 Yukon Workers' Compensation Health and Safety Board	Part:	Health Care Services		
	Board Approval:	Original signed by Chair	Effective Date:	July 1, 2013
	Number:	HC-09	Last Revised:	
	Board Order:		Review Date:	

[PSYCHOLOGICAL TREATMENT](#)

GENERAL INFORMATION

Section 36 of the *Workers' Compensation Act* S.Y. 2008 (the *Act*) states that the Yukon Workers' Compensation Health and Safety Board (YWCHSB) may provide payment for health care assistance. The *Act* further provides YWCHSB with the authority and discretion to determine the necessity, character and sufficiency of health care assistance.

YWCHSB policy EN-09, "Adjudicating Psychological Disorders" outlines how psychological injury claims are to be adjudicated. EN-09 focuses on Post Traumatic Stress Disorder arising from a single critical incident or series of incidents related to the workplace. YWCHSB recognizes that in some instances a need for psychological treatment may develop where the claim was not originally accepted as a psychological injury.

PURPOSE

Psychological treatment may be necessary at times to assist an injured worker with their recovery and facilitate an early and safe return to work. This policy outlines under what circumstances YWCHSB will authorize payment for psychological treatment. It further establishes the responsibilities of the injured worker, psychological treatment provider and YWCHSB.

DEFINITIONS

1. **Psychological Disorder:** A diagnosis related to the mind and mental processes that has caused an individual to not function normally in his/her daily life and/or work.¹
2. **Service Agreement:** Refers to an agreement between YWCHSB and a clinical psychologist or psychiatrist carrying on individually, in partnership or as a limited corporation to assess, treat and report on injured workers for payment.

¹ The Diagnostic Statistical Manual (DSM) explains that the concept of a psychological/mental disorder, like many other concepts in medicine and science, lacks a consistent operational definition that covers all situations. The definition is a compilation of those used by other workers' compensation boards across Canada.

- 3. Clinical Psychologist:** Refers to a health care practitioner trained in clinical psychological care and treatment and recognized by a Canadian college of psychologists for this practice.

PREVENTION

Preventing workplace injuries is the responsibility of everyone in the workplace. When injuries do occur it is important for workers and employers to minimize the impacts by focusing on keeping the worker at work when possible, or returning the injured worker to safe and productive work as soon as it is functionally appropriate for the worker to do so. Prevention of recurrences and further injuries once injured workers have returned to work is of utmost importance.

When a work-related injury does occur, YWCHSB believes that appropriate and timely health care assistance is critical to mitigating the impact of the workplace injury (including the development of unintended subsequent conditions), and in promoting a safe and timely return to work. YWCHSB supports a holistic approach where the injured worker, their family, the employer, the health care community and YWCHSB work together to achieve this goal.

MITIGATION

Injured workers must take personal responsibility for their recovery, and co-operate with treatment plans, health care providers and YWCHSB (see YWCHSB policy RE-02-2, “Duty to Co-operate, Part 2 of 4: Roles and Responsibilities”). They must also mitigate any loss caused by their injury.

Mitigation of loss includes the injured worker staying at work where safe to do so and where functional abilities allow, actively participating in appropriate and safe treatment protocols, and co-operating in a worker’s early and safe return to suitable and available employment with the pre-injury employer (see Section 14 of the *Act* and YWCHSB policy RE-03, “Mitigation of Loss”).

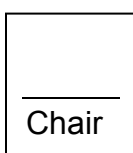
Failure to mitigate loss may result in reduction, suspension or termination of benefits (see YWCHSB policy RE-02-4, “Duty to Co-operate, Part 4 of 4: Penalties for Non Co-operation”).

POLICY STATEMENT

1. Support of Treatment

YWCHSB supports the provision of psychological treatment when necessary and appropriate in order to:

- facilitate a worker’s recovery from a workplace injury;
- minimize the impact of the injury on the worker’s overall functional abilities; and



- c) facilitate an early and safe return to work.

