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Return to Work

**Unmotivated?
Or Just Stuck!**

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Unmotivated? Or Just Stuck!

Identifying and Solving Resistance and Ambivalence to Get RTW Unstuck

By Kenneth Mitchell, PhD

Getting Stuck! Getting stuck is a common human experience. Staying stuck is not... There are various levels of being stuck as it relates to going back to work.

“Exploring various forms of employee ambivalence and resistance can offer greater insight to facilitate RTW.”

Ken Mitchell, PhD
WorkRx Group



Could be stuck suggests some hesitancy, not sure of the path back to work or one's eventual work capacity. There may be some detours, but opportunities for going back to work are clear and accessible.

Sort of Stuck indicates options are slowly narrowing. Time off work may be extended, but only temporarily while the person realigns within this difficult and novel situation.

And *Really Stuck* is just that. No good RTW options appear to be available. There is a sense of being stuck in cement up to one's knees. The person is immobilized and disoriented by faulty thinking, ambivalence, resistance and fear of moving forward.

The following actual case study illustrates a complex return to work predicament. It shows how exploring various forms of ambivalence and resistance can offer greater insight. It demonstrates how recognition is the first step to solving the health and productivity dilemma.

Chemo Brain

A 42-year-old accounting manager was often confused at work during and following chemotherapy treatments for breast cancer. She was making costly mistakes; clearly, job performance deficits were present. The human resource team was very uncomfortable in taking any adverse

action on a “beloved” employee who was in cancer treatment. But:

- The employer made all of the suggested schedule accommodations following the employee’s cancer surgery and several short-term disability (STD) leaves.
- The employee continued to make errors in her work.
- All STD and FMLA leave had been exhausted. She was not eligible for long term disability. The employee hinted she would file an ADA claim if she was moved to another position or suspended/fired.
- The employee was quietly labeled as “difficult” and deemed to be “unmotivated” and “unwilling” to learn new skills or change jobs.
- Both the employer and employee were really stuck.

(Stay tuned for more of the case study)

A simple explanation for this predicament is that the impaired employee was not motivated to change or adapt. Correct? However, it is important to consider that there is no such thing as an unmotivated person, he or she is simply not motivated to do what you want them to do. In this case, the individual was motivated toward a different end.

The Motivation Paradox¹ suggests that, contrary to the notion that ill or injured people who are unable to successfully return to work in a timely manner are unmotivated, in fact, most are stuck. They are stuck, because they either:

- Don’t recognize or know how to solve the health and productivity predicament they are in,
- Are fearful of moving forward, or
- Are immobilized by ambivalence and resistance to leave the status quo.

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Ambivalence and resistance are the central drivers in being stuck. Gaining insight to the individual’s ambivalence and resistance to return to work offers a window to understand:

1. Why a person may delay or be unsuccessful in coming back to work;
2. Why an employer may not want an individual back to work;
3. Ultimately how cynicism and an adversarial relationship are generated.

While our case study illustrates one kind of RTW predicament, there are others who would appear to be highly likely to become stuck. They are:

- Individuals whose work disability seems to be exaggerated;
- Extended lost time that is influenced by co-morbid behavioral health impairments;
- Eroding or chronic health problems;

- Frequent or repeat users of intermittent FMLA;
- Individuals with poor job performance prior to the health problem.

Getting Unstuck

Getting unstuck does not happen by hope or luck. Gaining insight to the individual’s ambivalence and resistance to return to work becomes the principal step in solving the motivation paradox.

Specific strategies and skills can be developed and applied to support a safe and timely return to work for an individual who is stuck. The initial step is to think differently about the individual who appears to be unmotivated. The notion that the person simply needs to suck it up, is faking it or is lazy trivializes the RTW process and reinforces failure. Such skills are embedded in the tenets and skills of Motivational Interviewing².

Figure 1 outlines key strategies for assisting individuals who are stuck.

Figure 1. Strategy for Getting Unstuck

- **Move from Adversary to Problem-Solver**
Adversaries make people dig in, distrust, defend and resist... Establish that the employee is accountable for solving his or her health and productivity predicament. Resist taking responsibility to fix the problem.
- **Recognition is Transformational**
Listening for and recognizing the employee’s priorities and expectations embedded within the ambivalence and resistance to return to work invite an improved understanding of what the real issues are.
- **Incremental Change Support**
An incremental return to work increasing the likelihood of success.
- **Continuous Engagement Reducing**
Isolation creates accountability, consistency and accuracy of information. Correspondingly, continuous engagement creates the opportunity to reinforce incremental success. Time invested pays dividends.

Now back to the case study.

The following work prescription (WorkRx) summary offers insight to the solution of this return to work predicament.

Ambivalence – Employee considered herself to be nothing less than an excellent and loyal worker. She believed she did not make mistakes. Objective performance feedback suggested otherwise. She was confused and threatened by both the cancer and potential loss of job. She did not want to move to a new job from one that she was comfortable in for the last 10 years.

Resistance – Employee was, indeed, unwilling to change jobs. She valued stability during a time of extreme instability. Unknown to her employer, changing jobs also meant separating her from loyal friends who supported her during treatment. More importantly, she had zero confidence that she could learn new skills in a new job with her subtle, but real, memory and attention deficits. Her cognitive deficits were unrecognized by the medical team. No one shared with the medical team about the performance issues. The HR team felt it had gone well beyond what was expected in supporting the employee's work over the past two years.

What Changed to Get Employee Unstuck?

1. Employee, HR and Oncology team objectively evaluated the impact of “chemo brain,” i.e., impact of chemotherapy on cognitive functions.
2. Productivity-back-up plan was designed to identify and correct mistakes in the new job during a 30-day transition.
3. Projected job performance improvement occurred when current chemotherapy was reduced to maintenance levels.

Motivational Interviewing

The following actual exchange from a different case offers valuable insights to being stuck.

Interviewer: “From the way you describe things, you are not just stuck, but paralyzed.”

Employee: “*You got it! I am at a total, complete loss of what to do!! Nothing works!!!*”

Interviewer: “Yet, you appear to have no real urgency to change.”

Employee: *Silent, no response to question, but still appears to be engaged.*

Interviewer: “May I ask a somewhat unconventional question?”

Employee: “Sure”

Interviewer: “What’s good about being stuck?”

Employee: *After a long pause... “What’s good about being stuck? Being stuck seems to be the only thing I do well these days.”*

Summary

Being stuck is no fun. Staying stuck costs everyone. The essence of focusing

on ambivalence and resistance is to differentiate between those individuals who are stuck and interested in change from those who may be comfortable with their current status and uninterested in change.

Finally, employers get stuck as well. Applying such strategies provides both large and small employers the opportunity to:

1. Avoid entering into an unnecessary adversary relationship, and
2. Reduce the growing cost of lost time and presenteeism generated by those employees who are lost in the health and productivity maze.

Footnotes:

1. Mitchell, K. “The Motivation Paradox: Work, Disability and Getting Stuck,” *www.workrxgroup.com*, July, 2009 Presentation by Kenneth Mitchell, Ph.D. to the Society for Human Resource Managers. Hawaii Chapter, July 21, 2009, Honolulu, HI.

2. Rollnick, S., Miller, W., Butler, C; *Motivational Interviewing in Healthcare* Guilford Press, New York, 2008. ●