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DM DIALOGUE EDITORIAL STATEMENT

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The leading publication of the International Association of Professionals in Disability Management (IAPDM), published by the Canadian Chapter at www.cspdm.ca

| New Global Professionals



The international portability of the Certified Disability Management Professional (CDMP) and Certified Return to Work Coordinator (CRTWC) professional designations is just one of the many advantages afforded those who earn certification. There are currently over 2,000 professionals located in 10 countries. The following are reports from various jurisdictions.

UNITED KINGDOM



Unum WorkMatters, the organization that supports the IDMSC professional certification examinations for those working in the field in the UK reports that during 2010, 34 candidates passed the international examination and achieved the professional designation of CDMP, and one individual passed the Certified Return to Work Coordinator examination.

The majority of the individuals who wrote the examinations in the UK worked for the National Health Service; while the balance worked for insurance companies, rehabilitation providers, and several were individual practitioners.

Individuals consisted of case managers, nurses, occupational therapists, and psychologists working in such settings as universities, occupational health teams, insurance companies, Job Centre Plus, and government initiatives.

The 2011 examination will be held in centers across the UK, depending upon demand, on May 24. Interest in the 2011 examinations has been received from a wide range of organizations covering the field of vocational rehabilitation, with more commitment from the National Health Service and several organizations that recognize the CDMP as a quality mark that stands them apart from their competitors as they bid for contracts.

See further background information in an article that follows these jurisdiction reports.



NEW ZEALAND



Twenty-one individuals in New Zealand passed the professional certification examinations in 2010. The examinations were held in May and November. Nine candidates gained the CDMP certification, with 12 gaining the CRTWC certification.

The new certificate holders come from a variety of backgrounds including physiotherapy, nursing, and injury and case management. Three-quarters work with government agencies, with the balance working either as providers or within larger industry. Three individuals in New Zealand hold both the CRTWC and the CDMP designations.

The new certificate holders are now able to join the ongoing professional development program, which is coordinated in conjunction with the Australian licence holder, Personal Injury Education Foundation (PIEF). Please see website: www.anzcertwc.org.

The 2011 IDMSC certification examinations are scheduled on May 31 and November 8. The Otago Polytechnic DMW website www.dmw.ac.nz has information for potential candidates, including venue information. Otago Polytechnic is contracted by the licence holder, the Accident Compensation Corporation (ACC), to administer the examinations and deliver the DMW modules online.



MALAYSIA



The Social Security Organization (SOSCO) of Kuala Lumpur, offered the CDMP international examination to the organization's case managers in 2010, and awarded the designations to 15 successful candidates.

Edmond Cheong, Administrative Officer, Medical and Rehabilitation Section of SOSCO, said, "The IDMSC standards in DM has helped the SOCSO case managers in their daily duties, especially in making smarter and 'calculated' decisions." He continued, "It has also given us the framework to improve our standard operating procedures. Besides that, other case workers (outside SOCSO) dealing with the disabled are also anticipating the examinations and curriculum in Malaysia as they, too, would like to challenge the examination, and also to increase their knowledge in managing disabilities through a scientific and systematic approach."



HONG KONG



Through a Memorandum of Understanding signed in early 2008 with the Occupational Safety and Health Council (OSHC) of Hong Kong, the international CDMP certification examination was offered in May 2008 in the region, the first in Asia to join the IDMSC. This arrangement was later formalized when a licence agreement with NIDMAR was signed during the International Forum on Disability Management in Berlin in September 2008.

Since then, OSHC Senior Consultant Winson Yeung advises there have been three annual examination sittings with the result that there are now 42 CDMPs in Hong Kong. OSHC will offer the certification examinations in Hong Kong on June 1, 2011.

For more, visit www.oshc.org.hk/eng/about_us/about_us.asp



GERMANY



During 2010, 153 individuals wrote the examinations, and 146 passed. Of the successful candidates, 80 work for companies, 66 work for service providers, 21 work for unions, 21 were disabled persons representatives, 14 work for the workers compensation board, nine were occupational physicians, nine were special service providers, four were worker representatives, and there were 68 "others."