YWCHSB may pay for psychological treatment when:

- a) there is objective and documented evidence confirming the disorder is, or is related to, the worker's workplace injury. This will also include evidence of other factors (e.g. non-work-related) in determining the significant causal factor of the incapacity;
- b) there is a confirmed diagnosis by a Clinical Psychologist or Psychiatrist who has signed a service agreement with YWCHSB;
- c) the diagnosis is defined in the DSM;
- d) a written report is received within two days of the assessment completion from the diagnosing professional outlining their assessment of the disorder, diagnosis, and a treatment plan;
- e) the service provider has completed the Functional Abilities Form for psychological injuries(appendix A). This form must be completed as part of the initial assessment and thereafter any time there is a change in the injured worker's abilities; and
- f) the provision of psychological services is expected to assist the worker with staying at work while recovering or with returning to work in a timely and successful manner; and will reduce the possibility of further disability.

Billing will be as described in the Service Agreement.

A worker is not entitled to benefits under the *Workers' Compensation Act* S.Y. 2008 (the "Act") for a psychological disorder(s) that is the result of an employer's employment decisions or actions including, but not limited to: discipline, allegations relating to harassment, performance evaluations, termination, or transfer. Employers have the responsibility under the Yukon *Human Rights Act* to reasonably accommodate employees who have a physical or mental disability.

2. Conflict of Interest

In some situations, psychological treatment providers may be in a conflict of interest, real or perceived, when they are both the diagnosing professional and providing on-going treatment. Where there is conflicting evidence or it is recommended by the service provider, YWCHSB may order the completion of an independent psychological assessment.

Chair

3. Early Intervention

Under normal circumstances, YWCHSB would not authorize payment for psychological services prior to a claim being adjudicated and accepted. However, it has been found that in situations involving a serious incident or fatality in the workplace, it is beneficial for YWCHSB to immediately approve the provision of counseling and crisis intervention services. This approach has been proven effective in preventing disability arising from these types of incidents.

The *Workers' Compensation Act* states in Section 1(f): "The purposes of this *Act* are to combine efforts and resources for the prevention of workplace injuries, including the enforcement of health and safety standards." In Section 92(2), the *Act* states: "All expenses incurred or related to the administration of this *Act* shall be paid out of the compensation fund." Under the *Act* and this policy, YWCHSB has the authority to authorize immediate psychological services to employees in workplaces where a serious incident or fatality has occurred. This may be done prior to the filing of any claims documents.

Provision of early intervention services must be approved by the YWCHSB President/CEO.

4. Concluding Treatment

Psychological treatment providers must submit a written request, with rationale, to YWCHSB for a treatment extension beyond the initial set of approved treatments. YWCHSB may consult with, or refer the worker to, the injured worker's physician, specialist or the YWCHSB Medical Consultant to determine whether further treatments would be appropriate and to co-ordinate a new treatment plan. Where there is documented improvement in function and there is a defined end date to an extension request (within one month of the extension request), a referral to a physician will not be necessary.

YWCHSB may discontinue authorization for psychological treatment in the following circumstances:

- a) when there is no objective evidence of improvement in worker's functional abilities;
- b) when the treatment focus is no longer related to the compensable injury;
- c) where there is no reasonable expectation of further improvements in the psychological condition and the treatment is no longer effective in returning or keeping the worker at work; or
- d) where evidence-based guidelines indicate that treatment is not likely to result in further gains in function, nor is necessary for maintenance.

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YWCHSB may also stop authorizing payment for psychological treatment when YWCHSB determines that the injured worker has no legitimate reason for failing to mitigate loss, as referenced in YWCHSB policy “Mitigation of Loss.”

ROLES AND RESPONSIBILITIES

5. YWCHSB

YWCHSB will:

- a) develop and monitor service agreements;
- b) work collaboratively as part of the Case Management Team, make decisions concerning the payment for psychological services; and
- c) maintain sole authority for determining the worker’s co-operation with treatment.

6. The Worker

The injured worker has a duty to co-operate fully in their recovery. If the worker is unable to participate fully in their psychological treatment or will be late or miss an appointment, the worker must immediately inform both the service provider and the case manager of the reason.

