts and patient populations.

As collaborative case management in an occupational health context is a new and developing approach, we propose an initial 2 phase study:

In Phase 1 (development) we will work with stakeholders representing employees and employers to adapt the intervention to the UK context and to maximise acceptability and effectiveness.

In Phase 2 (internal pilot), we will assess intervention delivery and trial recruitment within a pilot randomized controlled trial. The collaborative case management intervention will be delivered in occupational health settings in a range of organisations. The intervention will be delivered by staff in existing employee assistance programs, who will be retrained to deliver the protocol with appropriate support and supervision.

Section 2: Delivering the intervention

What is the intervention?

1. A collaborative care approach will be used comprising of a client centred approach including partnership working, proactive follow-up with integrated communication and care between the case manager, client, GP and employer. The intervention will be client defined and goal orientated to improve mental and physical health outcomes and to aid return to work. Within this framework each client will be offered a client centred assessment followed by a choice of intervention(s) including psychological intervention, signposting or workplace facilitation.
2. Psychological interventions will be based on brief CBT interventions including behavioural activation and cognitive restructuring. Workplace facilitation involves negotiating with the employer about workplace adjustments to assist the employee returning to work. Signposting involves providing information/encouraging them to contact local/national agencies (e.g. debt advice, domestic violence services, self-help groups, health or social care services etc).
3. The case manager will receive regular supervision from specialist mental health workers.
4. The intervention will be offered over a 12 week period with up to 6 sessions/appointments (face-to-face, telephone or email) and follow-up sessions at weeks 16 and 24.

Session I

(Client/client centred assessment, developing a shared problem statement, client centred goals and an individualised action plan)

Session I overview:

Introduction to the session.

Initiate client/client centred interview ABC, impact, other relevant information and risk. Develop problem statement and goals.

Main problem statement and goal setting.

Developing a shared action plan.

Feedback on session – final questions – next appointment (face-to-face or telephone).

Session I will be between 45-60 minutes and may be face-to-face or over the telephone depending on client preference.

When conducting a client centred assessment, you should try to conduct the sessions in a relaxed and conversational manner in order to develop a good rapport with the patient. Throughout you should remember the importance of listening attentively to what the client is saying and adopt a **collaborative approach** to the delivery of the intervention i.e. working *with* the patient, ensuring that they are involved at all times in decision-making. Key interviewing skills in engaging patients include rapport building, flexibility, summarising, facilitation and managing emotion (empathy, factually accurate reassurance, etc). It is important that client expectations are explored (i.e. “what are you hoping to get out of today’s session?”) as this ensures that you have a shared view of the purpose of the session.

We all find it difficult to make changes, it requires significant effort and such efforts need to be acknowledged. More importantly sustaining change is even more difficult. Rather than making suggestions to the patient– it is important to pose questions which help the client make their own choices i.e. “what would help you?” “How can I best help you?” Enhancing change is more than just trying to motivate people; many people are motivated but are faced with barriers that make change difficult. Discussing such barriers (physical, financial, social, time, psychological) is central to enhancing change. Collaborative problem solving and drawing solutions from patients past experience, effective question usage, responsiveness, positive regard and trust are skills which aim to foster change. Being responsive to client needs is paramount – encourage the clients to let you know if they are tiring or want to stop and have a break.

Introduction to the session

Introduce self, role (i.e. “I am a case manager and my role is to work in partnership with you”). Confirm the patient’s full name; identify the purpose of the interview, and approximate duration of the interview. Confidentiality should be explained.

Initiate client centred assessment: 4 W’s, ABC, impact, other areas, and risk.

Introduce the assessment with an opening statement – e.g. “From the referral letter I understand that you are feeling stressed and are off work. Is this your understanding? What would be helpful now is for me to understand more about you, how you are feeling, and particularly the impact that this problem is having on your life now”.