The first 2011 examinations were held during March with 55 participants, and there will be another examination offering in September 2011.

CANADA



The CDMP and CRTWC examinations were held in several centres across Canada in 2010 and a total of 67 individuals from right across the country were successful in achieving the CDMP and CRTWC professional designations.

The individuals worked for employers such as health authorities, workers' compensation boards, private insurers, service providers, and employers. The background of the individuals was varied, e.g. occupational health nurses, human resources, case managers, occupational therapists, kinesiologists, health and safety, vocational rehabilitation, etc.

For details regarding Canada's 2011 examinations taking place on June 1, 2011, please visit www.nidmar.ca.

AUSTRALIA



The Personal Injury Education Foundation coordinated the 2010 International CDMP examination in Sydney and Melbourne on June 2, 2010. Twelve candidates successfully undertook the examination. Currently, there are 30 CDMP designation holders in Australia. This year PIEF plans to offer for the first time the Australian version of the CRTWC and CDMP exams on June 9, 2011 in both Sydney and Melbourne.

Education Manager Joan Holschier said of the designations, "The CDMP designation and its supporting study modules reflect the need to demonstrate a sound understanding of the many issues associated with managing return to work, be they related to physical or psychological health, workplace relations, insurance or measuring success of workplace programs."

On a personal note, she says, "I've been working in the injury management area for 20 years now and, although my background as an occupational therapist gave me a great

base, it's terrific to now have an internationally recognized certification, along with all the networking and professional development opportunities that go with it. Undertaking the CDMP has been a positive step in my career and I believe it sets a new standard for all professionals working in the workplace rehabilitation industry."

For further information, please refer to PIEF's website at: www.pief.com.au.

| News from Around the Globe

UNITED KINGDOM



Rehabilitation Development Manager Kathleen Houston issued an update from the Scottish Centre for Healthy Working Lives, reporting that the health and well-being of the working age population of Scotland is central to Scottish government policies. Dame Carol Black's report, *Working for a healthier tomorrow* (2008), estimates that £10 billion (\$16 billion USD) is lost to the British economy through ill health.

The Scottish government's response document, *Health Works* (2009), identifies 25 actions to be carried out by employers, unions, the public sector, and those in the business community. These actions should lead to enhancing the health status of the workforce. Several of these actions refer to education and the adoption of vocational rehabilitation standards to assist people in or towards work.

Health professionals and others have a critical contribution to make toward workplace vocational rehabilitation. Through 2008-2010, the Scottish Centre for Healthy Working Lives sponsored 15 individuals who achieved CDMP status, most of whom were associated with Working Health Service projects located in various parts of Scotland, including Tayside, Lothian, and Borders. Due to the success of the course and the continuing need to raise awareness of vocational rehabilitation among a wide range of health professionals and others in the public sector, there is an opportunity to continue sponsorship in 2011.

The Scottish Centre for Healthy Working Lives is currently working in partnership with UNUM and KMG Health Partners to deliver a full range of modules to health care professionals in Scotland to further enable the health and well-



being of the Scottish workforce. For more on the Scottish Centre for Healthy Working Lives, please visit the website at: www.healthyworkinglives.com.

ICELAND



Formed in 2008 with a goal to “systematically reduce the likelihood that workers will withdraw from the labour market due to permanent disability,” the Icelandic Vocational Rehabilitation Fund (VIRK) is unique in that it is founded by parties to the labour market, and funded by operating capital pledged through a tripartite agreement between union pension funds, employers, and the state. In Iceland, 80 percent of workplaces are unionized. All the principal public and private sector unions, public sector employers, and Confederation of Icelandic Employers participate in VIRK.

Currently, the Icelandic fund’s priorities are to manage, monitor, and support the vocational rehabilitation counsellors employed by Iceland’s trade unions’ “sick-pay” funds, and to assist individuals in need of vocational rehabilitation services. Priority is given to early intervention and vocational rehabilitation measures on a variety of fronts, encompassing everything from medical treatment, physical therapy, and psychological counselling to fitness and nutritional consulting. Services provided by VIRK are free to employees and accessible through their trade unions.

