

Disability management and psychosocial rehabilitation: Considerations for integration

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Abstract. Disability management strategies have been successful in preventing or accommodating physical disabilities in the workplace. Similar success has not been realized in the realm of psychological/mental health related disabilities. Integration of the principles and strategies of psychosocial rehabilitation and disability management programs can assist employers to control costs related to psychological/mental health disabilities and protect individual workers employability.

Keywords: Psychosocial job analysis, transitional work, job accommodation, job coaching, supported employment

1. Introduction

Disability management has been defined as a combination of prevention and remediation strategies that reflect an employer's commitment to the prevention of serious illnesses and injuries and the use of cost-conscious, high quality rehabilitation services to ensure the continued employment and accommodation of those employees who experience functional work limitations [1]. Employer-based disability management programs grew out of the realization that the solution to occupational disability problems lies in the employment setting, and that employers themselves could reduce disability related costs and get employees back on the job by actively participating in the rehabilitation and return to work processes [12]. Disability management programs are now widely used in a variety of businesses and industries. An increasing number of employers are reporting substantial financial savings and better vocational outcomes as the direct result of their disability management programs and strategies [6,11,19,23].

Although employers have made progress in preventing and accommodating physical disability issues at the workplace, similar success has not been realized in the realm of psychological/psychiatric impairments. Many employers have moved towards an integrated disability management model by merging the management and rehabilitation of work-related (workers' compensation) and non-work related physical disabilities. The integration of Employee Assistance Programs or other psychiatric rehabilitation interventions with disability management, however, has lagged behind. In fact, many employers are now only beginning to become aware of the work disruptions, lost time, and increased costs that may be related to emotional impairments among their employees. In a 1997 survey of 375 employers conducted by Watson Wyatt Worldwide and the Washington Business Group on Health, 58 percent of the respondents indicated that mental health issues are a rising concern in nonoccupational disability, and one-third of the respondents expressed great difficulty in managing mental illness in the workplace [23]. Information obtained from a variety of sources indicate that mental health disorders have a significant vocational and economic impact on our society. It has been estimated that approximately 54 percent of the 550 million lost

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working days due to absenteeism each year in American industry are in some ways related to psychological stress [8].

Data reported by the National Institute of Occupational Safety and Health indicated that the number of workers' compensation claims resulting from mental disorders increased from 1980 to 1990; approximately one in ten workers suffer from depression, and the cost to society is nearly \$27 billion annually [16]. Social Security Administration data show that social security disability awards for mental disorders are now more common than any other type of disability, and that workers below the age of 50 experience as much as two to four times the disability for mental disorders than for musculoskeletal or circulatory problems [20]. In another survey of medical and personnel directors for Fortune 1000 firms, more than 70 percent of the respondents rated mental health problems as fairly to very pervasive in the work place [22]. Job stress is estimated to cost U.S. industry \$300 billion annually as indicated by employee absenteeism, diminished productivity, turnover, and claims/litigation costs [2].

In light of this information, rehabilitation professionals, employers, and individuals with psychiatric disabilities are in need of more effective methods of managing behavioral health issues at the workplace. In this article, disability management is presented as an organizational model that makes it possible to accomplish this goal. At the worksite, disability management programs can provide the organizational infrastructure that is needed to systematically implement effective psychosocial rehabilitation interventions. Disability management strategies, which have been found to be effective in rehabilitating and accommodating individuals with physical disabilities, can be adapted to include psychosocial rehabilitation services for employees who experience behavioral health problems that hinder their work performance.

The goals and philosophy of disability management and psychosocial rehabilitation are complementary. However, these two models have traditionally existed in different service domains. Disability management programs are typically associated with private sector consultation or case management service providers and have traditionally focused on insurance-based physical disability programs (e.g., workers' compensation, long-term disability). Conversely, psychosocial rehabilitation services have typically been funded and provided by the public sector rehabilitation system including non-profit facility based service providers. Many of the clients served by the public

sector rehabilitation programs have long-term, severe psychiatric disabilities who either have minimal or no competitive work histories. On the other hand, individuals who are served in employer-based disability management programs are those who are employed but experience some form of work disruption due to a physical injury or illness.