7. The Psychological Treatment Provider

Psychological treatment providers working with injured workers under this policy will:

- a) provide functional abilities information to the injured worker, employer and YWCHSB to facilitate return to work;
- b) be accountable to both the injured worker and YWCHSB for treatment outcomes;
- c) work collaboratively as part of the injured worker’s Case Management Team in order to foster successful return to work outcomes; and
- d) submit timely and objective reports to YWCHSB and the treating physician.

Other specific obligations will be addressed in the Service Agreement between YWCHSB and the treatment provider.

It is critical that the injured worker’s treatment provider shares information and submits required assessment, treatment plan and progress reports to the worker, the worker’s personal physician, and YWCHSB with the written consent of the injured worker. Functional abilities information will also be provided to the worker’s employer. The goal of information sharing is to have all parties work collaboratively to help the injured worker recover and return to work as soon as it is safe and functionally possible.

Chair

APPLICATION

This policy applies to the staff of YWCHSB, the Workers' Compensation Appeal Tribunal, providers of psychological treatment, and employers and workers covered by the *Act*, regardless of date of injury.

EXCEPTIONAL CIRCUMSTANCES

In situations where the individual circumstances of a case are such that the provisions of this policy cannot be applied or to do so would result in an unfair or an unintended result, YWCHSB will decide the case based on its individual merits and justice in accordance with YWCHSB policy EN-02, "Merits & Justice of the Case." Such a decision will be considered for that specific case only and will not be precedent setting.

APPEALS

Decisions made by YWCHSB under this policy can be appealed directly in writing to the hearing officer of YWCHSB in accordance with subsection 53(1) of the *Act*, or any decision made under subsection 14(2) of the *Act* may be appealed directly to the Workers' Compensation Appeal Tribunal (WCAT).

Notice of the appeal must be filed within 24 months of the date of the decision by YWCHSB, in accordance with section 52 of the *Act*.

ACT REFERENCES

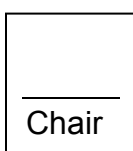
Workers' Compensation Act, sections 3, 14, 36, 52 and 53
Yukon Human Rights Act
Occupational Health and Safety Act

POLICY REFERENCES

EN-02, "Merits & Justice of the Case"
HC-01, "Overview: Provision of Health Care Assistance"
EN-09, "Adjudicating Psychological Disorders"
RE-02-02, "Duty to Cooperate"
RE-02-04, "Penalties for Non Co-Operation"
RE-03, "Mitigation of Loss"

HISTORY

New





PSYCHOLOGICAL FUNCTIONAL ABILITIES FORM

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, **Telephone:** (867) 667-5645, **Toll free:** 1-800-661-0443, **Fax:** (867) 667-8740, **Web:** www.wcb.yk.ca

WORKER'S INFORMATION

Surname	
First Name	
Address	
Telephone #	Date of Birth (d/m/y)
Has worker filed a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	Claim # or Part of body
Date of Injury (d/m/y)	
Family Doctor	
Employer	

PROVIDER'S INFORMATION

Name	
Address	
Telephone #	Fax#
Date of Visit (d/m/y)	

PART A

Patient has no functional limitations

PART B

For Patients Exposed to a Traumatic Event at Work

Patient has functional limitations and can return to work providing the following limitations can be appropriately accommodated

<input type="checkbox"/> Allow temporarily leaving job site	<input type="checkbox"/> Gradual re-exposure to feared situations
<input type="checkbox"/> Limitations due to environmental conditions	<input type="checkbox"/> Reduce exposure to dangerous situations
<input type="checkbox"/> Time off for counselling appointments	<input type="checkbox"/> Have another employee as backup
<input type="checkbox"/> Change job environment/location	<input type="checkbox"/> Arrange transportation to work
<input type="checkbox"/> Reduce exposure to reminders/triggers*	<input type="checkbox"/> Reduce cognitive demands
<input type="checkbox"/> Limitations due to medications*	<input type="checkbox"/> Attend work ASAP without working
<input type="checkbox"/> Reduced hours*	

***Please provide further details on these limitations** _____

Estimated duration of functional limitations (in days) _____

I have reviewed the details of this report with client and have provided him/her with a copy of the report.

I certify that this is a complete and accurate report. The fees charged are in accordance with the fee schedule and I have received no prior payment.

Signature _____ Date (d/m/y) _____