

The Mental Side of Recovery

Addressing Hidden Barriers to Drive Faster,
Sustainable Return-to-Work Outcomes

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Improving outcomes. Changing lives.

Why We're Here

Recovery is rarely just physical.
Claims stall when the mental side is overlooked.



Recognize

Identify psychosocial and behavioral signals
before they compound



Respond

Communication approaches that build trust
and surface real barriers



Manage

Coordinate whole-person care as a claim
strategy — not a clinical intervention

Session Objectives

1

Identify psychosocial and behavioral barriers to recovery before they compound in the claim

2

Apply communication strategies that build trust and surface what the file doesn't show

3

Coordinate whole-person care as a claim management approach, not a clinical one

4

Leave with practical tools you can use starting with your next claim

The Invisible Barriers



Fear

Of pain, re-injury, the unknown —
paralyzes engagement with recovery



Mistrust

Of the system, the employer, or the
treating team



Trauma

Pre-existing or injury-related — shapes
every interaction



Burnout

Exhaustion that predated the injury —
now compounded by it



Workplace Conflict

Coworker tension, supervisor issues,
hostile work environment



Feeling Unheard

A top driver of disengagement, non-
compliance, and litigation

Left unaddressed, each of these extends claims and increases costs.

What the Data Tells Us

40%+

of lost-time claimants have at least one psychosocial barrier to recovery

Travelers Insurance

2.5×

higher claim costs when a mental health condition is present in the claim

NCCI

75%

higher costs when behavioral health co-occurs with a chronic condition

Healthsystems

59%

of U.S. workers reported moderate-to-severe burnout — on par with COVID peak

Aflac WorkForces Report

What Doesn't Show on the MRI

Without active, intentional communication,
these barriers compound quietly
until they're driving the claim.

- The clinical picture is never the complete picture
- Barriers unnamed at week 2 become lawsuits at month 6
- Identification is the first step — and the window is shorter than most people think

What "Early" Actually Means

1

The Window

2–6 weeks post-injury

ODG's yellow flags framework and WCRI research both identify this as the critical window for psychosocial risk screening. Intervention here is preventive. After it closes, it's reactive



2

What Changes After

After this window closes, you're working against established patterns instead of preventing them.



3

The Cost of Missing It

Longer duration. Psychiatric comorbidities. Higher utilization. Attorney involvement. Delayed RTW — or none.

Red Flags You Can Spot from the File



Missed or Rescheduled Appointments

A pattern — not a one-off. Missing PT or follow-ups, diagnostic testing, or SMOs.



Catastrophic Language in Reports

"I'll never work again." Pain language that escalates despite stable clinical findings.



Inconsistent Reporting Across Providers

Varying pain levels, conflicting histories. Often anxiety or confusion, not dishonesty.



Avoidance Patterns

Delayed RTW discussions, refusal of modified duty, disengagement from the care team.



Escalating Conflict Tone

Communications shifting adversarial early in the claim. Attorney activity before patterns are established.

The NCM's Screening Approach

TWO PARALLEL QUESTIONS

Medical Barriers

What does the clinical picture say about recovery? Pain levels, functional limits, treatment compliance, healing trajectory.

Functional Barriers

What is this person's experience of this injury? Fear, expectations, life context, relationship with the system — everything that shapes how they engage with recovery.

PERCEPTION IS REALITY

How an injured worker feels about their injury, their care, and their future shapes every decision they make.

Injured workers who feel heard tend to behave differently and the claim will reflect it.

This is the throughline of everything we cover today.

What You Can Do at First Contact

OPENS THE DOOR

- "I want to make sure you have what you need."
- "What's your biggest concern right now?"
- Acknowledge the disruption — not just the injury
- Ask about life context, not just clinical status
- Confirm next steps clearly and **follow through**

SHUTS IT DOWN

- Leading with requirements, deadlines, or consequences
- Tone that implies surveillance rather than support
- Asking for information before establishing any rapport
- Skipping the human part and going straight to paperwork
- Saying you'll follow up and not following up

Why Injured Workers Don't Tell the Whole Story



Fear of Disbelief

"They won't believe me." Near-universal, especially for injuries without objective findings.



Fear of Job Loss or Retaliation

Real or perceived — the belief that full disclosure risks their job or their claim.



Prior Bad System Experiences

A previous claim that went poorly. Trust doesn't start at zero — it often starts below it.



Mental Health Stigma

"If I say I'm struggling, they'll use it against me." Pronounced in safety-sensitive positions and manual labor industries.



Cultural and Language Barriers

Pain, disability, and authority vary across cultures. A language barrier compounds all the above — as does workers' comp jargon and medical terminology.

"I'm fine."

Rarely the whole picture.

What the file shows and what's actually happening are often two different stories.

The gap between "I'm fine" and reality is where claims live longer than they should.