Due to the rising financial and human costs associated with employees who experience work disruptions because of psychiatric impairments or mental illnesses, it is imperative that employers now include these individuals in disability management efforts that are designed to accommodate and maintain their employment. The integration of the disability management and psychosocial rehabilitation models can provide employers and rehabilitation professionals with the tools to accommodate and retain employees whose work performance is compromised by behavioral health problems. Disability management programs can add the (employer-based) organizational infrastructure dimension to the psychosocial (or psychiatric) rehabilitation model. Likewise, psychosocial rehabilitation interventions can be adapted and used to address behavioral health issues among employees that are often not included in disability management programs traditionally designed to treat only physical impairments.

2. Disability management and psychosocial rehabilitation

Disability management interventions were, in part, developed as an alternative to the shortcomings and inefficiencies of the traditional, individual or clinical model of vocational rehabilitation. Habeck [10] described the limitations of traditional, individual model of vocational rehabilitation as being "reactive, provider-based, and clinical." In the traditional model, rehabilitation services are considered reactive because they are often applied long after the onset of disability with little attention paid to prevention or early intervention. Services are usually provided by third-parties in settings that are external to the work environment, e.g., clinics, hospitals, or facilities. Employers and employees play a passive role in rehabilitation and return to work activities and relinquish control of these activities to outside providers. Habeck [10] concluded that the traditional model of vocational rehabilitation is a "broken paradigm" because services are not connected to the workplace and the influence of environmental factors originating in the actual work setting are largely

ignored. In the traditional approach, the emphasis has been on enhancing the capacities of the person with a disability rather than implementing environmental accommodations [17,21].

In contrast to the traditional model of vocational rehabilitation, disability management represents a proactive and systematic approach to managing disability at the organizational level. Employers and employees take an active part in developing policies and procedures regarding job accommodation, transitional work, on-site clinical services, and other issues pertaining to disability and return to work [17,21]. Through the implementation of disability management programs, employers develop an organizational infrastructure that promotes a philosophy of accommodation, job retention, and work return throughout all levels of the company.

Rehabilitation services, provided as part of an employer-based disability management program, require a balanced focus between the worker's capacities and the factors in the work environment that impact accommodation and job retention. Disability management programs address the internal factors or "root" causes of work disability at the job site [10]. Accordingly, the most effective rehabilitation services are those that are delivered in the context of the real workplace [6,17].

Effective disability management programs consist of different strategies and interventions designed to remove or minimize the affect of various organizational or systems level barriers that hinder job accommodations and continued employment of employees with disabilities. These barriers may include such factors as negative attitudes among supervisors and coworkers regarding job accommodations, ergonomic problems, ineffective policies and procedures regarding disability issues, lack of a formal return-to-work program, poor labor relations, and a corporate culture that does not value prevention or return to work. Successful programs are characterized by policies and procedures to resolve these system barriers. Clinical services at the worksite are used that are sensitive to the interactions of the worker's capacities and the demands of the work environment [17,21].

The organizational strategies that are used in disability management programs compliment and support the principles, practices, and objectives of psychosocial rehabilitation. The goal of psychosocial rehabilitation is to enhance the functioning of individuals with mental illnesses so they can participate as independently as possible in various environments including work and

the community [5]. The disability management and psychiatric rehabilitation models both value the ecological validity of rehabilitation services and recognize the importance of providing support in the actual work setting. Accordingly, a basic principle of psychiatric rehabilitation is the recognition that interventions which are "environmentally specific" to the needs of the individual are the most effective [3]. Services are of more use and benefit if they occur in the environment in which the person has to function, e.g., home, community, work. Services which are simulated in hospitals or facilities are not as easily generalized or useable in real environmental settings [3].

3. Psychosocial disability management

In order for employers to extend the scope of their disability management programs to include employees with mental health impairments, it is necessary to integrate various psychosocial rehabilitation interventions with existing policies, procedures, and practices. The following information outlines specific disability management strategies that can be adapted to incorporate psychosocial rehabilitation techniques to help accommodate and retain employees with mental health impairments.

3.1. Establishing a joint employee/management steering committee

An essential component for developing employer-based disability management programs involves the use of a joint employee-management steering committee which serves as the organizational vehicle for program development, implementation, and operation. This committee is composed of a cross-section of stakeholders within the company including management officials, union representatives, employees, supervisors, department heads, and rehabilitation service providers. A primary purpose of the steering committee is to develop policies and procedures for managing all aspects of disability including return to work, job accommodations, and the roles and responsibilities of all parties involved with disability issues.