Below is a structure which you may want to follow:

- Ask the client what they see as their main difficulty at the moment. Use the 4 Ws to elicit this information (what, where, when with whom).
- Elicit the ABC: physical symptoms (A) what they do (B) and what they think (C) - about both depression/anxiety (such thoughts may be centred on fear, loss of role, etc.). If a key problem is comorbid condition(s) i.e. long term condition such as diabetes, coronary heart disease or musculoskeletal problems - it is useful to ask as to whether they think there are any links between their health condition and low mood/anxiety.
- Impact - How is their difficulty(ies) impacting on their life- what specific areas i.e. home, self-care, socialising, hobbies etc. ask specifically about home, social, private leisure, work and relationships? (Focus particularly on employment issues). Ask about any recent changes to their personal circumstances (e.g. bereavements, housing move). Ask about support networks and confidants (do they live alone, have close friends, etc.).
- Triggers (current) are there any specific factors that trigger symptoms/feelings.
- Modifying factors (Is there anything that makes the problem better or worse?).
- Onset and course.
- Past/current treatment.
- Elicit expectations - Explore participant's expectations of the intervention. For example "Tell me why you came today (agreed to see me)?" (This may be because they want to make changes or that they want help managing their low mood/anxiety– whatever the reason(s) this is a good lead in question to assess individuals own motivation and expectations of what they are seeking from the intervention.

- Drugs (illicit, prescribed and over the counter) & alcohol.
- Ask specifically about anti-depressant medication (including name, dose, how long they have been taking it, effect – are they taking as prescribed – what are their views about medication).
- Life style – briefly ask about life style – exercise, diet, smoking, stress etc. – what exactly do they do in terms of life style?
- Risk (It is unlikely that you will be seeing people who are at risk of suicide but you should always ask):
 - **Intent** - Whether the individual has thoughts about self-harming/killing self/harming others.
 - **Plans** - Whether the individual has planned how they intend to carry out their intentions and whether they have access to the means to self-harm/harm others.
 - **Actions** - Whether the individual is *currently* engaged in actions that result in harm to the self or others and/or whether *past* actions that have resulted in harm to self/others.
 - **Prevention** - What factors might mitigate against the individual self-harming/or can actively be called upon to do so - e.g. social network, services, key relationships etc.

A key question to ask is “Is there anything that we have not covered in our discussion that is relevant to your difficulties”? i.e. “is there anything else that you would like to add”? Thank them for information that they have given so far.

Developing a shared problem statement

With the client, devise a shared problem statement of their current problems/difficulties. This should include the 'What', ABC, and impact.

For example:

"I feel like I am no good to anybody, I can't work and can't do the things I used to and this makes me feel depressed. I cry a lot and feel like a prisoner in my own home as I don't want people to see me like this. I avoid my friends and feel so isolated"

Write out the problem statement with the client and check that it is correct or whether they want to change anything of this.

Goal-setting

Ask the client about specific goals that they want to achieve. Goals should be:

- Client centred (i.e. developed by the client)
- focussed on change
- specific
- stated positively
- realistic and feasible
- set within a time scale

Examples of specific goals:

- To return to work in the next 8 weeks
- To socialise with my friends at least once a week
- To go to the local library once a week
- To spend more time having fun with my family (ie family activity once a week)
- To develop some new interests which will engage me for 2-3 hours per week

You may introduce goal-setting to the client in the following way:

“Setting goals and developing action plans is a way of helping people to achieve changes/ or managing issues in their lives. Goals are like targets to work towards and, with an action plan, are what you want to achieve over the next 3-4 months – this might be about changes in your thinking, coping better, doing more, learning to have more control over your pain – whatever will help you”.

Explain to the client that goals are things to *aim* for. Sometimes clients make very general goals such as “To feel better”. Try to work with them to be more specific i.e. “Could you tell me what feeling better means to you, what things would you be doing/or doing differently if you felt better?” Try to pick out 2-3 goals and write them on the sheet below and ask the client to rate them.

My Goals

Today's date.....

Goal number 1

.....
.....

I can do this now (circle a number):

0 1 2 3 4 5 6

Not at all

Occasionally

Often

Anytime

Goal number 2

.....
.....

I can do this now (circle a number):

0 1 2 3 4 5 6

Not at all

Occasionally

Often

Anytime

Goal number 3

.....
.....

