

WorkACTive

Design of an ACT based inpatient intervention for Return To Work

Sigmund Ø. Gismervik, Egil A. Fors, Roar Johnsen, Ottar Vasseljen, Henrik B. Jacobsen, Karen W. Hara, Linda Vaagan, Astrid Woodhouse, Tore C. Stiles, Petter C. Borchgrevink, Marius S. Fimland.



1. BACKGROUND

In occupational medicine, there has been a paradigm shift from disease treatment to disability rehabilitation and management.

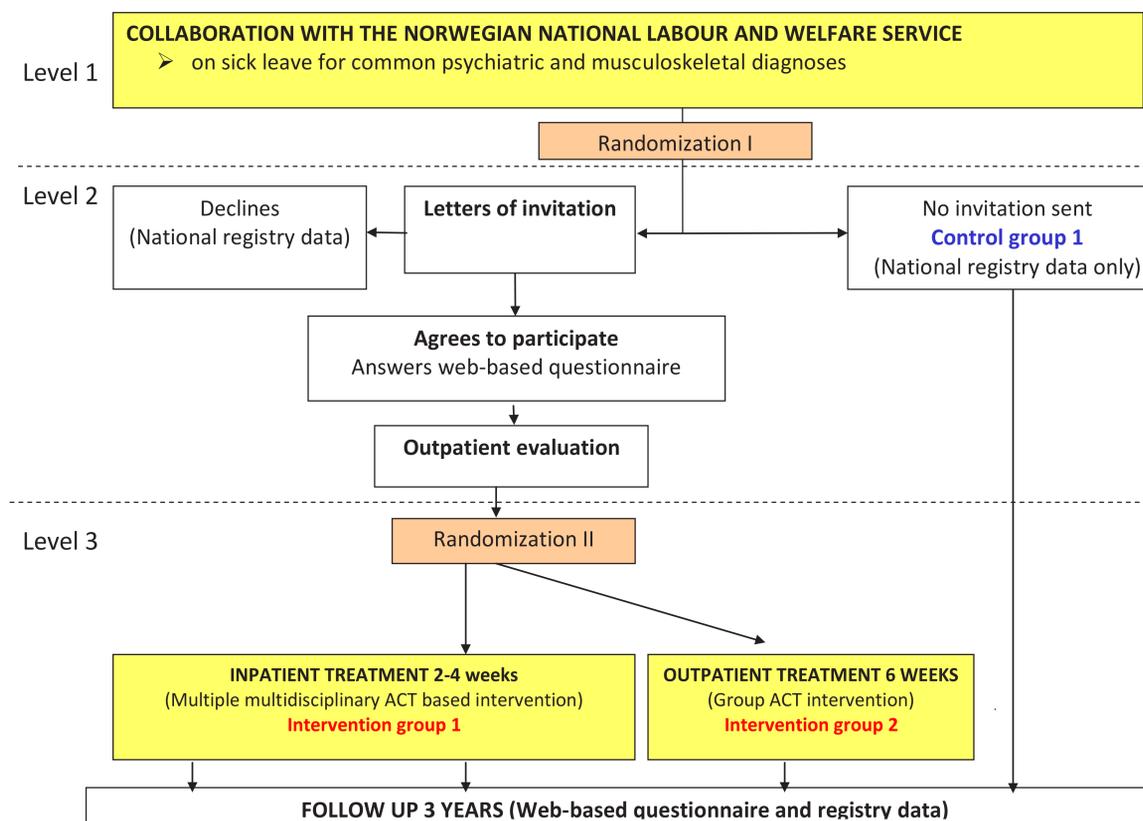
Long term sick leave is now considered to be the result of interactions between the worker, her social surroundings and three systems: the healthcare system, workplace environment and financial compensation system (Franche & Krause, 2002; Loisel, et al., 2001; van Oostrom, et al., 2009).

One RCT has been published evaluating an individual Acceptance and Commitment Therapy (ACT) intervention for return to work (Dahl 2004) and ACT has been proposed as effective treatment for a wide range of disorders (Pull 2009). Little evidence exists so far on the effectiveness of ACT group interventions and inpatient rehabilitation for return to work as well as the health economic aspects of such interventions.

2. OBJECTIVES

In Trondheim, Norway we are planning a RCT evaluation of a newly established rehabilitation center. Return to work will be the main outcome in this study. Secondary outcomes will be quality of life, change in symptoms and health economic analysis.

RESEARCH DESIGN



3. DESIGN / TREATMENT

All patients treated will be on sick-leave for a multitude of different diagnoses relating to musculoskeletal pain conditions and/or psychological disorders.

Patients agree to participate after receiving a letter of invitation from the Norwegian National Labor and Welfare Service. Included patients will be randomized either to an inpatient integrated care intervention (1-3 below) or an Outpatient group ACT intervention (only 3 below):

- 1) A physical (exercise) dimension
- 2) A workplace interaction and
- 3) An ACT based group intervention tailored for patients on sick leave.