Like many other developed countries around the world, Iceland has experienced a steep increase in disability beneficiaries during the last decade. Addressing this trend, VIRK is making progress on its future vision for vocational rehabilitation in Iceland, with an emphasis on “the capacity to work, not the incapacity.” VIRK’s consultants also work with Vocational Rehabilitation Centres around Iceland that base their services on the European Commission’s Leonardo da Vinci pilot project “Social Return,” and embrace its ideology of empowerment and social inclusion.

The Social Return pilot focuses on “holistic and multidisciplinary rehabilitation...for people with specific needs and those with restricted employment capabilities or possibilities.” The pilot is particularly relevant to the northeastern areas of Iceland where isolation is a factor contributing to the 6.6 percent of the local population who are disabled or chronically ill; this compares with a figure of 5.6 percent for the rest of Iceland.

VIRK reports that since it was formed, more than 1,400 people have received assistance from vocational rehabilitation

counsellors attached to Iceland’s trade unions, with demand for services constantly rising. The organization is well-established to take the next step in its development through adoption of the NIDMAR curriculum.

During VIRK’s first year of operation, explains Managing Director Vigdis Jonsdottir, the organization put a lot of effort into informing important stakeholders about its work by publishing brochures and leaflets, speaking at meetings, and writing in newspapers and professional journals.

“We see changing norms and attitudes as a marathon and not as a short sprint. It takes time and we have only started. Our priority now is to change attitudes of the persons in need of our services, employers, health professionals, and the unions.” A major step along the way of achieving that goal is to ensure the quality of services delivered by VIRK’s vocational rehabilitation counsellors meet a high international standard.

To that end, VIRK made the decision to adopt the NIDMAR curriculum, because it was adaptable for use in Iceland and offered educational depth for vocational rehabilitation counsellors beyond their current role. “Although we have a tradition of vocational rehabilitation in Iceland, there has not been a lot of emphasis on return to work. The emphasis has been more on long-term educational interventions. We wanted to change that orientation and help our consultants develop a framework of work-related disability management,” Jonsdottir explains.

VIRK now has 23 vocational rehabilitation counsellors, with plans to educate them using the NIDMAR curriculum over the next three or four years. “We want them to be prepared for their complex roles in consultancy. We see the applicability of the curriculum for providers of vocational rehabilitation, as well as using selected modules to change attitudes amongst health professionals, employers, and others.”

So far, Jonsdottir advises the modules are being well received by the consultants, who are finding them “a lot of work,” but useful and relevant to their jobs. VIRK plans to offer the CDMP and CRTWC exams in the future, both for its own consultants and for employees at its cooperating partners, including those at the Vocational Rehabilitation Centres around the country.

For more about the Icelandic Vocational Rehabilitation Fund, please visit www.virk.is/page/english.



| DM Perspectives

INTRODUCING ABILITY MANAGEMENT: ATTENDANCE SUPPORT TO A CHANGE- WEARY WORKFORCE

Woodrow Wilson said, "If you want to make enemies, try to change something." That's quite a paradox when we consider that in today's workplace change is a constant factor.

It is daunting to keep up with current trends and best practices. In a world where change is constant, Wilson's quote may provide some insight into the toxicity in many of our work environments where the levels of stress-related illness and general health-related absences may very well be related to the rapid pace of change.

The constant to the change equation is that we have to deal with the effect of change with fewer financial resources. Employers are placing a greater demand on creating cost efficiencies while increasing output. Many organizations look to disability management and attendance management as an obvious way to recoup savings in overall operational costs.

But consider this: in an environment where your staff is "change weary," corporate change in policy that appears to have an effect on benefits may heighten employees' anxiety and increase toxicity in the environment or contribute to it where none previously existed. That could be the case, if the change is introduced without any thought as to how it would be received and if your staff is not invited to be part of the process.