I can do this now (circle a number):

0 1 2 3 4 5 6

Not at all

Occasionally

Often

Anytime

Explain that there are 3 specific interventions that can be provided and that they can use one or more – i.e. psychological interventions, workplace facilitation or sign posting. Encourage the client to take a copy of the ‘Recovery Book’ as although its main focus is psychological intervention there are examples embedded that provide information on workplace facilitation and signposting. Suggest reading the stories prior to the next session.

Ending

Thank the client for all the information that they have given you and provide a brief summary of the session. Ask the client for feedback on the session – i.e. was it helpful – anything that was unhelpful? Agree any actions that have arisen from the appointment (such as contacting GP etc) and reading the stories from the Recovery Book. Ask the client if they have any final questions and agree next appointment.

Notes:

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Session 2

Session 2 overview:

Review of the week – how have they been – any significant changes in mood/anxiety or other events?

Summarise previous session – including shared problem statement and goals.

Collaboratively select the most appropriate intervention (psychological intervention, signposting and or workplace facilitation).

Discuss in an understandable way how the intervention may work (for example use 3 systems to show links, or explain how workplace facilitation could work).

Identify barriers and facilitators to carrying out the first steps of the action plan.

Ending: Feedback on session – final questions – next appointment (face-to-face or telephone).

Review of the week – Welcome client, orientate to purpose and duration of session (30-40 minutes). General overview since your last appointment – check whether there have been any significant changes in mood/anxiety and/or any other significant events. Feedback on actions that have been completed (e.g. contact GP). State that the purpose of the session is to work in partnership to look at ways of translating goals into reality by devising an action plan.

Summarise previous session – briefly summarise session 1 including the shared problem statement and goals – check whether these are still correct or anything that the client wants to change.

Collaboratively develop an action plan

Develop an action plan – this is a plan on how the client can at their own pace work towards achieving their goals. Firstly it is important to establish with the participant how these goals will be implemented i.e. – an introduction to this could be something like the following:

“Thank you for all the information that you have given me so far and I think you have done an excellent job in terms of identifying clear goals with which you want to work with. What I want to do is to support and help you in achieving these goals, and what would be useful at this point is to look carefully how we can achieve and implement these goals. It is also useful to think even at this early stage how we can incorporate these changes to become part of your regular routine. Can we first look at the steps that both you and I need to do to implement your goal-identifying and working with these steps is called an action plan?”

It is also important to ask if there are any other barriers or facilitators (i.e. things that will help and things that would stop them) to implementing their action plan- most of these would have been covered in the development of the action plan but it is always helpful to ask.

Select the most appropriate intervention to implement the action plan

Ensure that the client is clear about the interventions on offer (i.e. psychological intervention, signposting, workplace facilitation). Discuss with client the self-help book, i.e. did they read it – were they able to identify with any of the ‘stories’ and or any of the interventions? Collaboratively select the most appropriate intervention(s).

For clients who select an intervention from the ‘recovery book’ then ensure that you emphasise that your role will be to support them to use the interventions in the book. If they select workplace facilitation explain how this will work and if they select signposting discuss which agencies or services are most appropriate.

The rest of the session should focus on planning and implementing the intervention selected. For example if BA selected ensure client understands rationale, the stages and discuss how to use baseline diary. If workplace facilitation discussion about what outcome they are seeking (i.e. staged return) what is their preference e.g. mornings only – 2 days for first 2 weeks- you may want to use problem solving to aid decision making. For signposting agree specifics – i.e. when, where and how?

Ending

Ensure that the client is clear on which steps are to be implemented before the next session. Provide diaries where appropriate to collect baseline data. Ask the client for feedback on the session and any final questions that they may have. Ask the client when they would like their next contact- i.e. 1 week or 2 weeks- and what mode of delivery they would prefer – i.e. face-to-face or telephone.

Notes:

Sessions 3-5

Session 3-5

Review of the week(s)– how have they been – any significant changes in mood/anxiety or other events?

Review progress on action plan and implementation steps.

Implement any in session actions.

Collaboratively plan next steps for implementation of action plan.

Ending: Feedback on session – final questions – next appointment (face-to-face or telephone).

Review of the week(s) – Welcome client, orientate to purpose and duration of session (30-40 minutes). General overview since your last appointment – check whether there have been any significant changes in mood/anxiety and/or any other significant events.

