

**Adjustment, Identity Transition, and Injury Claims: An Integrative Review and Reconceptualized
Framework**

by

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Abstract

A sudden, unexpected, and severe injury resulting in permanent functional limitations can alter a client's life trajectory. The acute and long-term psychological impacts of this type of life-altering event are associated with outcomes such as quality of life (QOL) and general health and well-being. Often negatively impacted is one's ability to continue working in a highly valued and meaningful career, creating the need to find an alternative career that matches residual functional and work capacity. Clients often receive disability benefits that include access to healthcare services as well as financial compensation during work incapacity. Insurance claim involvement adds significant distress and can hinder a client's recovery efforts in a paradoxical manner. Clinical counsellors within Canada lack specialized training in the field of disability rehabilitation. The purpose of this capstone is to conduct an integrative literature review of the individual and practical processes of adjustment during rehabilitation, from initial coping strategies to return-to-work. Results include a synthesis and reconceptualization of the adjustment framework and a proposal of an integrated "Psychosocial Timeline of a Claim." Implications can be used by clinical counsellors and other stakeholders to optimize rehabilitation outcomes in clients with an acquired disability.

Keywords: psychosocial adjustment, insurance claim, injury, RTW, rehabilitation

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Chapter One: Introduction

It has been well documented that the loss of health, be it from a sudden and potentially traumatic accident, slow degenerative disease, or chronic condition, creates a sense of emptiness or a void, and a longing for one's previous healthy state (Raanaas et al., 2019; Wilson & Stock, 2019). This loss can encompass many facets of life and impacts how one interacts within their assumptive world. For example, one can lose their physical (Schembri Lia & Abela, 2016), cognitive (Carroll & Coetzer, 2011), or mental health (Buchman-Wildbaum et al., 2020) in addition to their functional ability to fulfill their perceived life roles (Bryson-Campbell et al., 2013). Regardless of how one becomes injured or ill, there are several complex interrelationships between the variables and factors associated with the individual's overall well-being, mental health, functional restoration, and barriers and facilitators to a comprehensive recovery.

Experiencing a severe injury or acquiring a chronic illness resulting in permanent disability and functional limitations often begins with a profound sense of loss. Throughout their rehabilitation and recovery from injury, individuals experience a nonlinear and enduring grief process requiring them to continuously accommodate and adapt within different contexts while also encountering daily reminders of their limitations (Harris, 2020). Each time they encounter a negative response to their disability, be it social stigma or environmental accessibility barriers, a new sense of loss reopens the emotional wounds (Livneh & Antonak, 2005). Further, Boss and Couden (2002) explain that the loss of health is a form of ambiguous loss since frequently one's prognosis, the short- and long-term implications over time, and treatment options are largely unknown and can be unpredictable.

Unfortunately, life-altering injuries can significantly impact an individual's ability to fulfill a variety of life roles. One of the life roles that an injured individual can experience loss is related to their career or professional identity. Work is a salient component of life for a large portion of the working population (Bordia et al., 2020; Piquart & Schindler, 2007). In some cases, clients may need support to

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grieve for their career or job loss in addition to grieving for their loss of health and independence. This is especially noticeable when the effects of an injury are severe enough that it alters one's ability to fully engage in their pre-injury occupation. When this occurs, the importance that an injured individual placed on their pre-injury career identity or work-role can impact the intensity of grief faced over not working and fulfilling other meaningful life roles (Climent-Rodríguez et al., 2019).

Similarly, some workers feel *called* to certain professions and careers. However, having a calling is distinguished from having a strong career identity, as the latter construct is more related to the psychological importance placed on work (Dik & Duffy, 2009; Duffy et al., 2012). Although each of these terms are often interrelated and overlap with respect to work-related engagement, commitment, and satisfaction (Allan et al., 2019), a vocational *calling* is more closely associated with a global sense of purpose and fulfillment (Allan, Owens, et al., 2019). Throughout the literature, the concept of *meaningful work* has been widely documented; however, several definitions of what constitutes *meaningfulness* exists (Tommasi et al., 2020). The inherent subjective nature in defining meaningful work becomes problematic when attempting to integrate it into existing and emerging theories and interventions within the individual, organizational, and social psychology fields (Bailey et al., 2019). Nevertheless, meaningful work predicts work engagement, job satisfaction, and commitment, which then influences job performance and related outcome measures (Allan et al., 2019). Given that working adults spend a significant amount of time at work, the importance of career, career choice, and career development cannot be understated, as the meaning and value one ascribes to their work may impact other beliefs and attitudes towards themselves and their circumstances following a life-altering injury or illness.

After an injury, the processes of reconstructing identity through grief work, re-establishing self-determination, self-efficacy, and locus of control (LOC), and returning to meaningful pre-disability work activities is not a simple practice. Individuals with an acquired disability are at higher risk for developing

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mental health conditions (Wilson & Stock, 2019). Some clients maintain a sense of responsibility for their injuries and turn their self-blame into a negative character trait or personality attribute that impacts their adjustment to disability (Marini, 2017). With respect to obtaining and maintaining gainful employment, people with disabilities report more real and perceived barriers (Forwell et al., 2018), resulting in difficulty with career development and decision making (Fabian et al., 2009). Taken together, the scoping range and complex interactive effects of mental health and practical variables that must be considered when supporting a client following an injury appears to require a unique set of skills, knowledge, and competencies.

Setting aside individual work beliefs, attitudes, and identity adjustment issues, when addressing the practical aspect of return-to-work (RTW) outcomes, some variables are stronger predictors of success than others. Factors such as age, injury severity, and employment variables impact recovery outcomes. However, it is important to consider that contributing factors and outcomes will vary and can depend on whether an individual is returning to their pre-injury employer or due to their injury, must find a new employer (Akbarzadeh Khorshidi et al., 2019). Moreover, approximately 17% of workers who attempt to RTW to their pre-injury job are unsuccessful and 5% have multiple unsuccessful attempts (Gray et al., 2018).

Fortunately, many Canadians receive support after a sudden injury or illness through disability compensation programs that provide rehabilitation services aimed to support recovery and RTW. These services can include healthcare benefits as well as financial benefits during the period of work incapacity and re-employment support (MacEachen et al., 2012). The intent is to help individuals recover in a timely manner while also encourage employers to retain workers who may have permanent functional limitations as a result of their injuries (MacEachen et al., 2010). The psychological impact of suffering a significant injury can cause time-limited mental health deterioration; however, engagement with a disability compensation program can significantly exacerbate the distress experienced (Hung et al.,

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2022). The perceived loss of control in the RTW assessment, planning, and decision-making process during an insurance claim can trigger profound anguish, interfering with rehabilitation in a paradoxical manner. The consequences of claim-related challenges become barriers to recovery, which may not be related to the original cause of disability (Ståhl et al., 2022). However, the impact of an insurance or compensation claim on the psychological adjustment process and a return to meaningful and valued work activities has yet to be critically investigated.

Problem Statement

With the extent of challenges faced across life domains after experiencing an injury, a variety of community rehabilitation disciplines are available to support clients; however, there may be large gaps in education, training, and experience (Corbière et al., 2014). Grounded in public policy, rehabilitation counselling emerged in the United States as the first specialty within the counselling field to support people with disabilities by providing vocational guidance (Remley, 2012; Sales, 2012). Rehabilitation counsellors are required to complete core mental health counselling courses. Additionally, they also complete rehabilitation specific courses that prepare therapists to work collaboratively with injured individuals and understand the systems that support them (Commission on Rehabilitation Counselor Certification, n.d.).

By contrast, the history of the counselling field in Canada was similar, however, rehabilitation counselling as a sub-specialty was never firmly established within the counselling field, unlike some areas of concentration such as career, school-based, and post-secondary counselling that exist in Canada today (Neault & Shepard, 2022). As such, there are a range of professionals with varying levels of education and knowledge that could offer support to clients with an acquired disability. These include clinical counsellors and occupational therapists trained at the Master's level, to employment specialists, or disability case managers who, may only require internal and on-the-job training (Corbière et al., 2014;

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Leahy et al., 2009). When multiple disciplines could assist over the course of rehabilitation, there are challenges to not having specialized rehabilitation counsellors.

In a survey among Canadian clinical counsellors trained at the Master's level, rehabilitation counselling was the least practiced counselling activity (Gazzola & Smith, 2007) which is concerning given the current rates of disability. Indeed, approximately 17% of Canadians over 15 years of age report having at least one disability and of those, over 40% indicated challenges with their ability to perform activities of daily living (Morris et al., 2018; ADLs). Canadians reported an average age of onset for physical disabilities to be in their 50's, pain-related disabilities in their 40's (Morris & Mcdiarmid, 2021). These data are important as physical and pain disabilities in working-aged adults impacts their ability to obtain and maintain employment within the labour market (Sepulveda, 2021). In Canada, individuals with disabilities are less likely to be employed, which markedly lowers their labour market earnings (Statistics Canada, 2022, 2023). In the aftermath of a global health pandemic of COVID-19 paired with extraordinary rates of inflation, workers with functional limitations or disabilities will be at a greater disadvantage if they become unemployed or fail to RTW following an injury that could lead to profound financial challenges.