Many organizations see "disability management" and "attendance management" as a quick fix for recouping budget dollars. I would like to suggest that organizations look instead at these as ways of keeping skilled people at work with accommodations, and providing resources to people who are ill to help them cope with their conditions and feel valued in the workplace. The end result is greater than simply an improved bottom line. With the right approach, most organizations should also see greater retention rates of skilled staff, increased loyalty, and employee satisfaction, as well as increased output. This slight shift in focus at a senior management level must be truly understood and genuine for any chance at buy-in from the front line.

Strong programs will provide financial gains; however, if you do not have any attendance support, ability management, health and safety or wellness systems in place, you must consider implementation strategies carefully. It has been my experience that the following strategies are extremely helpful in building positive outcomes that involve change.

1. Understand your motive/change your attitude. If you are looking at ways to improve staff attendance, health and safety, morale, and productivity, then designing support programming, along with improved communication processes, places you on the right track. The simple process of renaming "disability management" as "ability management" and "attendance management" to "attendance support" communicates a non-punitive approach that seeks to enhance and support employees. These steps communicate to staff that your organization values the employee. If your motive is simply to reduce costs, you may be faced with limited success. This may mean a corporate shift in motivation or reassessment of desired outcomes. You need to consider enhancing ability management and attendance support by also introducing enhanced health and safety and wellness programs in your workplace. At this planning stage, take a moment to evaluate your motivation and then build your business case accordingly to garner support at your senior management level.

2. Assess if this is the right time. Consider conducting a "change readiness survey." Determine if the senior levels of administration in your organization are truly on board and whether there will be appropriate time, staff and finances allotted to allow for the implementation of your programs.

3. Communicate your intentions. Help your staff to understand that you are attempting to improve the health and wellness of the entire organization from a physical, mental, and financial point of view. This must be communicated by your most senior management officials. Communicate progress updates on a regular basis to all staff. Celebrate your success publicly and learn from your setbacks.

4. Analyze your past performance. Consult with your benefit provider. Understand the implications of the associated costs. High usage of medications for anxiety-related disorders may correspond to the need to consider information sessions related to work/life balance, mental illness, coping with stress in the workplace, etc. Review your workers' compensation/occupational injuries and conduct major



risk assessments. Solicit support from safe work associations and labour ministries to build strong health and safety programs.

5. Embrace participation. Form committees involving both union and non-union staff to develop working guidelines for improving wellness, and frameworks for writing policy for ability management and support. Conduct an internal wellness survey. Where does your staff see room for improvement?

6. Determine how you will measure success. Design those assessments accordingly prior to starting your programs.

7. Consider implementation of attendance support and ability management programs as a pilot project. Involve strong players to help build awareness and success for your program. Share the results. Improve the program and roll it out within the entire organization.

So, while Woodrow Wilson perceived that change created enemies, perhaps we should embrace Charles Darwin's idea that it is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change, and then go about providing the tools to our staff to support that change. By providing strong ability management, attendance support, health and safety, and wellness strategies to your staff, everyone will be better equipped to embrace the challenges and demands of our evolving workplaces.

Licensed paralegal, Patricia Beltrame, CDMP, is a wellness and ability coordinator at the Sudbury Catholic District School Board (SCDSC) in Sudbury, Ontario, Canada.



EMPLOYMENT IDEAS FOR PEOPLE LIVING WITH AUTISM SPECTRUM DISORDER

Cathy Parmenter, CRTWC, completed a 91-hour certificate course at Okanagan College in Kelowna, BC, Canada on Autism Spectrum Disorder (ASD). This is her second short article inspired by the course.

A national survey of consumer attitudes towards companies that hire people with disabilities shows that 87 percent of consumers will return because the company has inclusive hiring practices. This is regardless of convenience and price.

Although this is good news, hiring someone with a disability can still be an unknown area for employers. There are agencies or consultants in a community that will provide in-services to staff on the etiquette of working with someone who has a disability. You can usually find them by doing an Internet search for "employment agencies for disabilities" or "hiring disability consultants" for your area. Often, there is a community resource guide for a particular community that would offer this information as well.