Traditionally, Employee Assistance Program (EAP) personnel or other mental health professionals have not been represented on disability management committees because most programs have been limited to physical disabilities. By including EAP professionals and other mental health professionals, however, work re-

turn or job retention policies and procedures can be developed for employees who have psychological disabilities. The expertise of the mental health professional is essential in developing policies and procedures concerning confidentiality, job accommodations, and methods of job retention. The committee also provides a forum where the employee, supervisor, mental health professional, case manager, and other involved parties can discuss the feasibility and implementation of specific job accommodations.

3.2. *Job analysis*

In the accommodation of physical disabilities, job analysis information has been effective in quantifying the physical demands and environmental factors associated with specific jobs. Job analysis data serves as the blueprint for developing individualized transitional work return plans and for assessing and implementing job accommodations.

As Mancuso [14] emphasized, the functional limitations produced by psychiatric disabilities are different than those resulting from physical impairments. Accommodations for psychiatric disabilities are less tangible, and consequently, employers and service providers have found it more difficult to implement changes in the psychosocial requirements of jobs (e.g., changes in interpersonal communications, levels of concentration, cognitive requirements, etc.).

Traditionally, the psychiatric rehabilitation diagnoses have been used to identify the person's skills, deficits, and residual mental functional capacities [14]. Less attention has been given for developing job analysis tools that specify the levels of mental, psychological, and social functioning required to perform specific occupations. In order to serve employees who have psychological limitations, disability management programs must adapt the job analysis methods used to measure physical demands of jobs so these tools can also measure mental or psychosocial demands of jobs.

Useful information concerning the functional limitations of specific psychiatric disorders, the likely range of limitations, and typical job accommodations is now evolving [9,13]. These models attempt to link the individual's mental functional capacities such as cognition, pace, persistence, reliability, motivation, interpersonal functioning, honesty, and stress tolerance to such work performance abilities such as understanding and memory, concentration, social interaction, and adaptation.

Another valuable source of psychosocial job analysis information is the Occupational Information Network

(ONET) developed by the U.S. Department of Labor [18]. The content model of ONET contains six domains of information including worker characteristics, worker requirements, experience requirements, occupational requirements, occupation-specific requirements, and occupation characteristics. Some of the information contained in the ONET is directly related to the mental or psychosocial requirements of various occupations. For example, the "worker characteristics" domain describes basic skills the worker needs in such areas as active listening and critical thinking to perform a specific occupation. Social skill requirements for different occupations are also included in the "worker characteristics" domain and include skills in social perceptiveness, persuasion, and instructing. The ONET system also describes different "worker styles" that are required for certain occupations. "Work styles" include characteristics of the employee that influence typical performance as well as the individual's ongoing adaptation to and performance of work. For example, some jobs require an "achievement-oriented" work style which emphasizes such traits as effort, persistence, and initiative. Other jobs may require an "interpersonal-oriented" work style which demands abilities related to cooperation and concern for others. Information concerning "work conditions" contained in the occupational requirements domain of ONET describes the physical, structural, and interpersonal environments of particular occupations.

Rehabilitation professionals and employers may use the information contained in ONET to develop a job analysis questionnaire as a tool for evaluating the mental, psychological, and social requirements of specific occupations. This information can then be analyzed with regard to the mental functional capacities of the individual to determine the degree of compatibility between the employee and the job requirements and serves as the blueprint in developing job accommodation interventions designed to resolve areas of incompatibility.

In summary, supervisors and other involved parties need to be educated about the individual's strengths, limitations, and the nature of accommodations. Disability management programs rely on the use of job analysis data to develop transitional work return plans and job accommodations for employees with physical limitations. If employees who have psychological limitations are to be served in disability management programs, it is essential that more effective or precise methods of psychosocial job analysis be developed. By understanding the psychological capacities of the indi-

vidual and the functional requirements of the job, accommodations may be implemented in a manner that do not adversely affect the performance of other employees or business operations.

3.3. *Transitional work return programs*

Transitional work return services are an essential component of employer-based disability management programs. Transitional work, as used in disability management, is defined as “any job or combination of tasks and functions that may be performed safely and with remuneration by an employee whose physical capacity to perform functional job demands has been compromised” [21].

Prior to the development of transitional work return programs, injured or ill employees usually did not return to work unless they were capable of performing 100% of their pre-injury job duties. This “100% capacity or no work at all” practice proved to be a major cost driver for both work and non-work related disabilities. As employers became more aware of the financial and human costs associated with such ineffective practices, the concept of transitional work emerged. Due to the evolution of transitional work models in industrial rehabilitation, facility-based work hardening programs predicated upon the old “train and place” principle of vocational rehabilitation began to decline [17].

