



## Using the Progressive Goal Attainment Program (PGAP™) to Facilitate Return to Work Planning

*Welcome to the Gowan Consulting Tip of the Month. The tip of the month with its focus on ways to improve employee health and productivity and improve bottom line results.*

### **Abstract:**

Recently occupational health interventions have changed from disease and symptom treatment to a more functional model of disability prevention. In the past, the healthcare system inaccurately followed theories such as the 'rest-to-recover' myth. It took years of telling low-back injured workers to 'go home and rest' to learn that this model of recovery was in fact flawed. All the evidence today suggests that people with physical and mental health conditions are able to rise to meet challenges and do not require rest for the recovery process to occur.

Dr. Michael Sullivan from the University Centre for Research on Pain and Disability, affiliated with McGill University, used the aforementioned concept to create a program that would mitigate disability by challenging individuals with a health condition in a gradual manner. The program is termed the Progressive Goal Attainment Program (PGAP™). The program has been designed for individuals with difficulties returning to work due to chronic pain, chronic health conditions, mental health conditions, and residual affects of surviving cancer.

This webtip focuses on the principles of the PGAP™, Results and How to know if your employee is suited for a PGAP™ program.

### **Webtip**

*By Heather Sewell, Occupational Therapist*

Recently occupational health interventions have changed from disease and symptom treatment to a more functional model of disability prevention. In the past, the healthcare system inaccurately followed theories such as the 'rest-to-recover' myth. It took years of telling low-back injured workers to 'go home and rest' to learn that this model of recovery was in fact flawed. All the evidence today suggests that people with physical and mental health conditions are able to rise to meet challenges and do not require rest for the recovery process to occur.

Dr. Michael Sullivan from the University Centre for Research on Pain and Disability, affiliated with McGill University, used the aforementioned concept to create a program that would mitigate disability by challenging individuals with a health condition in a gradual manner. The program is termed the Progressive Goal Attainment Program (PGAP™). The program has been designed for individuals with difficulties returning to work due to chronic pain, chronic health conditions, mental health conditions, and residual affects of surviving cancer.

## **Core Components of PGAP™ – Brief overview**

The primary goal of PGAP™ is to reduce the psychosocial barriers preventing participation in home and work activities. As these barriers are addressed, re-integration of life roles and return-to-work is facilitated and coordinated. These goals are accomplished through structured activity scheduling, graded-activity involvement, goal-setting, problem-solving, and motivational enhancement.

1. *Education and Reassurance* – An educational video with credible healthcare experts is watched regarding the benign nature of residual symptoms of the client's health condition and the importance of maintaining involvement in activities in order to promote rehabilitation. Education is reinforced by the clinician throughout treatment.

2. *Maintaining an Activity Log* – Tracking of daily activities is an important feature of treatment.

3. *Activity Scheduling* – Schedules are designed by the client and the clinician to promote participation in daily activities. Activities such as household activities, running errands, social and recreational activities are included. Activities are chosen in a structured manner that will facilitate eventual resumption of occupational activities.

4. *The Walking Program* – The program begins with a 15 minute walk daily and steadily increases to as physical tolerances increase.

5. *Increasing Activity Involvement* – The client is taught the principals of graded activity participation to facilitate increased participation in activities while minimizing the risk of symptom flare-ups. Graded activity planning offers opportunity for successful achievement experiences; which provides motivation for rehabilitation.

6. *Overcoming Psychological Obstacles to Activity Involvement* – The client develops skills to overcome fears of re-injury, learns to monitor and change catastrophic thinking, and learns to challenge perceived limitations and injustices. Activity involvement is the primary tool for targeting psychosocial obstacles. The client lastly learns communication and problem-solving skills to assist with a successful transition into the workplace.

PGAP™ takes place over a 10-week period with weekly meetings occurring in the employee's home. The goal at the completion of the program is resumption of occupational activities. The program is designed for individuals with chronic pain, mental health conditions, chronic health conditions, and cancer survivors.