For many, work positively contributes to our overall well-being by providing an opportunity for social connection, engagement (Saunders & Nedelec, 2014), and offers a sense of purpose and meaning in life (Duffy et al., 2012). Workers in their 40's and 50's have likely settled into satisfying career and life-roles that form the basis of their global identity and sense of self (Blustein & Noumair, 1996). After acquiring a disability, some individuals are at a high risk of leaving the workforce altogether, making it critical to optimize a client's rehabilitation efforts. Comprehensive recovery support could minimize the risk of poor long-term health outcomes including failed RTW attempts and lower quality of life (QOL; McKee-Ryan et al., 2005). Unfortunately, Canada lacks specialty graduate training programs that comprehensively prepare clinical counsellors to support clients throughout the rehabilitation process.

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Moreover, it does not appear that the insurance claim process has been considered as a potential factor with respect to a client's psychological adjustment to injury and identity transition.

Conceptual Framework

This capstone approaches the existing research through a progressive lens with the objective of critiquing, synthesizing, and reassessing the literature. The approach and structure of an integrative literature review allows for new perspectives to emerge from a number of topics that have been well studied within their respective disciplines (Torraco, 2005). Integrative literature reviews are a creative strategy for combining perspectives across diverse theoretical models, allowing for the reconceptualization of multidisciplinary bodies of knowledge (Snyder, 2019). A critical evaluation identifies the key concepts, strengths, and contributions of the empirical evidence while uncovering salient gaps in knowledge, fragmented, or isolated topics that have yet to be synthesized (Torraco, 2005).

Psychosocial adjustment to injury or an acquired disability has long been researched and reviewed which has historically focused on general processes and pathways of adaptation and adjustment (Marini, 2017; Miller Smedema et al., 2009). Specific topics include general approaches to coping (Livneh, 2016), behavioural and cognitive strategies (L. J. Carroll et al., 2013; Kennedy et al., 2009), value reconstruction (Bishop, 2005; Klevanger et al., 2018), meaning making (Buchman-Wildbaum et al., 2020; Park, 2010; Tagaki, 2016), and redefining purpose (Lee et al., 2017; Saunders & Nedelec, 2014) following an injury or illness. The impact of disability on identity reconstruction (Barrett & Dailey, 2018; Bogart, 2014; Bogart et al., 2017; Lejzerowicz & Tomczyk, 2018) and processing the grief and loss experienced following an acquired disability (E. Carroll & Coetzer, 2011; Heatherly, 2016; Locatelli et al., 2017; Nathoo & Ellis, 2019) have also been characterized. This existing research often classifies global work and career-related outcomes as a measure of adaptation progress or life reintegration success (Livneh, 2022). Since work is a salient contributor to an individual's identity and

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self-concept, the limited understanding of how adjustment and coping differ with respect to specific career contexts makes it difficult to identify the supports required in this domain of life.

Similarly, identity transitions related to career, employment, and work-related roles have been documented with respect to voluntary (Bordia et al., 2020; Milot-Lapointe et al., 2021) and involuntary career changes (Akkermans et al., 2018; König et al., 2019; Krumboltz et al., 2013; Masdonati et al., 2022; Newton, 2022), as well as mental health aspects of circumstantial (as opposed to injury-related) job loss and career transitions (Climent-Rodríguez et al., 2019; Gowan, 2012; Synard & Gazzola, 2019; Wright et al., 2021). However, extant research has focused career identity, work-role transitions, or RTW pathways necessitated by a loss of functional ability due to physical or psychological injury or illness (Clay et al., 2010, 2014; Trezzini et al., 2018; Young, 2010) and factors associated with failed pre-injury RTW attempts (Gewurtz et al., 2018; Gray et al., 2018; Hilton et al., 2018).

Although vocational rehabilitation approaches and support models offer evidence for best practices in assisting individuals with functional limitations in obtaining and maintaining work (Fleming et al., 2013; Levack & Fady, 2021; Liljeholm et al., 2020; Moll et al., 2003), few studies have described the impact of insurance policy on vocational outcomes (Campolieti et al., 2014; Gray et al., 2018; Hagen, 2019) or how the involvement of an insurance-based disability compensation claim influences mental health (Akbarzadeh Khorshidi et al., 2019; Orchard et al., 2020; Pozzato et al., 2022) and functional health outcomes (Hung et al., 2022; Ioannou et al., 2016). The loss of control and autonomy in career-related decision making when clients have an open insurance claim remains to be fully elucidated.

With a shift away from the medical model of disability to a more holistic biopsychosocial framework of functioning (World Health Organization [WHO], 2002) insurance policy and programs must also adapt. More recently, Canadian-based qualitative studies have highlighted how policy structure creates unnecessary barriers and limitations to rehabilitation for injured workers which can prolong disability claims (Gewurtz et al., 2018; MacEachen et al., 2010, 2012; Mongeau et al., 2021;

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Robichaud et al., 2019). Disability policy structure and the involvement of various stakeholders, each with alternate and often conflicting priorities and perspectives (M. E. Black et al., 2019; Porter et al., 2019; Sjobbema et al., 2018), can create a “work disability trap” (Ståhl et al., 2022) that effectively maintains work disability, increasing the risk of poor long-term health, QOL, and overall well-being outcomes (Bishop, 2005; Livneh, 2016; Trezzini et al., 2018).

A reconceptualized framework is needed to bridge the existing gaps in research while also synthesizing emerging and critical variables to effective and sustainable RTW outcomes following an acquired disability. This integrative literature review focuses on updating our understanding of the psychosocial adjustment to injury processes by adding in the concepts of meaningful career identity transitions and stakeholder variables that together, call for a re-envisioned concept proposal.

Purpose

Given the lack of Canadian counsellors practicing in the field of rehabilitation counselling, the intersections between psychosocial adjustment to acquired disability, career or work-related identity transitions, and claim-related barriers to RTW may not be well understood. Uncovering the added dynamics of stakeholder involvement to adjustment to disability may help individual clinicians and comprehensive rehabilitation teams streamline the various processes and reduce the risk of prolonged disability claims. Individuals who are not well-supported by mental health clinicians to adequately process their grief and struggle to make space for their functional limitations may face more real and perceived barriers to adjustment. Therefore, the purpose of the present capstone paper is to:

- Critically review the existing literature on adjustment and coping following a life-altering injury, including theoretical frameworks and models to psychosocial adaptation.
- Examine the impact of injury on work and identity transitions.
- Identify the practical RTW challenges related to the insurance claim process and introduce several factors that impact mental health.

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- Provide an alternative conceptualization of the dynamic process of psychosocial adjustment to injury by integrating insurance claim barriers to existing adjustment and identity transition frameworks.

The aim is to better understand the predictors of poor rehabilitation outcomes and identify the psychological challenges that arise for clients who have experienced a loss of health and functional ability. With an enhanced awareness of when these challenges present over the course of a disability claim and what underlying factors can be targeted, clinical counsellors who work within a rehabilitation environment may be more effective in supporting clients to move through their challenges.

Contribution to the Field

This research sheds light on a previously unaddressed clinical counselling specialty within Canada and could help to identify the barriers and challenges that individuals with disabilities or functional limitations face throughout their rehabilitation journey and compensation claim. By highlighting the inadvertent role that clinical counsellors and other stakeholders have in undermining a client's rehabilitation efforts, this research could help to inform policy and improve insurance claim procedures. Additionally, this research could contribute to the development of training programs for clinical counsellors in Canada to better equip them to work with insured clients who have suffered catastrophic injuries that require a career change. It also sets a foundation for the development of guidelines and best practices for a collaborative approach between clinical counsellors and vocational rehabilitation specialists. Lastly, this research could help to raise awareness among policymakers, employers, and the public about the unique challenges faced by workers who acquire a disability, and the importance of providing appropriate support and accommodations to enable these individuals to fully participate in the labor market.

Positionality and Reflexivity Statement

It is important that I establish my positionality regarding the present topic. My interest in this topic is tied together by my personal experiences, research interests, and professional knowledge and activity. I have lived experience with a life altering disability that affected me from the young age of 16 years old. The impacts of this rare neurological disorder affect me far less now than it did as an adolescent and into early adulthood. However, I struggled greatly with periods of profound uncertainty regarding my future, forced to leave behind major career goals on multiple occasions due to the unpredictability of an episodic disability. As no disability experience is alike, my personal experiences offer me *some* insight, but I recognize that my personal journey with disability will be vastly different from clients who are required to open an insurance claim. Nevertheless, I have been drawn to supporting individuals with a wide variety of limitations and persistent employment barriers.

In addition to my lived experiences with a chronic health condition, I possess several years of experience as a researcher studying the neurophysiology of mild Traumatic Brain Injury (mTBI) and community-based employment programs for persons with disabilities. I also held a position for two years as a Recovery Specialist within the auto insurance industry, acting as a rehabilitation case manager. I currently subcontract as a Vocational Rehabilitation Consultant, supporting clients with complex injuries to re-enter the labour market. Therefore, I must acknowledge my view that engagement in meaningful work activity can act as a facilitator to psychosocial adjustment to disability.