Communication That Reduces Defensiveness

CREATES SAFETY

- Name the person's concern before your own agenda
- Use plain language — not system vocabulary or medical jargon
- Explain what you're doing and why
- "You're not in trouble — I want to make sure you have the right support."
- Confirm understanding before moving on

INCREASES DEFENSIVENESS

- Leading with requirements, deadlines, or consequences
- Jargon that signals "I'm evaluating you"
- Questions that feel like interrogation
- Minimizing or dismissing what was shared
- Inconsistency — saying one thing and doing another

Trust as a Claim Management Tool



Information Surfaces Earlier

When an injured worker trusts the relationship, they disclose barriers before those barriers become claim drivers. You find out in week 3, not month 6.



Earlier Disclosure = Shorter Duration

Barriers identified and addressed at 2–6 weeks have a measurably different trajectory than barriers identified after patterns are entrenched.



Trust Reduces Conflict

The adversarial dynamic — attorney involvement, disputes, disengagement — is almost always downstream of a trust failure early in the claim. Repair is possible but expensive.

The Stuff That Doesn't Make It Into the File

THE CASHIER SCENARIO

Shoulder surgery. Released to return to work — no use of left arm.

Single mom. Nine-month-old at home.

RTW at work looks fine on paper.

RTW at home means she cannot care for her infant.

That detail is not in the file.

It doesn't surface unless someone asks.

RTW at work
≠
RTW at home

Whole-person coordination starts with asking what's actually going on.

Looking Beyond the Injury



Sleep Disruption

Pain, anxiety, and medication side effects disrupt sleep — slowing healing and worsening mood



Financial Stress

Wage loss, medical bills, household instability — documented drivers of prolonged recovery



Home Situation

Family demands, dependent care, housing instability — life doesn't pause for a claim



Fear of Re injury

One of the strongest predictors of avoidance behavior and delayed RTW



Employer Relationship

How the IW feels about returning to that job, that manager, that environment



Workplace Drama

Coworker conflict, supervisor issues, hostile work environment — often the real reason RTW stalls

Who Else Is at the Table



Nurse Case Management

Coordinates care, identifies barriers, navigates resources, and keeps the treating team aligned. First call when a claim is showing red flags or stalling.



Employer Assistance Programs or EAP

Can address behavioral and personal crises without entering the claim record. Availability is employer-specific — know which policyholders have this in place.



Peer Support

For adjusters: ask for help when a claim is stalling. A trusted coworker or supervisor who has managed similar claims is one of the most underused resources in the room.



Vocational Rehab

When RTW to the original job isn't realistic — vocational specialists evaluate transferable skills and alternative placement options.

Early intervention is key!

How Adjusters Support Coordination



Authorize Promptly

Delays signal that recovery isn't a priority. Use desk authority where appropriate and available. Tacit approval provisions for PT and physician evaluation appointments take effect in 2029 — building good habits now puts you ahead of the curve.



Stay in Contact with the Treating Physician

Follow up on medical reports. Review restrictions before RTW. Don't let the file go quiet — consistent adjuster contact keeps the claim moving and flags problems before they compound.



Don't Undermine the Care Relationship

Avoid contradicting the treatment plan directly with the IW. If there's a clinical concern, route it through the right channels.



Earlier Is Better

Early referral changes the trajectory. Late referral manages the consequences.

Whole Case Scenario

The cashier scenario — through all three talking points

1

Early Flag

- File review at week 2: single mom, missed PT, catastrophic language in initial notes
- NCM initiates trust-building contact immediately
- No waiting to see if it resolves on its own



2

Trust-Building Conversation

- "Tell me what your day actually looks like right now."
- Home situation surfaces: 9-month-old, no childcare, can't lift with one arm
- IW admits she'd been hiding the barrier — afraid to say anything that might affect her benefits



3

Coordination → RTW

- NCM arranges a PCA for evening ADL support — the real barrier to RTW, resolved
- Employer receives realistic RTW timeline and modified work plan
- Claim closes 6 weeks ahead of projected duration

Your Takeaway Checklist

On your next claim:

1

Review the file for red flags at 2–6 weeks — not when problems are obvious

2

At first contact, lead with the IW's concerns before your requirements

3

Ask at least one question about life outside the clinical picture

4

If barriers are identified, refer early — don't wait to see if it resolves

5

Authorize consistently — delays send a message

6

When the IW says "I'm fine" and the file doesn't match — ask a follow-up

Questions?

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RESOURCES

- WCRI — Workers Compensation Research Institute: wcrinet.org
- NCCI — National Council on Compensation Insurance: ncci.com
- Healthsystems Pharmacy & Ancillary Benefit Management: healthsystems.com
- CDC / MMWR — Health Worker Burnout Report: cdc.gov/mmwr
- Aflac WorkForces Report: aflac.com/workforces-report
- ODG by MCG Health — Yellow Flags Framework; evidence-based return-to-work and treatment guidelines for workers' compensation. odgbymcg.com
- Travelers Insurance — Injury Impact Report: Claim Insights on Psychosocial Factors. travelers.com/workers-compensation
- Liberty Mutual Insurance — Nurse Case Manager Impact on Claim Outcomes. libertymutualgroup.com

