

# FIRST SOURCE

News from First Rehabilitation Resources, Inc.

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FIRST REHABILITATION RESOURCES, INC.  
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## CULTURALLY COMPETENT CASE MANAGEMENT

As the diversity of our clientele continues to change and develop, we at FRR recognize the critical need to provide case management services that are culturally-sensitive.

Both Montgomery County and Prince George's County, Maryland are majority-minority, meaning more than 50% of residents self-report as something other than non-Hispanic White. About 32% of Montgomery County residents are foreign-born immigrants and nearly 40% speak a language other than English at home. In Prince George's County, more than 20% of residents are foreign-born immigrants, and 21% speak a language other than English at home. Each person in a culture has his or her own unique set of health beliefs and practices that can vary by age, gender, religious beliefs, and socioeconomic status. As Case Managers, Claims Professionals and Attorneys, we must also be more knowledgeable about the Clients we serve, and more sensitive and responsive to their particular needs.

Taking an Injured Worker's cultural beliefs and values into account can result in:

- Better communication and understanding of a person's cultural background, health beliefs, and values
- Better care that is in keeping with their cultural beliefs
- Better adherence to recommended treatments and overall rehabilitation
- Better trust of health care and social service workers, and higher satisfaction with treatment and rehabilitation
- Better health and rehabilitation outcomes

First Rehabilitation Resources, Inc. is committed to providing annual training to equip our Team with the necessary tools to provide care for our diverse community, in a culturally competent way.



# HELPING WORKERS PROCESS TRAUMATIC WORKPLACE EVENTS

Excerpts taken from 'Mental Health Support Could Cut Claims: Psychological services in the aftermath of a distressing event could prevent workers' comp claims for post-event trauma' By Katie Siegel, *Risk & Insurance Magazine*, June 6, 2016

The mention of 'post-traumatic stress disorder' conjures the experiences of soldiers, first responders and others that encounter extreme danger and strife, and suffer lingering psychological effects.

Employers in every field should be aware of the potential for mental health issues in the workplace, after a traumatic event; and not necessarily a three-alarm fire or a shooting.

'Unexpected employee death, armed robberies, downsizing, industrial accidents ... these are all workplace incidents that can cause mental stress,' said Jeff Gorter, R3 Continuum, which provides workplace crisis readiness and response services.

Studies show that employees who don't receive help after a jarring workplace incident are more likely to develop hypertension, coronary heart disease and metabolic syndrome, according to an article published by the American Psychological Association, 'Work-Related Trauma, PTSD, and Workers' Compensation Legislation: Implications for Practice and Policy.'

This article states that those conditions could lead to 'significant increases in direct medical costs and indirect costs such as absenteeism, on-the-job injuries, and short- and long-term disability.

The Substance Abuse and Mental Health Services Administration estimated that it costs employers 25 to 200 percent of an employee's salary to train and replace a worker. As such, there are substantial costs to employers of untreated work-related mental health injuries,' the article read.

At FRR, we offer Trauma Response services in individual and group settings. Our results are astounding: on average, cases are open less than 90 days and 88% of Participants successfully return to work (81% to full-duty) prior to case closure.

Individually, Systematic Desensitization/Exposure Therapy assists in effectively transitioning an individual who has been involved in a traumatic event (accident involving severe injury or death, incident involving a weapon, etc.) back to the workplace and ultimately work. Objectives of Systematic Desensitization include:

- Emphasis on control of responses (anxiety, fear, phobia, avoidance, panic and/or even PTSD) via teaching of relaxation skills, imagery, cognitive rehearsal of anxiety-provoking in general situations, and followed by the same relative to specific situations
- Amplifies the possibility of success in returning to work
- Improves the outcome of medical and vocational rehabilitation, and return to work efforts

In a group setting, Crisis Intervention provides immediate response, via a group Meeting, to the occurrence of extreme or potentially extreme distress ... temporary, active and supportive. It is designed to mitigate the impact of exposure to a crisis/trauma and enhance coping abilities, by targeting the response not the event. Objectives of Crisis Intervention include:

- Normalize the crisis experience and thereby reducing the likelihood of longer term stress and even PTSD
- Increase recovery and return to normal activities
- Reduce or eliminate lost time



Trauma Response Services assist employers in any industry retain workers and reduce workers' compensation costs after, an unsettling event, by providing crucial mental health support to workers.

For questions regarding our Trauma Response Services, please contact Samantha Kieley, Vice-President of Operations/Director of Vocational Case Management at 301.980.9392 or skieley@1strehab.com.

# EMPLOYEE SPOTLIGHT:

## APRIL SHIFFLETT

### MARKETING ASSOCIATE

We all recognize her warm, enthusiastic and helpful voice over the telephone! Are you finally ready to meet her in person?

Please join us in congratulating April, as she takes on additional professional responsibilities, and expands her role as Marketing Associate on the Business Development Team!

This new role was such a natural transition for April, having been so intimately involved with your referrals, ensuring expedient case assignments, communicating special needs/requests and organizing all. She now has a much more in-depth role in growing our business and providing wonderful customer service.

With so many of our Clients always asking 'when do I get to meet this fabulous April?' and knowing her bubbly and resourceful personality, we realized it was high-time for channeling this energy across a broader spectrum here at FRR.

Please rest assured when calling FRR, there will ALWAYS be a friendly and helpful voice to greet and assist you.