Wherever possible, data are presented on social programs based within Canada. My professional work continues to be insurance-based. Through my work as a vocational rehabilitation consultant, I have been struck by the intimate connections between injury rehabilitation, psychosocial adjustment to disability, and the psychological distress experienced throughout the process. Unfortunately, a “transdisciplinary” approach that combines clinical counselling with vocational rehabilitation services would be considered an ethical violation according to the Canadian Counselling

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and Psychotherapy Association (C. Audet, personal communication 2022). Therefore, I saw this project as an opportunity to identify current knowledge gaps within the counselling field while simultaneously enhancing my awareness of the mental health factors that contribute to the adjustment challenges inherently linked to vocational rehabilitation efforts that assist clients to RTW.

I must also state my cultural and social location, as the concept of “work” varies drastically across cultures and identities. I identify as a female cis-gender, heterosexual, Canadian transracial adoptee from South Korea. I have experienced racially driven microaggressions across my career as well as disability-related challenges with respect to disclosure, relapse management, and large gaps in employment. Growing up, my family emphasized independence and my goal of achieving this was heavily affected by my neurological condition. However, at the onset of my condition, I did have the privilege of regular access to medical services and have received government funding from programs for people with disabilities. Therefore, I recognize the privileged lens with which I approach the concepts discussed in this paper, and I make a concerted effort to check in with myself for any assumptions and biases. Although disability is only one barrier to employment and career development, readers must be aware of the limitations of the content presented (further discussed in Chapter three).

Definition of Terms

The following terms are defined from the existing literature:

Career

"Career is a lifestyle concept that involves the sequence of work, learning and leisure activities in which one engages throughout a lifetime. Careers are unique to each person and are dynamic, unfolding throughout life. Careers include how persons balance their paid and unpaid work and personal life roles." (Canadian Standards and Guidelines for Career Development Practitioners, 2012, p. 2). The following terms will be used interchangeably: career, vocation, occupation, job, position, work, and employment. They will refer to an individual's engagement or role within the labour market and, where

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necessary, will specify *pre-injury* denoting an ability to engage in this role without limitations or accommodations, and *post-injury* which will reference an alternative position that is functionally suitable. Similarly, employer, employer representative, and organization may be used interchangeably and represents a stakeholder involved in the rehabilitation process and unless specified, will refer to the pre-injury employment situation.

Client

Refers to an individual seeking rehabilitation support services due to an injury or chronic health condition with an active insurance compensation claim. The following terms will be used interchangeably to refer to an individual with a compensation claim who has experienced a significant injury who, at the time of their injury, was successfully employed in their career without any significant barriers to fulfilling their job demands: client, worker, employee, claimant, and beneficiary.

Disability

A complex umbrella term used to describe impairments, activity and functional limitations, and participation restrictions that result from a dynamic interaction between health and personal and environmental contextual factors (WHO, 2002, 2011). The terms injury, disability, chronic disease, chronic illness, diagnoses, and condition will be used to refer to the functional limitations acquired as a result of an unexpected health event. Examples include injuries arising from a motor vehicle accident or work-related injuries and unless specified, exclude severe psychiatric disabilities. These terms are also distinct from congenital conditions such as developmental or intellectual disabilities, or disabilities that emerge earlier in life (i.e., prior to engaging in work-activity) as age of disability or limitation onset differentially impacts career development and employment support needs (Tenenbaum et al., 2014). The terms used include physical, cognitive, emotional, and environmental factors that lead to functional limitations. Note: First-person language (e.g., persons with disability) will be used wherever possible to promote seeing the person before the disability.

Insurance Claim

A private or public policy or social benefit program that provides medical benefits and financial compensation to individuals in the event that an injury or illness that temporarily or permanently limits the ability to enter or re-enter the workforce. Programs vary in coverage, entitlement criteria, assessment, duration, and re-evaluation (Organization For Economic Co-operation and Development [OECD], 2010). The following terms will be used interchangeably: claim, insurance, and compensation, disability benefit policy or program. Additionally, the following terms will be used to refer to an insurance claim representative: adjuster, adjudicator, case manager, representative.

Outline of Remaining Chapters

Chapter two provides a comprehensive and critical review of the literature related to the following section themes: 1) psychosocial adjustment models and how clients cope with disability; 2) the importance of work, identity, and finding meaning and purpose through transitions; and 3) disability claim related factors that impact recovery and RTW. Subsequently, I integrate the findings and propose an alternative conceptualization of the critical junctures and milestones of rehabilitation, recovery, and psychosocial adjustment. The reconceptualized framework proposes a “Psychosocial Timeline of a Claim” that challenges the current psychosocial adjustment frameworks and suggests that several additional complex, interdependent, concurrent, and cumulative variables, factors, domains, and contexts that must be considered when working with injured clients who have a disability compensation claim with multiple stakeholders.

Chapter Two: Literature Review

Following a life altering injury or medical diagnosis, many domains of life become drastically impacted. The physical and psychological toll goes beyond treating individual injuries or managing symptoms. Clients with serious injuries enter a state of vulnerability and without supports such as mental health counselling, they are at risk of having a delayed and lengthy recovery. The course of rehabilitation often includes the goal of RTW, especially if clients receive disability compensation through insurance programs. However, counsellors and rehabilitation team members may lack a robust understanding of all of the interrelated elements that can help or hinder recovery, especially the strong influences and contributions from the insurance agents. In this chapter, I will examine the process of adjustment to an acquired disability and the ways in which clients cope. I then explore the impact of injury on career identity and the role of a meaningful career. Lastly, I identify several key challenges that arise for clients with insurance claims, highlighting the factors that contribute to prolonged recovery. By outlining the adjustment to disability process initially, I combine the domains of career identity and meaningful work with insurance claim pressures and stakeholder factors which have yet to be considered together.

Adjustment and Coping with Disability

Suffering a severe injury or being diagnosed with a chronic health condition that results in permanent functional limitations can profoundly alter a client's life. The impact of such a devastating event leads to substantial activity limitations and restricts full participation in various domains of life (Glässer et al., 2011). Additionally, evidence suggests that an acquired disability, as opposed to a congenital onset disability, impacts an individual's self-concept, including self-esteem, identity, and self-efficacy (Bogart, 2014). The acute and long-term psychological responses to an acquired injury or disability depend on factors such as real or perceived level of impairment, personal, and environmental factors (Bogart et al., 2017). However, there is wide variability in terms of the type, duration, and the

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extent and severity of limitations that influence the psychological processes of adjustment (Lejzerowicz & Tomczyk, 2018).

The various models of disability (e.g., medical, functional, biopsychosocial) thus create challenges when measuring rehabilitation and recovery outcomes (Chan et al., 2009; WHO, 2001). There is much debate among scholars regarding what constitutes "optimal adjustment," however, some agree that *adaptation* is the dynamic process that eventually leads to *adjustment* (Marini, 2017; Miller Smedema et al., 2009). Adaptation, as a process, includes several interacting factors. For instance, Livneh and Antonak (2005) indicate that functional limitations, uncertain prognosis, prolonged treatment, stress related to the disease itself, impact on family and friends, and financial losses all impact adaptation to injury. Adjustment, then, is summarized to include a client's acknowledgement and acceptance of limitations and reintegration with the external environment while maintaining a positive attitude, view of self-concept, and self-image (Livneh & Antonak, 2005; Marini, 2017; Miller Smedema et al., 2009). Since an in-depth review of the numerous adjustment theories and models is beyond the scope of this paper, Marini (2017) suggests using the following terms interchangeably, *adjustment*, *adaptation*, *reaction*, and *response* when describing how individuals approach managing their disability. Therefore, these terms will be used interchangeably when referencing how a client manages a sudden and severe injury.

When considering the general adjustment process to functional change, some experts propose a stage model of adjustment to chronic illness and disability (Livneh & Antonak, 2005). In contrast, other theories are grounded in the belief that a *disability* is a socially constructed term (Bogart et al., 2017) and, therefore, is more impacted by one's contextual environment (Miller Smedema et al., 2009). The sudden and potentially traumatic loss of health impacts one's overall identity by creating a sense of personal loss (Bryson-Campbell et al., 2013). Although only a few models of disability adjustment and conceptualizations are summarized here, a common theme is that adjustment is thought of as a

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complex process with multiple independent and integrated junctures that, depending on the therapeutic discipline or lens through which it is viewed, may or may not lead to maximized functional recovery and life reintegration.