People with Autism Spectrum Disorder (ASD) represent an untapped resource of talent for employers. The rewards are loyal, long-term employees with an absentee rate well below average, a multitude of aptitudes and competencies, and a desire to work. They can offer specific qualities, such as a certain level of passion and meticulous attention to detail. They have the ability to work on their own and can attain focus on the task at hand for an extended period of time.

Transferrable skills for people with Autism Spectrum Disorder

Employment ideas for people who are visual thinkers—such as those with ASD—include computer programming, especially in industrial automation, software design, business computers, network systems, and computer troubleshooting and repair. Drafting may be another suitable employment area for those with ASD, because engineering drawings and computer-aided drafting are highly visual, requiring focus and attention to detail. Drafting is also an excellent portal of entry for other interesting technical jobs.



There are many jobs in industry, communications, business, and software design or computer programming that a person with ASD would be good at, particularly because of their excellent long-term memories and the ability to focus and visualise how a system works. In addition, other jobs ideal for people with ASD include:

- **Alphabetical filing in an office** – organizing client or patient files for billing, working as a file clerk, sorting and delivering mail, or sorting invoices for payment.
- **Basic word processing** – creating customer and mailing lists, data entry of accounting information, and issuing generic letters for customers.
- **On the telephone** – marketing an upcoming sale for stores, confirming appointments, conducting surveys, making reservations, and providing information for special events.
- **Stuffing envelopes** – preparing marketing kits, stuffing invoices, or compiling customer promotional packages.

If you are interested in increasing your ability to work with people with Autism Spectrum Disorder, Okanagan College campuses in Kelowna, Summerland and Penticton in British Columbia will be offering the Autism Spectrum Disorder Certificate courses starting in spring of 2011. These courses can offer excellent, useful information for anyone working in the field of disability management.

Remember to pay attention to someone's abilities—they are always there.

Cathy Parmenter, CRTWC, works for a private company as a program coordinator overseeing vocational and employment programs for people with disabilities or barriers to employment.

DISABILITY MANAGEMENT PROGRAM STRATEGIES

Paulette LaBrash, CRTWC, recently retired, found during her career that the following were vital to operating a successful Disability Management Program.

Privacy is key

To maintain the integrity of the program, it is essential that phone calls and interviews are made in a private setting. Incoming documentation via fax, courier or mail should not be accessible to anyone other than the disability management professional. Ensure that cabinets holding disability management files have a lock and key, and are secured when you are not present as sentinel. Security settings will ensure that others cannot gain access to your computer files, emails, and electronic data. Screensavers should be set to turn on one minute after inactivity to avoid drop-in visitors from viewing open windows on your monitor.

Formal policies and procedures are a must

Before developing a policy, educate senior executive officers, supervisors, and union representatives with regard to human rights legislation. Then when you are ready to establish a policy, obtain their input in order to create a collaborative spirit and more buy-in when the policy is distributed and implemented. The Disability Management Program must have senior executive approval to ensure it is in line with the strategic goals of the organization, and a written policy is your only assurance that senior executive officers will champion the program. Do not initiate a program on approval of one or two managers. Ensure all high level professionals have granted approval. Presenting a new policy to all stakeholders, in person before distribution, avoids misinterpretation or having it put on a shelf unread.

Supervisors will be forever grateful if you provide them with a handbook, which might include:

- Disability management best practices and benefits
- Human rights obligations
- Hiring protocols, and bona fide cognitive and physical requirements of the job
- Dealing with confidential medical information
- Procedural flow charts
- Forms (case management recording documents, medical certificates, etc.)



- How to match restrictions with job tasks for a safe and timely return to work
- Solutions to return to work barriers
- Steps to manage situational stress disorders
- Criteria for accessing sick leave benefits
- Procedures, if a workplace issue is the root cause of an absence
- Procedures, if the employee's personal situation is the reason for absence
- Dealing with performance issues versus mental health issues
- The significance of organizational structure and labour relations in maintaining good attendance, and early and sustainable return to work.