Come and make an in-person introduction to April at the MWCEA conference next week. She's looking forward to connecting your happy voice with your smiling face!



# PAIN MANAGEMENT SERVICES

Did you know that Nurse Case Manager, Bonnie Painter, RN, CCM, is now Registered Nurse-Board Certified (RN-BC) in Pain Management Nursing? Bonnie is the first member of our staff to have pursued this credential.

As the Medical Management of Chronic Pain continues to be a hot topic in our industry, FRR currently offers a variety of resources to review and manage files involving chronic, high level opioid usage. FRR reviews cases for Medication Reconciliation, communicates with all case involved parties (claims adjusters, attorneys, Treating Physicians) to discuss current treatment regimes, coordinates Independent Medical Examinations to determine ongoing needs, and develops a treatment plan. Use of the standardized morphine equivalent calculator (developed by the Washington State Agency Medical Directors' Group), in conjunction with the Interagency Guidelines (developed for opioid dosing for Chronic Non-cancer Pain), assist in determining a measurable daily dosage, particularly when multiple medications are in play.

In August 2016, we held a Baltimore *Lunch & Learn: 'The Nature of Pain and Current Pain Management Standards.'* An attendee said it was 'one of the most informative sessions I have ever been to.' The next session will take place on Thursday, October 13th in Rockville, MD. Keep an eye out for more details coming soon to your email!

For questions regarding our Pain Management services, please contact Sandy John, Senior Medical Supervisor/Senior Clinical Staff Member at [sjohn@1strehab.com](mailto:sjohn@1strehab.com) or 410.272.4274.



FRR's 3rd Quarter Health Challenge

July: 64 ounces of water each day.

August: two fruit and three vegetables servings per day.

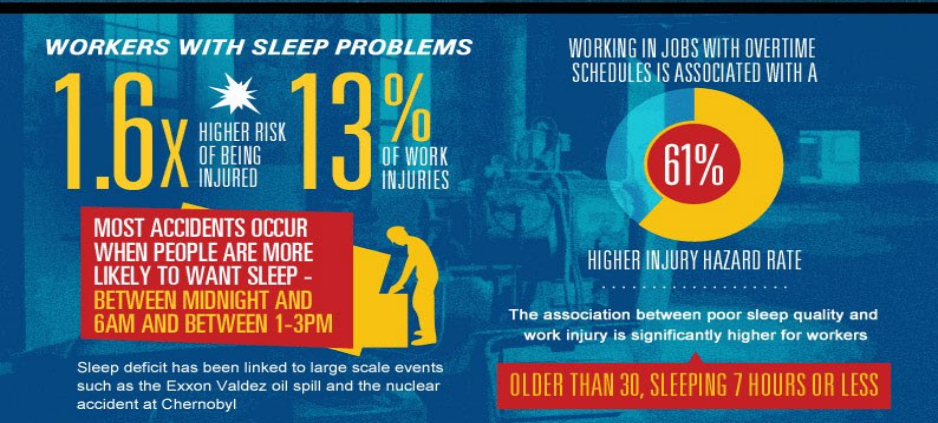
September: 2,000 steps per day.

Try one or more of these challenges and take that first step toward a healthier you. Stay tuned for our 4th Quarter Challenges!

# POOR SLEEPING AND THE CONNECTION TO WORKPLACE INJURY

Workplace accidents happen. Employers and Risk Managers can, and do, take steps to ensure the safety of their employees. We know in this industry that workplace injuries cannot be avoided completely. However, there is an issue directly linked to injuries that we can all actively take steps to minimize: Injuries due to Sleep Deficiencies and Fatigue. Take a look at the facts, figures and suggestions below from a study by Eastern Kentucky University.

## SLEEP DEFICIENCY AND FATIGUE CAUSING MORE WORKPLACE INJURIES



**7-9 HOURS OF SLEEP PER DAY**  
THE NATIONAL SLEEP FOUNDATION RECOMMENDS  
Infographic provided by Eastern Kentucky University

### Reasons for Sleeping Less

50-70 Million U.S. Adults have a Sleep Disorder.

**Insomnia:** People who cannot fall asleep or cannot stay asleep for a full night. It is estimated that insomnia related workplace costs are \$15-92 billion.

**Sleep Apnea:** A breathing disorder in which there are brief interruptions in breathing during sleep, making sleep unrestful. 22 Million Americans suffer from sleep apnea.

**Extended Working Hours:** The Bureau of Labor Statistics indicates Americans are working longer hours than at any time since statistics have been kept.

**Shift Work:** More than 22 million Americans work evening, rotating or on-call shifts. They get a daily average of two to four hours less sleep than normal.

### Steps to Reduce Sleep Problems


**For Employers:** Have a policy limiting scheduled work- ideally to no more than 12 hours a day; promote educational programs about sleep; create a work culture that values sleep; Closely monitor shift work;

**For Employees:** Ensure getting to bed at a consistent time; avoid caffeine and food right before bed; alternate work tasks to stimulate the mind and keep engaged.

Referrals:  
 • [www.1strehab.com/request.asp](http://www.1strehab.com/request.asp)  
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 301.369.3401  
 410.792.0506  
 888.252.0368  
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 • Contact your Account Manager

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**We hope you have enjoyed this issue!**



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Case Management  
Expires 01/01/2018