Integrating identity transition and grief research, Conroy and O'Leary-Kelly (2014) argue that significant losses can simultaneously be an opportunity for profound disruption and growth. This makes sense in that *life-altering or life-changing* injuries or illnesses, by definition, shift the course of a client's life, requiring time to process, make sense of, and adjust to a transformed life direction (Neimeyer, 2001). From a rehabilitation perspective, clients who unsuccessfully adapt to their disability are posited to have succumbed to their limitations (Chronister et al., 2009). Although psychopathology is not the focus of the current paper, it should be noted that the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) classifies adjustment disorder as a trauma- and stress-related disorder. However, functional limitations should last no longer than six months (American Psychiatric Association, 2013). In cases of severe injury such as spinal cord injury (SCI), *newly injured* has been defined as within 12 months of injury due to the intensive rehabilitation required (Kennedy et al., 2009). Therefore, a client undergoing less than optimal adjustment to injury may not meet the criteria for an adjustment disorder in a diagnostic sense despite demonstrating clinically relevant symptoms. This highlights the extended temporal nature of adjustment to an acquired disability (Livneh, 2016) and demonstrates that a clinical diagnosis (or lack thereof) may not provide the full scope of client pain and suffering. Nevertheless, the long-term psychosocial adjustment goals are for clients to acknowledge their limitations and identify existing or residual assets that support reintegration into the external environment while re-establishing a positive sense of self, allowing an individual to resume previous life goals or creating and achieving new goals (Coffey et al., 2014; Marini, 2017; Miller Smedema et al., 2009).

How one adapts to the change in functioning can significantly impact physical and mental health outcomes and long-term ratings of QOL and subjective well-being (Bishop, 2005; Trezzini et al., 2018).

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The psychosocial adaptation process to acquired disability occurs over time, starting with the initial shock or crisis response, followed by practical efforts to restore or maximize functioning, eventually leading to community reintegration. There has yet to be an agreed-upon definition of *successful disability adjustment* (Marini, 2017; Miller Smedema et al., 2009). However, given the plethora of empirical evidence showing the relationships between disability and a variety of health (Jones et al., 2021; Uppal, 2006; Zhang et al., 2009) and employment outcomes (Heijbel et al., 2006; Horn et al., 2021; Price et al., 2002; Yue et al., 2021), supporting clients toward optimal psychosocial adjustment to acquired disability likely has multiple long-term benefits.

The Tripartite Model

Upon an extensive review of the available stage models of adaptation to disability at the time, Livneh (2001) originally posited that "a host of personal, social, and environmental experiences, demands, and resources continuously interact throughout the adjustment process to erect a complex and unique series of adaptation milestones" (p. 158). Three primary tenets were said to be involved in the adaptation process, which included (1) antecedents or triggering events within pre-injury contexts, (2) the actual process of adaptation, and (3) the anticipated outcomes of the adjustment process following injury or illness onset (Livneh, 2001). More recently, the conceptual framework for this model has been updated to add a more integrative approach concerning the model's second tenet: the adaptation process. For instance, medical status, or level of impairment and treatment uncertainty, time-limited internal psychological reactions such as anxiety, depression, denial, anger, and acceptance, and lastly, psychological management strategies intended to minimize distress, such as coping, were three main components that were expanded upon (Livneh, 2022). This updated model proposes that the adaptation process includes both the subjective and objective or a client's perceptions or attitudes toward their circumstances and the external environment with which they interact (Livneh, 2022). It is a

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comprehensive framework of disability adjustment and lays a broad foundation for clinicians and rehabilitation team members to utilize when supporting injured clients.

The adaptation process in the updated quasilinear model posits that the psychological reactions triggered by the injury (e.g., anxiety, depression, denial, and anger) vary in intensity but generally decline over time, whereas *acceptance* would increase during the process (Livneh, 2022). However, acceptance is often associated with positive psychology tenets such as positive affirmations of a disability identity (Zapata, 2020) and promoting hope for the future (Coyle & Atkinson, 2018), suggesting the need to embrace and submit to the circumstances. Readers are cautioned that encouraging acceptance could be perceived as invalidating by some clients (Greville-Harris et al., 2016) and may want to clarify that acceptance can also mean a willingness to tolerate discomfort and difficult circumstances (Tagaki, 2016). Indeed, principles of mindfulness-based interventions and acceptance and commitment therapy (ACT) for chronic pain include the facilitation of non-judgmental and non-reactive awareness (Turner et al., 2016), which promotes a willingness to engage in meaningful and valued activities despite the presence of pain (Kanzler et al., 2022). Therefore, signs of reaching the rehabilitation milestone of acceptance may not always be associated with decreased psychological reactions. The psychosocial adjustment to disability outcomes largely depends on the psychological management strategies that a client engages in to minimize distress (Livneh, 2016) and can include psychologically-driven appraisals, coping strategies, and perceptions (Livneh, 2022).

Coping

Coping strategies are situationally and temporally based efforts used to minimize life stressors' negative impact. Coping can be thought of as *adaptive* or *maladaptive*, such as in Lazarus' transactional theory (Lazarus, 1993; Lazarus & Folkman, 1984). A closer look at the influence of the different coping strategies within the adjustment process reveals many similarities between how individuals react to daily life stressors and a catastrophic injury. In response to an injury, clients engage in a *cognitive*

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appraisal and *reappraisal* process, typically involving the assessment of "threat" (Livneh & Antonak, 2005). For example, *occupational threat* is experienced when a limitation is perceived as impacting an individual's ability to perform their work role (Raanaas et al., 2019). Said differently, a cognitive appraisal is a client's assessment and perception of how their new limitations could prevent them from accomplishing tasks in a particular context or fulfilling valued roles or identities. Kennedy and colleagues (2009) found that cognitive threat appraisals were the best predictors of anxiety and depression following an SCI. Cognitive appraisals such as internal thoughts, feelings, and beliefs, when used as coping strategies, have been shown to positively respond to disability adjustment counselling services, even in a sample of patients eight years post-TBI (Dillahun-Aspillaga et al., 2015). These beliefs and perceptions of an injury's impact on a client's life and QOL are thought to impact the outcomes of psychosocial adaptation (Livneh, 2022). Improvements through disability-targeted counselling support a significant finding (Dillahun-Aspillaga et al., 2015) because improvements in self-awareness and disability-related self-perceptions suggest that individuals may vary on how they cope as a function of time since injury. It is possible that depending on where a client is within the adaptation process, they may be more or less likely to engage in particular coping strategies.

Another commonly researched maladaptive responses to injury are fear-avoidance coping, whereby clients avoid certain activities that exacerbate or believe will exacerbate symptoms (Cassetta et al., 2021). This can include fear of movement, or fear of re-injury for musculoskeletal and pain-related conditions, which can lead to poorer physical (Besen et al., 2015). Catastrophizing is described as an individual's perception of pain as opposed to a coping strategy (Livneh & Martz, 2014); however, is shown to be associated with fear-avoidance coping (Hall et al., 2011), treatment disengagement (Dutta et al., 2017), and negative rehabilitation expectations (Ferrari & Russell, 2010; Rinaldo & Selander, 2016). These more emotion-focused coping strategies differ from behaviour-based efforts that target increasing activity and physical reconditioning.

Lessons from Coping Styles

The research identifies the numerous coping styles and highlights the interacting effects of distinct coping strategies. When coping after an injury or chronic health condition, clients who engage in more active, engagement and approach-oriented coping strategies had more positive outcomes in terms of QOL, physical pain and symptoms, and mental health (Cassetta et al., 2021). Cognitive threat appraisals and the use of approach-oriented coping were associated with symptoms of anxiety, depression, and measures of psychological adjustment (Dillahun-Aspillaga et al., 2015), whereas maintaining hope promotes the use of more positive coping styles (Kennedy et al., 2009). Lastly, maladaptive coping strategies in the acute phases of recovering from an injury strongly predict perceived disability (Livneh & Martz, 2014). When taken together, these data suggest that rehabilitation teams should continuously monitor the styles of coping and individual strategies used throughout the recovery process. Provide clients with education and support to implement more positive and adaptive coping strategies may lead to better recovery outcomes. Even clients who are several years post-injury or diagnosis can shift toward using coping strategies that foster feelings of hope, which is an important distinction, as some clinicians may assume that clients are "stuck" with their faulty beliefs.

Adjustment, Coping, and Quality of Life

Cognitive appraisals of how a disability or functional limitation impacts an individual's central life domains were described by Livneh (2001) as disability moderators to adaptation. Furthering this notion, Bishop (2005) expanded on existing theories of adaptation and proposed that a multidimensional and subjective process offers a more individualized explanation of the psychosocial response to disability. In other words, clients will respond to the multiple life domains impacted after acquiring a disability variably based on their subjective experience. This *disability centrality* model suggests that QOL is based on well-being and satisfaction across life domains and that the response to an injury or illness will depend on the relative salience or centrality of the life domains impacted by the disability (Bishop,

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2005). The client's appraisal of the importance of a particular life domain that becomes disrupted and their perceived control over the disruption will influence ratings of QOL (Bishop, 2005; Livneh, 2016). Assessing pre-injury life satisfaction across domains and contexts, for example, at home, work, and social engagements might help clinicians to understand a client's perspective and where they might need the most support.

Unfortunately, in catastrophic injury cases, several essential domains of life may be negatively impacted, over which the client might not have actual or perceived control. One example includes the perceived lack of control over the RTW decision-making process (Rinaldo & Selander, 2016; Stewart et al., 2012). According to Locatelli and colleagues (2017), environmental barriers impact psychosocial factors such as grief and, consequentially, affect activity participation. Thus, the client's perceived lack of control over environmental barriers may lead to further mental health decline. Furthermore, the abrupt change in daily activities negatively affected ratings of QOL, subjective well-being, and life satisfaction (Newton, 2022). Clients may benefit from psychoeducation on how threat appraisal and other negative cognitive appraisals can hinder the process of psychosocial adjustment (Livneh & Antonak, 2005). Regardless of the life domains impacted by a disability and hold high importance, clients should be continuously supported throughout their rehabilitation to identify what they have preserved control over.