## **Research Results**

Various articles have been published by the creator of the program stating claims such as;

- *...up to 117% added effectiveness than physiotherapy alone* (Sullivan et al. 2006)
- *...3-4X increases in the probability of RTW* (Sullivan and Stanish, 2003; Sullivan et al., 2005)
- *...decreased psychosocial risk factors lead to improved RTW outcomes* (Sullivan and Stanish, 2003; Sullivan et al., 2005)
- *...PGAP™ yielded outcomes similar to those obtained in multi-disciplinary treatment programs and PGAP™ costs 80% less than multi-disciplinary programs.*

**References**

Sullivan, M.J.L., Adams, H., Rhodenizer, T., Stanish, W.A. (2006). A psychosocial risk factor targeted intervention for the prevention of chronic pain and disability following whiplash injury. *Physical Therapy*, 86, 8-18

Sullivan, M.J.L., Feuerstein, M., Gatchel, R.J., Linton, S.J., Pransky, G. (2005) Integrating psychological and behavioral interventions to achieve optimal rehabilitation outcomes. *Journal of Occupational Rehabilitation*, 15, 475 – 489.

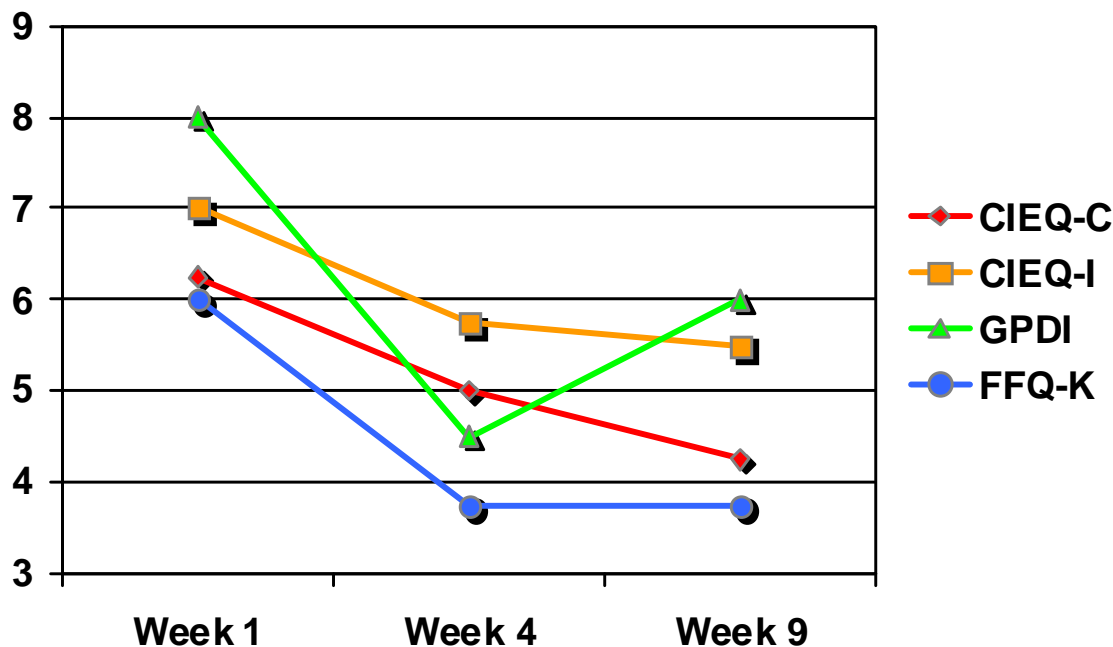
Sullivan, M.J.L., Stanish, W.D. (2003). Psychologically based occupational rehabilitation: the Pain-Disability Prevention Program. *Clinical Journal of Pain*, 19(2), 97-104.

Sullivan, M.J.L., Ward, L.C., Tripp, D., French, D.J., Adams, H., Stanish, W.D. (2005). Secondary prevention of work disability: community-based psychosocial intervention for musculoskeletal disorders. *Journal of Occupational Rehabilitation*, 15(3), 337-392.

**Gowan Health Results**

This occupational therapist has delivered PGAP™ to 4 employees with complex health issues involving various aspects chronic pain. One individual returned to full time paid employment following the program. The remaining three clients demonstrated increased involvement in activities in the home, in the community and decreased psychosocial barriers.

The following graph depicts individual's change in psychosocial risk factors over time. Each line depicts the resulting average on health questionnaires targeting psychosocial risk factors. The measure's description is listed below the figure.