Review progress on action plans and implementation steps

Review Progress on action plan and next implementation steps. If baseline diaries are used then these should be used to plan implementation.

Review client's progress- what actions have been completed and which ones have not. Identify any barriers, 'stuck points' with the intervention and progress. Use the patient's own experience to work with them- i.e. "you must have experienced barriers in your life before- what has worked for you to overcome them?" Perceived or actual barriers are crucial to identify – use careful questioning in a conversational style to elicit and collaboratively problem solve.

Collaboratively plan next steps of the intervention, or new intervention

The main purpose of these sessions is to actually implement the action plan into routine life. There is a large amount of flexibility within these sessions to meet individuals' needs. To implement the plan may require a number of options and it is for you and the client to collaboratively decide how to do this and make best use of the time that you have. For example it may be helpful to complete some in-session work on working with unhelpful thoughts, motivational interviewing to make life style changes, working through BA diaries.

Continue to make specific links with the client regarding the intervention ABC (feelings, actions and thoughts). Make specific links with the client re. mood and health condition (where there is one).

Collaboratively plan the next steps of the intervention – for some people this may require changing the intervention if something is not working well – or using a different intervention to work on a specific goal.

Ending

Ensure the client is clear on which steps are to be implemented before the next session. Ask the client for feedback on the session and any final questions that they may have. Ask the client when they would like their next contact- i.e. 1 week or 2 weeks- and what mode of delivery they would prefer – i.e. face-to-face or telephone.

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Session 6

Session 6

Review of the week(s)– how have they been – any significant changes in mood/anxiety or other events?

Review overall progress

Discuss 'staying well'

Discuss next steps

Ending

Review of the week(s) – Welcome patient, orientate to purpose and duration of session (30-40 minutes). General overview since your last appointment – check whether there have been any significant changes in mood/anxiety and/or any other significant events.

Review progress since last session.

Review overall progress

Re-rate goals and discuss overall progress. What has been achieved- what has not been achieved? Have a focussed discussion on further plans, for example if the participant has incorporated change into life style- explore how this can be maintained, and identify barriers and facilitators to maintenance and strategies that the participant can put into place to help maintenance.

You should ask the client what aspects they think are important to monitor to help them stay well.

If the patient's mood/anxiety has not improved then discussion should be focussed on next steps such as a further medication review with GP (i.e. increase or change in antidepressants), it may include referral (in agreement with the client for referral to more intense mental health input from mental health services). The client should be offered the opportunity to ask any questions or any other issues relevant to the next steps.

Ending

Recap the session, particularly highlighting staying well and the agreed future management/next steps plan. Thank clients for their time.

Follow up sessions at weeks 16 and 24

Follow up sessions

Review

Review overall progress

Advise/support as appropriate

Ending

Review since last session 6 – Welcome client, orientate to purpose and duration of session (30 minutes). General overview since your last appointment – check whether there have been any significant changes in mood/anxiety and/or any other significant events. Review original problem statement and goals- how much have goals been achieved.

If goals achieved and back at work ensure no potential problems and check 'staying well' plan. If difficulties continue - identify any barriers, which are impeding progress and collaboratively problem solve and agree next steps (which may include further signposting).

Notes:

Section 3 – Supervision

Supervision

Case managers will receive clinical supervision on a fortnightly basis.

Supervision will be conducted individually via the telephone. Duration of fortnightly supervision will be approximately 30 minutes and will involve discussing the patients you are seeing. You will be expected to briefly present each new client– main problem statement and goals, current medication –health condition, impact, and risk issues.

Supervision will be provided by Professor Karina Lovell.

Monitoring

You will be keeping your own notes for the patients you are seeing as per your organisation requirements. We will ask you to keep a monitoring sheet for each client (see below). This information is very important to us as it will tell us on average how many sessions patients attended, the delivery mode in which they received follow-up (face-to-face or telephone) and what interventions the patients chose to work with.

Trial monitoring

Before you begin participation in this trial you will receive a full briefing or Site Initiation from the MAHSC Clinical Trials Unit (CTU). They will ensure that you understand the procedures you must follow and what you must do in case of adverse events. Please refer to the site file which you will have been provided with or contact the research team directly if you are unsure of what to do in any situation that arises.

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