Regarding medical status uncertainty, individuals participate in extensive inpatient rehabilitation efforts shortly after a significant injury, often followed by ongoing outpatient treatment services. The level of functional restoration, medical prognosis, and severity of residual symptoms after an injury largely depends on a client's access to healthcare services and resources, such as insurance programs that offer financial support (Hadley, 2007). It is possible that when reaching a new rehabilitation milestone, the client may re-experience the acute crisis responses; for instance, achieving maximum medical recovery (MMR) for ADLs would be highly encouraging. While the next section of the recovery

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journey might explore returning to work, clients may realize that they are facing new barriers within a different domain of life, resulting in the need to process additional grief and loss regarding work-identity.

Some rehabilitation efforts take years of outpatient therapy with little to no improvements before a client gets referred for a more aggressive intervention, such as surgery. The client may have initially hoped that the treatments would improve their limitations or pain. However, when the outcomes are not as expected, clients may have often engaged in cognitive reappraisals, thus re-experiencing anxiety, fear, depression, and anger (Livneh, 2022). It is essential to recognize that most individuals will experience some psychological distress following an injury; however, it is often time-limited as opposed to a separate clinical diagnosis such as major depressive disorder (Livneh, 2022). Although, some evidence suggests that a pre-existing diagnosis of depression and anxiety disorders may impact recovery outcomes such as sustained RTW after work disability (Jones et al., 2021). Nevertheless, rehabilitation team members should remain vigilant for mood and mental health deterioration, especially around critical rehabilitation junctures or milestones.

Translating the models of adjustment that are based on a variety of theoretical frameworks and research into effective counselling interventions becomes challenging when the psychosocial issues could benefit from a variety of approaches. Indeed, Livneh (2001) proposed a "theory-free" model that still requires empirical evidence for the application of interventions and the impact on QOL outcomes (Livneh, 2022). Several rehabilitation disciplines would contribute expertise at different stages of the model, with counselling likely relevant throughout the course of adjustment. Given that an acquired disability creates significant life disruption, addressing adjustment throughout the recovery process with an integrative approach may be preferred to facilitate flexible, multi-modality intervention strategies.

Adjustment to Disability as a Starting Point

The psychological impact of a life-altering injury affects nearly all life domains, making it one of the most challenging experiences an individual must face. It becomes strikingly apparent that the psychosocial adjustment process to a significant injury and functional limitations is also incredibly nuanced and requires a dynamic, holistic, and multidisciplinary approach to recovery. At the same time, the reviewed literature demonstrates the significant limitations of research in this subject matter, as there are several types of disabilities, each of which has its own set of functional implications, and there are inconsistencies in outcome measures and definitions of adjustment (Marini, 2017; Miller Smedema et al., 2009). Moreover, depending on several pre-injury factors and post-injury resources (Livneh, 2022) combined with access to support or rehabilitation services (Hadley, 2007), clients will likely have vastly different capacities to learn and implement positive and adaptive coping strategies. Interventions likely demand constant reassessment by treatment providers as clients may be highly vulnerable to setbacks that would further lengthen the rehabilitation and adjustment processes. They repeatedly enter new territory, creating the need to reuse learned strategies. However, previously learned coping strategies used with success may no longer be helpful within new contexts, forcing them to relearn and master alternative coping methods. At the same time, each cycle refreshes the process in its own way and may leave clients physically, psychologically, and cognitively exhausted, hindering their ability to cope effectively and develop resiliency (Tedeschi & McNally, 2011). Despite the numerous considerations required and interrelated factors that impact the psychosocial adjustment to disability, the salience of work, career identity, and involuntary identity transitions are not explicitly addressed within these adaptation and adjustment models. Furthermore, aspects of coping specific to a highly valued identity or meaningful activity have yet to be elucidated.

Identity, Meaning of Work, and the Impact of Disability

When asked, "*Tell me about yourself*," the response typically is not, "*I'm a recreational dodgeball player and hair care enthusiast*." It does not take long before we instinctually describe what we do for work, whether it is a professional title, position, or specific role within an organization. Why are our occupations one of the first few things we mention? Before addressing the impact of disability and functional limitations on aspects of career transitions, it is necessary to understand the importance of work and how it impacts personal identity development. This section's theme will review the psychological significance of work, the links between role identity and meaningful work, the impact of experiencing an involuntary career change, and the factors contributing to identity adjustments following an injury related to career identity.

Psychological Significance of Work

Work is not merely a source of income but a means to contribute to psychological well-being. Grounded in Maslow's hierarchy of needs (Maslow, 1962), working offers a means for survival and fulfillment of basic needs (e.g., food, water, shelter), and once those needs have been met, work acts to facilitate social interactions and connectedness (Blustein et al., 2006). It is also goal-directed behaviour fueled by self-motivation, offering an opportunity to fulfill the psychological needs of autonomy, competence, and relatedness (Deci & Ryan, 2000; Ryan & Deci, 2000). Autonomy is often mistaken for "control" but can be described as functioning with a sense of voluntariness and behaving in a way that is congruent and self-endorsed with authentic interests and values. Competence is a need to feel effective within meaningful life contexts and act with a sense of mastery and is diminished when tasks are too complex or with negative interpersonal comparisons. Relatedness is a sense of belonging and feeling socially connected and significant within social groups and organizations. These constructs are fundamental to work motivation and overall well-being (Ryan & Deci, 2017). Work can be self-

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motivating and internally and externally rewarding with a complementary mix of autonomy, competence, and relatedness.

Career and Identity Centrality

Generally, individuals have a wide range of identities within different life contexts. Therefore, it is unsurprising that theories of identities have contributions from various fields. Two primary frameworks of identity that have been compared and contrasted by Stets and Burke (2000) include the *identity theory* and *social identity theory*. They posit that *group-based* identity (social identity theory) and *role-based* identity (identity theory) help describe "who I am" and "what I do" and vary depending on the context. Additionally, identity salience and commitment to a role relate to an individual's goals and purposes. Lastly, cognitive and motivational processes are involved in identity such that we know which category or group we belong to and "understand" the expectations of a particular role (Stets & Burke, 2000). Since work is such a prominent aspect of life for most of the working population, it becomes part of our identities, representing one type of role that an individual assumes in life, also referred to as *work-role centrality* (Bordia et al., 2020; Climent-Rodríguez et al., 2019; Pinquart & Schindler, 2007).

It is likely that our work-role identities develop through self-determined career pursuits and that with increasing context-specific competence and autonomy, work becomes a positive feedback loop that strengthens the importance of our work identities. Thus, clients who prefer to identify themselves as their career-related group- or role-based identities might indicate that work is a highly valued and meaningful activity. Further, a solid work-role identity paired with a weak non-work role identity can result in an identity crisis when transitioning out of the workforce (Bordia et al., 2020). This suggests that clients may need additional support during periods where they are unable to engage in their work-role due to functional limitations. The psychosocial adjustment models and theories discussed previously (Bishop, 2005; Livneh, 2016) offer insight for counsellors supporting injured clients as they

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process an additional domain of life impacted by their functional limitations, forcing a shift in a valued and established work-role identity.

Although there are many life roles that one fulfills across a lifetime, such as a homemaker, student, and parent (Savickas, 1997), for most of the working population, our identities become entrenched with the work we perform and a source of meaning and purpose (McKee-Ryan et al., 2005). The degree of work-role centrality, or the relative importance one places on their career, encompasses one's attitudes regarding work, professional goals, and career and life values (Climent-Rodríguez et al., 2019). Work-role centrality can be classified based on various personal and social job-identity formation processes. For instance, Crocetti et al. (2014) summarized work-role centrality as the extent and stability of a worker's identity commitment and level of exploration and reconsideration for alternative identities, with some workers remaining ambivalent towards their work identity. Thus, a client who indicates having stable personal and social identities in the context of work is described as being committed to their current career with no expressed need to search for more suitable alternatives. These workers were found to be highly engaged with their employer, organization, or work team and experienced greater job satisfaction, lower levels of burnout, and were less likely to leave the organization (Crocetti et al., 2014). The extent of a client's work-role centrality could be a key indicator of their attitude towards work, life values and career goals, work-related identity stability, job satisfaction, and whether they are at risk of work-related burnout. Clients who feel their work serves a purpose and feel fulfilled may be better equipped to manage stressful work situations. Each of these factors would be helpful when supporting a client during periods of uncertainty or change, such as situational stressors or needing to relocate and change employers.