**Figure 1:** Graph of averaged employee's results on various measures of psychosocial risk factors during treatment

*CIEQ-C* – A measure of cognitive reactions to current health symptoms (catastrophic thinking). High scores on this scale reflect a tendency to become overwhelmed by distressing symptoms, and to focus excessively on symptoms

*CIEQ-I* – A reported perspective on the degree of unfairness that characterizes the employee's current life/health situation (perceived unfairness)

*GPDI* – A measure of self-reported limitations in activities of self-care, recreation, social, recreational and occupational activities (disability index)

*FFQ-K* – A measure of reported worries and concerns that the employee might engage in an activity that would result in an exacerbation of symptoms (fear of movement)

It was observed that employee's self-reported disability tended to increase from week 4 to week 9. It is theorized that this measure tended to increase because individuals were asked to participate in activities of increasing physical and mental demands weekly. At week nine, activities performed were similar to work activities leaving some clients to report increased difficulty. It should be noted that at the conclusion of treatment the reported disability is lower than prior to intervention initiation, the number of activities and duration of active participation in activities has increased drastically from the onset of treatment.

Overall, results have been positive for all clients involved. All clients reported a positive experience with the program and reported beneficial aspects included; daily structuring, the walking program, tips in the client work book, and education regarding activity involvement.

### ***Frequently Asked Questions by Employers***

#### ***How do you know if an employee is a suitable candidate for PGAP™?***

- Employee who has been off of work for at least 4 weeks
- Employee does not have a fracture, cauda equina lesion, cancer, or infections
- Employee's symptoms have stabilized, yet the employee remains occupationally disabled
- Employee that would benefit from daily structure and activity resumption
- Employee who demonstrates signs of catastrophic thinking or perceived injustice
- Employee that passes the screening measures administered by the PGAP™ clinician during the initial assessment

#### ***What principles of the PGAP™ can I employ in the workplace that will help with successful return to work?***

Employees who stop working due to an injury or illness slowly become more sedentary and more disabled with time away from work. The best defense against needless occupational disability is job duty and task modification during the recovery process and slow resumption of regular duties.

PGAP™ addresses psychosocial barriers by the *successful* gradual resumption of activities of daily living. Goals are structured in a manner that the employee is involved with all aspects of activity planning and goal setting. By accomplishing goals daily the worker feels a sense of accomplishment and improved psychological well being. This concept can be applied when identifying return-to-work activities. Choose duties with the employee which will ensure success. This will slowly build confidence as the employee returns.

If the employee is already off of work because of medical restrictions the PGAP™ program can help individuals begin to resume activities similar to those at the workplace and begin to bridge the gap to return to work.

The program clinician will contact the employer to understand the physical and cognitive demands of the employee's job. Close contact is important with your injured worker and clinician during the process.

***What things will an employee require for return to work planning from the employer/insurer?***

To help the clinician and employee with return to work activity planning in the home they will need a clear description of the job to which the employee will be returning to during or following the 10 week intervention. The job description should include both physical and cognitive demands of the job.

It is important that the employee and clinician are aware of any medically restricted movements to ensure success. It is important to share any medically documented restrictions with the clinician and the employee to ensure successful gradual activity resumption and return to work.

***How Do I find a PGAP provider?***

Visit [www.pdp-pgap.com](http://www.pdp-pgap.com) to find a list of qualified providers in your area. Gowan Health has qualified providers or can assist you in finding the right fit in your area.

***Further Resources***

Additional information about PGAP™ can be found online at <http://www.pdp-pgap.com/pgap/en/index.html>. If you have further questions about the PGAP™ program or how to assist an employee with return to work call Gowan Consulting.

***Gowan Health ... assisting you in protecting your bottom line and your most valuable investment ... your employees, their health and their productivity!***

***Working Together for Healthy Businesses!***

For more information on accommodation or to develop return to work programs, contact us toll free at 1-888-752-9954 or email us at [gowanhealth@gowanhealth.com](mailto:gowanhealth@gowanhealth.com).

*Have you considered in-house training programs for your managers and employees? Gowan Health Consultants will assist you in developing customized training programs to meet your needs. Call us today to be prepared for tomorrow!*