Disability management professionals require clear guidelines and consistent practices. To that end, here are some organizational questions to ask:

- At what point(s) do you contact the employee by phone?
- Are you prepared to advise an employee whether they will be paid while on medical leave? Do you understand what qualifies, e.g., is there a provision for situational stress disorders? What is the maximum number of days payable?
- When do you send the employee an introductory letter?
- When must medical information be received?
- Do you have resources that provide you with medical information and stress management tools?
- How do you include supervisors and unions?
- What are the criteria for requesting medical information? What action steps do you take if medical information is not received on time or is insufficient?
- Do you have professionals to consult with regard to complex cases?

It is essential to establish strong communications with your health and safety officers, union representatives, long-term disability (LTD) carriers, and the workers' compensation system. Collaborate, rather than work in isolation of each other. A written protocol helps to ensure that new staff will continue to follow established procedures. Consider teleconferencing with the LTD carriers, along with union representatives, two to four times per year to review cases. Maintain communication so that you are not surprised by an employee suddenly wanting to return to work because LTD or workers' compensation benefits are ending. Ensure that standard templates

are at your fingertips so that you are sending the desired letters or medical certificates quickly and easily.

Track, analyze, and report data

Spreadsheets and reports are tangible tools that greatly assist the disability management professional. Ensure that you receive absence reports to identify new disability management cases on a bi-weekly basis. Provide supervisors with monthly cost statements to inform them of the actual cost of injuries to their staff, as well as the cost of absenteeism.

Open and closed disability management cases should be tracked. A tracking sheet can be used for multiple purposes: caseload management; a checklist of what needs to be done when a case is open, pending or closed; data analysis (e.g., illness types by group); for sharing applicable parts of a spreadsheet with other departments (e.g., for pension contribution or life insurance waivers); and as a handy reference to determine the status of each case without opening the case file.

Evaluate program results

Program evaluation affords opportunities for improvement. Exit surveys for employees who have returned to work after participating in a Disability Management Program should answer questions such as: Do employees consider the program to be intrusive? Were the return to work plans considered successful? Were supervisors and co-workers cooperative?

You can also glean insight from the general reaction of supervisors and union representatives. Measurable outcomes from statistical reports can determine whether there has been a decrease in the average of long-term absences and, as a result, a reduction in replacement costs. Advise supervisors of the financial benefits of early and safe return to work based on your objective findings.

If your organization is missing essential "tools of the trade," plan to implement them as soon as possible. We saw a huge difference when our organization did.

Paulette LaBrash, CRTWC, recently retired from her position as Human Resources Administrator-Rehabilitation for the Near North District School Board in North Bay, Ontario, Canada.



From the Training Modules

COGNITIVE JOB DEMANDS

Almost all job demands analyses completed today will include the cognitive demands of the various job tasks. Cognitive job demands include intellectual and psychological requirements for job activities such as preparing reports, budgeting, supervising, selling, controlling quality, dealing with customer complaints, and meeting deadlines.

Information about cognitive job demands is obviously essential when an employee is dealing with a mental health condition, but they can also be important when workers with physical impairments return to work. As an example, an employee returning with a physical impairment may experience fatigue and a decreased ability to concentrate, or anxiety arising from stressors ranging from concerns about their financial situation to worries about their ability to be productive. In addition to their use in return to work, cognitive job demands are used in developing training and in recruiting.

The questions used as part of the cognitive job analysis might be directed at areas such as the degree of supervision required or exercised, exposure to distracting stimuli or emotionally charged situations, or required literacy and computer skills. The job demands analysis may consider the degree and type of interpersonal activity involved in a job task, the amount of support available, the importance of communications skills, requirements for problem solving or the source of any workplace stress (e.g., a job such as fire-fighting is stressful in itself, but other jobs may be stressful because of changing workflows and deadlines).

For example, one category might be the requirement for reading literacy with a scale and rankings such as:

1. No reading is required to carry out job tasks.
2. Minimal reading ability is required in order to recognize single words, short phrases or names.
3. Moderate reading ability is required, including the ability to follow written instructions.
4. A high degree of reading literacy is required to read reports, manuals or other documents with a high degree of comprehension.