Meaning and Purpose in Work

Often associated with work-role centrality or career- and work identity is the concept of meaningfulness and finding a sense of purpose and fulfillment from work, influenced by our cultural

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worldviews (Allan, Owens, et al., 2019). The value of finding meaning and purpose in work or within one's career has many personal, professional, and organizational benefits, whereby meaningful work was found to be associated with work engagement and job satisfaction (Allan, Batz-Barbarich, et al., 2019). Some workers perceive themselves to be "called" to a particular career. That is, they view their calling as a fundamental contributor to their meaning in life (Duffy et al., 2014). Not only is the perception of having a calling associated with career commitment, the meaning of work, and job satisfaction, but the ability to live out the calling modifies these outcomes (Duffy et al., 2012). Unfortunately, disabilities that cause work-capacity limitations can become a substantial barrier to pursuing one's perceived calling and desired career.

Several other interrelated and circumstantial factors, such as personal, social, and economic constraints, impact a worker's ability to live out their calling (Krumboltz et al., 2013). When injuries prevent an individual from living out their perceived calling, psychological and practical supports focused on redefining the meaning and purpose of a work role may assist clients in overcoming barriers. These barriers could be related to the psychosocial adjustment processes previously described, whereby clients utilize passive and fear-avoidance coping strategies rather than identifying their residual work capacities. Conroy and O'Leary-Kelly (2014) posit that work-role identity disruption includes a transition period between loss orientation which is focused on "Who I was," and restoration orientation which establishes "Who I will be now." They further indicate that when the discrepancy between an ideal self and the current reality is pronounced, workers will experience more intense loss-related emotions. A qualitative study indicated that supporting clients in (re)discovering the underlying values of participating in work-related activity promoted a sense of meaning and positively impacted other facets of life (Klevanger et al., 2018). Therefore, exploring the relationships between how a client views their perceived calling, work-role identity, and their appraisal of the negative impact the limitations present would be beneficial.

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Facing the reality of work-related functional limitations as an adult could trigger feelings of anger and hostility (Livneh & Antonak, 2005). A client may struggle to move through these emotions without counselling support to address them, especially at this juncture of recovery. Moreover, for instances where anger is pronounced, individuals recovering from an injury may perceive greater feelings of injustice (Scott et al., 2013). Research indicates that anger and perceived injustice are negatively associated with the quality of the working alliance between the client and rehabilitation professional (Scott et al., 2016), leaving the counsellor in a challenging dilemma. Clients may be looking to hold someone responsible when they feel they are not recovering quickly enough and might direct this blame onto their treatment provider. Consequentially, they may not be as receptive to further recommendations, and this resistance can lead to a recovery impasse or premature plateau.

Career Disruptions

There are various ways in which a client's career can be disrupted, with a severe injury resulting in a functional limitation being only one possibility. Several conceptualizations of career disruptions exist in the literature, each with an alternative lens and explanation of impact. According to Akkermans et al. (2018), "A career shock is a disruptive and extraordinary event that is, at least to some degree, caused by factors outside the focal individual's control and that triggers a deliberate thought process concerning one's career" (p. 4). Evidence suggests that career disruptions can be more challenging to navigate for individuals who have held satisfying careers in one occupation or industry (Pinquart & Schindler, 2007). Job loss due to labour market shifts (Synard & Gazzola, 2019), corporate reorganization, or business closures (Chadi & Hetschko, 2021) have also been described in the literature as unplanned career shocks. For some, a sudden job loss could be perceived as an opportunity for career progression, but for others, it may create feelings of uncertainty.

Coping With Involuntary Job Loss

When considering "job loss" more closely, there are several similarities and differences in processing this type of "career shock" compared to losing a career and work role due to a severe injury. For instance, recently laid-off workers indicated that they engaged in behavioural and emotional processes following job loss, such as problem-focused coping and meaning-making efforts (Synard & Gazzola, 2019). They also reported that making behavioural adjustments such as focusing on hobbies or home-based projects, setting goals with deadlines, and engaging in self-care activities such as exercising, taking a vacation, and generally doing things that "feel good" all promoted positive well-being in the face of job-loss (Synard & Gazzola, 2019). Unfortunately, clients who have suffered a severe injury also need to implement behavioural adjustments and set new goals, but there are fundamental differences in the context and extent to which the coping strategies and goals can be realized.

Absent an injury, a career shock due to being laid off causes negative affect through self-blame, social withdrawal, and threats to identity (Synard & Gazzola, 2019). Although the job loss may be unexpected, there are fewer emotional consequences for clients who perceive a better potential for re-employment (Climent-Rodríguez et al., 2019). Additionally, Caliendo et al. (2015) found that recently unemployed workers who reported more LOC, higher job search optimism, and positive outcome expectancies have a shorter duration of unemployment. Following unexpected job loss, Synard and Gazzola (2019) found that embracing agency, choice, and control of the situation were beneficial coping strategies. The ongoing uncertainties for clients recovering from injury create intangible losses such as one's future vision for their career (Harris, 2020), and even highly motivated clients may be prevented from seeking employment due to an unpredictable recovery (van Hal, 2013).

Career Disruption Due to Injury

On the other hand, after a sudden and often traumatic injury, a client's functional limitations may not be congruent with their pre-injury training, education, and work experience; therefore, they

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have less control over the types of employment they can transition into. The concepts of real and perceived control become critical with individuals losing a job or career and physical, mental, or cognitive health and functioning. Grieving an involuntary career loss due to disability is a volatile non-linear process as clients must continuously restructure their career identity across domains where their functional recovery is uncertain (Harris & Winouker, 2016). Without a solid support network, clients who worry about their vocational future may feel isolated and lonely and are at a higher risk of developing depression and anxiety (Wilson & Stock, 2019). Developing a disability identity can be essential for progressing adjustment, particularly when there are constant barriers within an ableist culture, such as social, attitudinal, and architectural barriers (Noonan et al., 2004). Facilitating the development of a disability identity through psychological intervention can be effective (Forber-Pratt et al., 2019). However, some evidence indicates that disability identity, self-esteem, and life satisfaction are significantly lower in people who acquire disabilities later in life (Bogart, 2014; Konrad et al., 2012). It is possible that with disabilities with early childhood onset, adaptation through compensatory strategies during critical developmental stages facilitates disability identity formation and thus, vocational identity is developed in light of the disability or functional limitations. In other words, with no pre-disability identity to grieve, there is no perceived loss. On the other hand, despite acquiring a disability, work remains a salient source of identity for many, contributing to self-esteem and motivation to regain normality (Saunders & Nedelec, 2014). The similarities between the negative impact of a general job loss or involuntary career-identity loss due to an acquired disability must be underscored when rehabilitation counsellors are working with clients. Understanding that there may be multiple layers of grief associated with career- and work-role identity loss that must be addressed at different stages of recovery will be vital to acknowledge.

Meaning Making and Purpose After Injury

Career disruption associated with stressful, life-altering events or circumstances can trigger significant mental health challenges. These abrupt and involuntary career changes are thought to initiate a meaning-making process that helps clients make sense of their loss (Neimeyer, 2001). Park (2010) synthesized existing meaning-making theories and suggested that people possess orienting systems that provide them with cognitive frameworks to interpret their experiences. During stressful situations clients appraise and assign meaning, which can lead to further emotional pain. Meaning-making efforts are intended to reduce the discrepancy between the appraised situational meaning and their global meaning to restore a sense of meaningfulness, which can lead to better adjustment following stressful events (Park, 2010). In the context of re-establishing or adjusting identity following an acquired disability, the need to understand "*Who I was*" and "*Who am I now*" (Carroll et al., 2013; Conroy & O'Leary-Kelly, 2014; Thompson et al., 2017) closely aligns with these notions of meaning making and questioning, "*Why me?*" Although grieving the loss is helpful in adjustment, some individuals view this in-between state of being as a time when they can reassess valued areas of life and embrace the opportunity to consider life values and goals (Akkermans et al., 2018). Indeed, some study participants recalled that their strong drive to RTW as fast as possible helped them in some ways. However, they reflected that their time off work perhaps was a missed opportunity to reconsider alternative options (Marti et al., 2017). Thus, some clients may benefit from taking additional time to consider the short- and long-term benefits of returning to specific employment or career opportunities, especially if they have the assistance of a supportive rehabilitation team and a stable social network to lean on.

Although closely related, the competing psychosocial adjustment and meaning-making processes may be counterproductive. For instance, if a client realizes they are unable to return to a highly valued pre-injury career that is embedded in their self-identity, they may experience increased

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threat appraisals and occupational threat. They may also perceive massive discrepancies between the situational meaning and their global meaning concerning beliefs about self, work, and life goals, thereby leading to significant levels of distress (Park, 2010). Where high value was attributed to their career success, but injuries have forced a career change and impacted their ability to pursue meaningful and valued life and career goals (Headey, 2008), the meaning-making processes is likely to be more challenging to facilitate. This is a cause for concern since work can be seen as a sign of recovery after an injury, contributing to a new sense of fulfillment and purpose and improving self-efficacy and confidence (E. C. Dunn et al., 2008; Saunders & Nedelec, 2014). Thus, supporting clients early in the adjustment process may reduce the risk of poor psychological adjustment and the use of maladaptive coping strategies. There is still much to be learned about involuntary career changes throughout the course of adjustment following a life-altering injury. Much of the literature focuses on returning to pre-injury employment, where career-related satisfaction and meaningfulness would presumably be restored.