The definition of transitional work can be broadened to include employees who have impaired mental capacities that compromise their ability to meet the mental, psychological, or social demands of a job. In fact, many of the principles of employer-based transitional work return programs for injured workers have their roots in transitional work and supported employment approaches used initially for individuals with developmental disabilities and severe psychiatric disabilities. Some of the first transitional work programs were developed by advocates for individuals with developmental disabilities who realized that many students failed to make a successful transition from special education programs to competitive employment [4]. Transitional work was based on the principle that individuals with developmental disabilities could more effectively achieve and maintain competitive employment if the proper supports were provided in the real work setting. These same principles of transitional work were later extended to individuals with severe psychiatric disabilities in the form of supported employment programs which involved the use of job coaches to provide support at the worksite [4]. Prior to the transi-

tional work movement, the old vocational rehabilitation paradigm often assumed that individuals with disabilities, whether physical or psychological in nature, should become “job ready” prior to obtaining competitive employment, i.e., the “train and place” approach. Due to the failure of this approach, transitional work programs emerged that were based on the “place and train” philosophy which acknowledges that the best place for the worker with a disability to become vocationally competent is in the actual work setting. Features of the supportive employment model that are used in transitional work programs for individuals with physical disabilities include the use of clinical staff at the worksite to evaluate, monitor, and support the employee’s successful transition back to full-duty status [17]. In cases involving physical limitations, physical and occupational therapist perform “job coaching” functions by providing the employee with clinical supervision and support during the transitional work process. In addition, clinical staff also provide support to supervisors and coworkers by recommending reasonable accommodations and overseeing the implementation of these accommodations.

Employers may find that, with some adaptations, the disability management model of transitional work can be as effective in the accommodation and job retention of employees with psychiatric disabilities as it has been for those with physical impairments. However, due to the stigma associated with mental illness, job coaching functions may have to be more discrete and subtle to protect the confidentiality of the employee. Thus, the role of the job coach and the supportive functions provided to an employee in the context of a disability management transitional work program, differs from the more “visible” and intrusive role that job coaches perform in public sector rehabilitation programs. Job coaches used in public sector programs are often relied on to either perform certain work tasks for the disabled employee or to help the employee perform the tasks. This is due to the fact that many of the individuals served by the public sector have never worked in a competitive setting or have marginal competitive work histories. Conversely, job coaches used in disability management programs would have more responsibility for assisting the employee with interpersonal and intrapersonal areas of functioning as opposed to helping or teaching the employee to perform the work tasks. The disability management job coach would perform more work with the employee “behind the scenes” while having direct lines of communication to the employer, supervisor, and disability management steering committee.

Just as physical and occupational therapist are used in a “job coaching” role to provide on-site assessment and support of employees with physical limitations, qualified mental health professionals could evaluate the employee’s functional limitations resulting from the mental impairment, analyze the mental and psychological requirements of the job, recommend specific job accommodations, and monitor the employee’s progress in the transitional work program. Typically, most job accommodations used in transitional work programs for employees with physical limitations are of a short duration or temporary in nature. Limitations arising from psychiatric disabilities, however, may require either long-term or permanent accommodations. Nevertheless, by incorporating the clinical expertise of mental health professionals in the disability management and transitional work processes, even those accommodations which are longer in duration or permanent in nature can be implemented with minimal impact on other employees or productivity. The criteria for evaluating and implementing permanent job accommodations should also be defined in the policies and procedures that govern the operations of the disability management program.

The goal of transitional work is to return the employee to his/her original job. Through the use of job analysis data and employee assessment information, an individualized transitional work plan is developed. The transitional work plan describes the essential functions of the job that the employee can perform without accommodations; identifies the accommodations that are needed; and specifies the length of time that accommodations or other supports are required.