Another cognitive category might involve dealing with confrontational customers, clients or the general public with rankings such as:

1. Job tasks do not require communication with customers or clients who may be confrontational.
2. The job requires occasional (on average less than once a week) exposure to customers or clients who may be dissatisfied and angry, and a supervisor is always available to provide support in these situations.
3. The job requires occasional (on average less than once a week) exposure to customers or clients who may be dissatisfied and angry, but support is not always available and basic skills in dealing with confrontation are needed, as workers are sometimes required to communicate to the clients that their needs are important to the organization and that there is a commitment to solving any problems.
4. The job requires frequent (on average once a week or more) exposure to customers or clients who may be dissatisfied and angry, and conflict resolution skills are required in order to identify the interests of the customers and find a solution that meets their needs.

Another approach to cognitive job demands analysis is to list categories and use a scale to estimate the importance of the ability (for example, problem analysis or oral expression or working cooperatively might be involved in 50 percent of job activities).

The information from a job demands analysis is compared with a returning employee's functional abilities—what they are and are not able to do as a result of a temporary or permanent impairment—and this information is used in creating accommodations. Someone working in a customer service role, who is experiencing depression and stress as a result of a marital separation and divorce, may find it difficult to deal with customer complaints but might be able to return to work in a temporary job where this is not required. A worker with fibromyalgia will have limitations relating to their level of energy and may need a shorter workday and frequent breaks for a period of time. While people who have been diagnosed with a major depressive disorder may experience cognitive limitations in their ability to concentrate or



remember as easily as they previously did, the same may be true for an individual who is returning to work after a major operation.

Occasionally when someone has incurred an injury that means they cannot continue with a job that has relatively heavy physical demands, an employer will simply move that person to an office job without analyzing whether that is appropriate. It's not unusual to hear about someone who, following an accident has been transferred to a desk job requiring the use of computer data, has not been successful in this new job, and has been left feeling emotionally bruised. Sometimes the reason for this is inadequate training. However, in some cases, people are transferred to jobs where they do not have the aptitude or interest, with the result that accommodation in this other job is not successful.

In some cases, matching cognitive job demands to limitations and restrictions may be simple. In other cases, the assistance of treatment providers who can assess work capacity may be essential. Frequently, the individual assisting with the return to work will not know the diagnosis and may be provided only with limitations and restrictions. However, even in situations where the employee has described their situation, the correct accommodation may not be obvious. For example, it may not be clear without consulting the treatment provider as to whether someone returning to a job after time away from work due to depression would benefit from the flexibility to come into work when they choose, and to set their own deadlines, or if they would be better off in a very structured job situation in which the requirements for timelines were absolutely clear.

When developing a job demands analysis form, organizations may choose to develop one that includes both physical and cognitive demands, and can be used for all jobs, or they may have a form that can be adapted depending on whether the majority of tasks in jobs are cognitive or physical in nature or they may decide to have two forms.

Adapted from NIDMAR Modules E and F.

For editorial enquiries, please contact Kathy Eccles at keccles@shaw.ca.

EARN PROFESSIONAL CREDITS

As a CDMP or CRTWC, you can earn CEC hours by writing articles for *Disability Management Dialogue*. One article of between 300 and 750 words equates to 3.5 CEC hours. Articles over 750 words are afforded five CEC hours. *DM Dialogue* is seeking articles from members, on the following topics:

- successful DM case studies
- program profiles
- best practices
- leading edge research
- program evaluation studies/results
- DM tips and ideas that work
- successful accommodations
- working with assistive devices

Further to the above, we are also looking for ideas on what kind of content you, as a professional, would like to see in *Disability Management Dialogue*, since the newsletter is intended to be "by members, for members." Ideas are welcome. Contact: kathy@nidmar.ca or keccles@shaw.ca.

And, don't forget IFDM 2012 in London, UK taking place September 10-12, 2012. CEC credit hours will provided to CDMPs and CRTWCs who attend. Please keep up to date with information from the website: <http://ifdm2012.rsm.ac.uk/index.html>.