Redefining Work Identities

The extent to which an individual must integrate work-related functional limitations into their global identity could be debated. Rehabilitation and disability scholars argue that identity is shaped by the various models of disability, influenced by personal, environmental, and social factors (Forber-Pratt et al., 2019). Research shows that self-identifying as having a disability or developing a strong disability identity can positively impact disability pride and self-esteem (Bogart et al., 2018). However, focusing on integrating aspects of the disability with self-perceptions and developing a strong disability identity may reinforce faulty beliefs, leading to resistance to treatment recommendations that would otherwise increase functional independence. By contrast, refusing to acknowledge the resulting limitations that a disability imposes on a client is a disengagement coping strategy or avoidance-oriented behaviour (Livneh, 2022). Nonetheless, even if a client grieves their old self, embraces the disability, and reconstructs a new identity, they may still face the negative social stigma associated with having a

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disability (Bryson-Campbell et al., 2013). Thus, rehabilitation counsellors must remain attentive to the client's psychosocial and identity adjustment progress, preferred coping strategies, salient identities, highly valued domains of life, and perceptions of limitations to meaningful activity. If the client reports that their career identity and work role are central to their global identity and contribute to their sense of meaning and purpose in life, clients should be supported in grieving these losses.

Looking to a New Direction

Once a client has been able to grieve their loss of identity adequately, the task of identifying RTW options can begin. Unfortunately, clients must face the reality that their limitations significantly reduce the types of work they can undertake. Research has established that the severity, type, and age of disability onset predict vocational outcomes (Szymanski & Vancollins, 2003; Tenenbaum et al., 2014). The extent to which the functional limitations impact a client's ability to engage in general and specific work activity becomes a factor for RTW planning (Akbarzadeh Khorshidi et al., 2019). For example, a client with a specific trade certification with injuries that significantly limit their work capacity in that field will be substantially restricted in finding an alternative occupation that meets their current functional capacity *and* career interests, work preferences, and training and skills.

Pairing rehabilitation counselling services with vocational exploration activities can support the client in processing any intense emotional responses while also providing feedback on career choice (Hudson Breen & Lawrence, 2021), reducing the psychological distress experienced (Milot-Lapointe et al., 2021). Although the intricacies of vocational rehabilitation psychology and career development theory are not covered here, it is still crucial to understand that career choice is contextual and influenced by the interactions of various systems throughout the lifespan (Patton & McMahon, 2021). Counsellors need not engage in structured career counselling interventions with injured clients as this is within the domain of a vocational rehabilitation specialist (Fabian et al., 2009). Instead, they must understand that when clients realize the adjustments necessary to their global and career identities,

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they will likely require support managing negative emotions associated with transitioning careers and creating new goals. The repetitive realizations of not just the diminished scope of employment opportunities they are functionally capable of managing but also their reduced ability to meet the labour market hiring standards, including education, certifications, related work experience, and industry-specific knowledge, is understandably profoundly discouraging.

Clients with functional limitations face many of the same challenges with career decision-making as those without restrictions, plus several additional barriers and facilitators. Yanchak and colleagues (2005) found that individuals with cognitive impairments reported increased dysfunctional career-related thoughts than those with a physical disability. The severity of the disability and age of onset are barriers that lead to low self-efficacy, satisfaction with life, and disability-related self-efficacy (Tenenbaum et al., 2014). Comparatively, vocational identity is an individual's understanding of their career goals, interests, and personality and was not found to be different between early and late-onset disability (Yanchak et al., 2005). Additionally, vocational identity is correlated with ratings of physical, cognitive, social, and psychosomatic functioning and coping abilities (Brehmer et al., 2022). Thus, a more severe acquired disability that results in poor ratings of overall functioning and coping abilities may lead to low self-efficacy because vocational identity had been established when previously healthy. In other words, they may struggle to integrate their health and functional circumstances with their pre-injury identity and establish coherent post-injury identities. This suggests that clients who acquire a disability later in life may have more difficulty with psychosocial adjustment.

Several variables facilitate career development and RTW outcomes. Indeed, higher levels of education, previous employment history, and pre-injury work status will put clients with functional limitations in a more favourable position for vocational success (Etuknwa et al., 2019; Fabian et al., 2009). This is likely because clients with a higher education qualify for an expanded scope of occupations, possess a broader set of transferable skills and general knowledge, and have previous work

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experience that can be leveraged when applying for jobs. With several barriers and facilitators to supporting clients who acquire functional limitations following a significant life-altering injury, many key domains of identity must be considered. Unfortunately, the minutia of post-injury functioning can become significant barriers to a return to a meaningful career. Paradoxically, it is the exact support that is intended to facilitate RTW and community reintegration that can create the most considerable obstacles.

Barriers to RTW

Functional Loss versus Disability

The concepts of health compared to functional loss and disability are complex. The extant literature lacks consensus about the definition of functional loss and disability. There remains much debate amongst stakeholders such as governments, organizations, and public and private policies about the universal definition of “disability, impairment, limitation, and restriction” (OECD, 2010). The most widely accepted definition is the WHO framework for health and disability, the *International Classification of Functioning, Disability and Health* (ICF), which is somewhat of a counterpart to the *International Statistical Classification of Diseases and Related Health Problems*. However, there is variability in how different policies define and assess disability, which can impact the availability and accessibility of financial supports, such as insurance benefits (MacEachen et al., 2012). The ICF proposes that the medical and social models of disability inadequately encompass the concept of “disability” and as such, prefer the biopsychosocial model of disability, which integrates biological, individual, and social factors in explaining health-related changes in body function, structure, level of capacity, and level of performance (WHO, 2001). Taking a holistic biopsychosocial approach, when working with clients, it may be critical to focus on several key priorities. These may include helping the individual (with disability) process their grief and loss of a pre-injury career-identity and work-role. In so doing, extending them support could facilitate their psychosocial adjustment to functional limitations in the context of

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meaningful activities, such as work. In some cases, assistance can include identification and preparation for a suitable alternative occupation that considers their residual work capacity. Additionally, it is crucial to help the individual re-establish meaning and purpose in their life, while simultaneously building self-efficacy and confidence for their new career path.

In addition to the above, another challenge is re-defining identity following injury. Not all clients will view a severe injury as a disability, just as not all those with certain health conditions find their diagnosis to be disabling (Morris & Mcdiarmid, 2021). After an injury, some clients may identify as having an impairment, but do not self-identify as having a disability (Bogart et al., 2017). Thus, there may be less focus on disability adjustment and adopting a disability identity but rather, reconstructing an identity that alters the work context in which the client can maximize their functional ability. The aftermath of a sudden decline in health or functional ability can elicit an extremely broad range of responses, influenced by biological, personal, perceptual, social, and other relatable factors. This highlights the critical role of understanding a client's perceptions of their disability and the impact their limitations have on valued activities such as work or other meaningful activities in their daily lives.

Existing research primarily concentrates on RTW as the binary outcome (i.e., successful, or unsuccessful) of returning to pre-injury employment, without examining the challenges and complexities of the rehabilitation process. Several difficulties associated with differentiating between health, functional loss, and disability, as well as the impact of an individual's self-perception as a person with a disability on their ability to RTW are highlighted. However, there is a lack of research on the additional mental health-related obstacles that clients and rehabilitation teams face when an injury prevents the RTW to their pre-injury occupation. Therefore, the present study is bridging this gap by highlighting these challenges in the rehabilitation process.

RTW Overview

The research on RTW after physical injuries or common mental disorders has received considerable attention from scholars (Etuknwa et al., 2019), though the literature indicates a need for further investigation into the factors that contribute to failed, sustained, or repeated attempts at RTW (Clay et al., 2010, 2014; Gray et al., 2018). Previous research is equivocal about the predictors of unsuccessful RTW and how it contributes to prolonged disability. Interestingly, a few factors are more psychological in nature than the severity of the injury. For instance, a worker's expectations of RTW success, either positive or negative, as well as perceptions of workplace support were predictors of whether a worker had successfully RTW (Brendbekken et al., 2018; Heijbel et al., 2006). Evidence supports that workers who are unable to return to their pre-injury employment situation often experience more severe negative impacts on their mental health (Gewurtz et al., 2018) and report higher levels of pain and lower ratings of QOL (Trezzini et al., 2018). The pathway to sustained RTW, that is, to pre-injury employment or to a new occupation with a new employer, can differentially affect individuals. Thus, counsellors should be attentive to the robustness of the client's adjustment progress in terms of emotional preparedness at this critical juncture of recovery.

Understanding the differences in RTW pathways following a severe injury or health condition are extremely important to successful work reintegration. Within BC, Canada, the Human Rights Act protects workers from discrimination due to disability and place a "duty to accommodate" on employers for workers who have a physical or mental disability, among other protected grounds (BC Human Rights Code, 2022). Accommodations can include making a workplace wheelchair accessible by adding a ramp, allowing for a flexible work schedule, or modifying work duties. However, should the accommodation need of a worker cause undue hardship on the employer (e.g., financially unreasonable) then an employee may not be able to RTW with their pre-injury employer.