In some circumstances, a gradual return-to-work may be an appropriate transitional work strategy. For employees with physical disabilities, the gradual return-to-work approach initially allows the employee to return to the job site for briefer periods of time while still participating in some type of (off-site) clinical treatment program, e.g., physical or occupational therapy. The time at work is gradually increased as the employee’s functional capacities progress and the need for clinical treatment subsides. This approach may be adapted for employees who have psychiatric disabilities. For individuals with psychiatric impairments, a gradual return – to-work could involve either working for shorter periods of time or limiting the employees exposure to stressful factors on the job that exacerbate symptoms. For example, a general duty nurse, diagnosed with an anxiety disorder, could be accommodated by allowing a gradual resumption of the more

stressful aspects of his/her job that involve direct patient care. After performing a psychosocial job analysis of the nursing job and a clinical evaluation of the nurse’s residual mental capacities, an individualized transitional work plan could be developed for a gradual return-to-work . The goal of this plan would be to increase the nurse’s capacity to tolerate the specific stress factors associated with the job through the provision of clinically-based mental health services. As the nurse’s capacity to tolerate stress increases, more direct patient care duties would be assigned until the resumption of full-duty status. The transitional work plan for this employee is developed with input from all involved parties and ensures that the employee, supervisor, mental health professional, and rehabilitation professional are working toward the common goal of reemployment or job retention.

3.4. Staff development

Successful disability management programs require the commitment of all levels of the organization to the program’s mission, goals, and objectives. Management and union officials, as well as employees, should be trained in program policies and procedures to ensure that the role they play in the process is effective. In addition to internal staff development efforts, all external service providers must be oriented to the goals and objectives of the program and value the importance of job accommodation, work return, and job retention. The successful integration of disability management and psychosocial rehabilitation services requires that mental health professionals be included in staff development efforts. This type of training provides the mental health practitioner with the opportunity to develop an understanding of the role they play in supporting the “return-to-work/stay-at-work philosophies” of the disability management program. The staff development process also helps to define the relationship of the mental health service provider to the employer’s disability management infrastructure by developing patterns of communication with internal company personnel who are directly involved with accommodations and return-to-work decisions.

3.5. Case management

Case management services are an essential component of disability management programs. Many employers have recognized the value of using case management services to contain disability related costs and

facilitate an early return to work. In an annual Workers' Compensation Survey conducted by Human Resource Executive and Risk and Insurance magazines, 75% of the surveyed employers reported the use of case management services in their disability management programs [15]. The two primary functions of disability case management have been medical management and return to work coordination. Case managers identify and coordinate medical and rehabilitation services and serve as the focal point of centralized communication between the employee, insurance carrier, employer, and treatment providers.

If employers are to successfully integrate psychosocial rehabilitation interventions for employees with psychiatric or other behavioral health problems in their disability management programs, case management functions must be broadened to address these issues. Carruthers [7] argued that traditional medical/vocational case management needs to be supplemented with a "behavioral case management" approach in order to effectively rehabilitate employees who have mental health impairments. This suggests that case managers possess basic skills in understanding the diagnoses and treatment of mental disorders and the vocational impact of various psychiatric disorders. Thus, in a psychosocial disability management program, it may be more effective to use rehabilitation counselors to perform behavioral case management functions due to their combination of skills in counseling and vocational rehabilitation.

Effective integration of disability management and psychosocial rehabilitation also requires policies and procedures that define the relationship between return-to-work case management functions and the mental health treatment which is often coordinated and provided by either internal or external EAP staff. Traditionally, EAP staff have been left out of the return-to-work equation and are often unfamiliar with the objectives, operations, and services of disability management programs. By involving mental health professionals in the disability management policy and procedure development process, their roles and responsibilities as they pertain to job accommodation, job retention, and return to work can be clearly defined. Integration at the policy level can ensure that medical/vocational case managers and mental health service providers work in a coordinated fashion to ensure appropriate job accommodations and a timely return to work.

4. Conclusions

Costs associated with psychosocial impairments among workers have emerged as major influences of disability related costs within business and industry. In the late 1980's employers began to develop disability management programs in order to control the high costs associated with work-related disabilities. These programs have primarily served individuals with physical impairments. Over the years, employer based disability management programs have become more comprehensive. After realizing substantial costs savings in the workers' compensation area, employers extended disability management to non-occupational disabilities. However, the focus of these programs continues to be the provision of accommodations and transitional work for employee's with functional limitations resulting from physical injuries or illnesses while employees who experience work disruptions because of mental health problems have not been included.

This article highlights the benefits of integrating principles of psychosocial rehabilitation with disability management programs. Although psychosocial rehabilitation interventions have existed primarily in the public sector and private non-profit rehabilitation service delivery systems, many of these services can be adapted and used in disability management programs to assist employees with mental health problems. Through the use of various disability management strategies including the development of a joint employee-management steering committee, job analysis, transitional work, staff development, and case management, employers can create an organizational climate that allows for the integration of psychosocial rehabilitation interventions. Psychosocial disability management strategies can help employers control costs related to mental health disabilities and protect the individual's employability.

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