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Generally, returning to a pre-injury job with the pre-injury employer is the preferred outcome for clients and has been shown to shorten the time to RTW (Trezza et al., 2018). However, factors such as industry or the size of the organization can make this unattainable, forcing clients to move through the vocational hierarchy (P. L. Dunn, 2001; Marti et al., 2017; Smith et al., 2014; Trezza et al., 2018). A client's pre-injury workplace may have been a significant source of social connectedness, thus, when needing to find an alternative career with a new employer, clients must also cope with the loss of supportive colleagues and supervisors. As such, being unable to return to a pre-injury employer complicates the RTW process for clients in several critical ways both practically and emotionally. From a practical perspective, a pre-injury employer varies in their ability to provide accommodations, as well as the extent to which they offer accommodations with past work performance (Gould-Werth et al., 2018).

Alongside above, another factor to a sustainable RTW is that workers doubt their work performance. For example, when breast cancer survivors begin to mentally prepare for RTW to their pre-injury employer, they struggle with doubting their work performance and the level of acceptance in the workplace (Tiedtke et al., 2012). This indicates that self-imposed pressures during a pre-injury RTW may be a source of distress and some workers would benefit from having counselling to manage their expectations. Additionally, workers have to endure disclosure pressure if they must pursue new employer. The decision of whether to disclose their disability, or how much to disclose during the interview process could shape the employer's rating of a candidate's employability. For example, a physical disability like diabetes is rated more employable and more likely to be hired when compared with a psychiatric disability like bipolar disorder (Spirito Dalgin & Bellini, 2008). Taken together, there appears to be several external concerns and internally driven expectations regardless of the RTW pathway that are important to consider. Support from a counsellor at this stage might help the client to identify modifiable barriers as well as provide the rehabilitation team with relevant insight into the likelihood of sustainable RTW outcomes based on the client's emotional state.

Disability Determinations

The degree to which an injury or disabling condition limits work participation and the determination of residual work capacity is often assessed by an occupational physician or other medical practitioners who specialize in functional capacity evaluations and medical assessments (Stergiou-Kita et al., 2012). Usually when a client has reached MMR, they often indicate several uncertainties such as not knowing what occupations match their functional limitations (Gewurtz & Kirsh, 2007). To determine alternative suitable occupations, in Canada, clients seek assistance from a vocational rehabilitation consultant or may be referred to engage in a retraining program (MacEachen et al., 2012). The vocational evaluation and residual work capacity opinions are reviewed, and functionally suitable occupations can be recommended. The purpose of vocational rehabilitation professionals are to assess the post-injury functional work capacity of a client overlayed with worker characteristics and traits, transferable skills, and labour market conditions (Stergiou-Kita et al., 2012; J. M. Williams et al., 2006). In cases where the medical assessments determine that the client is no longer suitable to their pre-injury career or occupation, clients continue to receive disability compensation along with vocational rehabilitation support until such time that they RTW (Maas et al., 2021).

There is widespread variability in how individual compensation policies assess the injury severity to determine the level of disability and the extent to which any limitations prevent the client's ability to work. Many insurance programs that financially compensate clients while they are unable to work, are based on the ICF framework (OECD, 2010). However, each policy differs in how injury, illness, and disability claims are assessed and adjudicated and by whom. Policy changes can impact the types of treatment services available or the financial compensation eligibility criteria (Campolieti et al., 2014; OECD, 2022), such that clients may receive more, or less, coverage which could alter the course of recovery as well as create financial strain.

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Individual policy decisions by insurance or other compensation systems may be a client's first exposure of being deemed totally disabled due to their injuries or health condition, regardless of whether a client has even given this notion any thought. Being labelled as having a disability may negatively impact mental health (Bogart et al., 2017). This type of arbitrary label may feed irrational beliefs about their injury such as abnormal pain perceptions, functional limitations, and general loss of work capacity which could delay RTW. This underscores the importance of policy reform and uniformity in insurance claim determinations. At the very least, it highlights the need to sensitize clients about disability claim process prior to applying for compensation. Mental health and counselling support could introduce new terminology such as disability, limitation, and impairment to clients, allowing them to process their pre-injury beliefs and assumptions about the meaning of specific terms.

Disability Compensation Programs

Within an insurance-based disability management system where previously employed clients are receiving financial compensation or wage-loss benefits, RTW remains an overarching goal (Peters et al., 2018; Young, 2010). For instance, some programs offer wage replacement payments at 90% of pre-injury wages (Maas et al., 2021), while other programs offer less support, considered a disincentive for remaining off of work (Ståhl et al., 2022). Fundamental to the goal of RTW is the underlying notion that although an injury can result in permanent functional limitations that prevent a client from returning to their pre-injury career, clients may not be considered disabled from alternative occupations. In other words, a client may have a disability concerning their pre-injury career or work role but are not limited to pursuing a functionally suitable occupation. The negative impact of insurance program involvement can significantly affect clients and has the potential to compound the already complex psychosocial adjustment gains and identity transition efforts. In cases where the client is receiving disability compensation, they are typically expected to explore and pursue alternative occupations that have been deemed suitable by their rehabilitation team (MacEachen et al., 2012). In such cases, however, a new

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set of barriers must be overcome when starting a new occupation that may be inconsistent with previous career or life goals. Clients with an active insurance claim are put in a precarious position with respect to career-related decision-making, where they re-experience feelings of losing control of their circumstance.

Added Stress of an Insurance Claim

Receiving financial support when unable to work would likely be viewed as more advantageous from the perspective of individuals not working due to being laid off or voluntarily leaving employment. Contrarily, compensation programs make the RTW process far more distressing and complicated, counterintuitively hindering recovery and prolonging work disability. For instance, Hung and colleagues (2022) found that perceptions of physical and psychological injury severity significantly affected long-term mental health outcomes. Moreover, filing an insurance claim adds stakeholders and can include: the client, their general practitioner, their allied rehabilitation team, the vocational consultant, the claims adjuster, the employer, and possibly a lawyer. While these stakeholder groups often identify the same RTW barriers and facilitators, there were differences in support strategy recommendations (Peters et al., 2018). These discrepancies are concerning given that clients report receiving mixed messages from their treatment providers about work capacity (Gewurtz et al., 2018), which can influence the client's perceptions of their limitations (Tiedtke et al., 2012).

Not surprisingly, several other discrepancies exist between the unrealistic expectations of recovery from insurance providers and the perspectives of injured workers. Results from a Canadian study from the injured workers' viewpoint found that external RTW pressures from the disability compensation claims agent or employer, such as being judged as job ready, contributed to a failed RTW (Gewurtz et al., 2018). Moreover, MacEachen and colleagues (2010) highlight the challenges with Ontario's workers' compensation scheme as the system offers financial incentives to employers who reduce the length of work-injury absences. A faster RTW after an injury is ideal. However, in many public

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and private compensation policies and programs, claims managers and employers pressure workers to RTW to reduce a claim's cost or avoid inflated insurance premiums. This approach is problematic and ultimately shortsighted, as premature RTW leaves workers vulnerable to re-injury or suffering a more severe injury. When RTW is deemed unsustainable, the worker may need additional rehabilitation and time off work, not to mention the negative psychological fallout of a failed RTW attempt. A study by Orchard and colleagues (2020) found that although most injured workers agreed that they were treated fairly by their claim agent, 1 in 4 injured had a disagreement within six months of filing the claim. There was also an association between perceived injustice and claim disagreements, which ultimately had a negative impact on the injured workers' mental health outcomes.

The deleterious impacts on the client's psychological well-being are not only explained by adversarial interactions with insurance representatives or being pressured into premature and failed RTW attempts. According to Pozzato et al. (2022), claimants who reported higher pre-injury stress vulnerability and who perceived greater post-injury psychological distress had poorer psychological and functional health outcomes following injury. It is possible that individuals who, prior to injury, are more sensitive to psychological distress are less equipped to cope with the confrontational nature of the disability claim process. By contrast, work-related claimants with pre-existing anxiety and depression had more positive RTW outcomes including higher likelihood of sustained RTW and shorter work disability than those who developed anxiety and depression subsequent to their injury (Jones et al., 2021). It may be that clients who developed mental health conditions as a result of their injury were more susceptible due to psychological vulnerability whereas those with pre-existing conditions had previously developed strategies to manage their condition. Irrespective of the source of psychological distress, conflict, and disagreement related to the disability compensation process, these clients are likely to experience negative emotions that take away from their recovery progress in other domains.

Control, Autonomy, and Personal Agency

Some factors that impact the success of an RTW attempt may be beyond a client's control. Person-related factors that predict RTW outcomes include the type and severity of injury, gender, age, and type of pre-injury work (Maas et al., 2021; Smith et al., 2014). For example, older workers with a physically demanding pre-injury career may have greater concerns about their ability to RTW (Durand et al., 2021) and, may become less engaged with their treatment team (Thorsen et al., 2012). On the other hand, approaches to coping (Hall et al., 2011), the extent of client engagement in rehabilitation services (Dutta et al., 2017), and beliefs and expectations regarding the RTW process (Stewart et al., 2012) are some of the modifiable influences. Regardless of all the RTW conditions, the client's perceived uncertainty and lack of control over the RTW process remain a primary concern for many injured or ill workers (Stewart et al., 2012). A client who is reliant on wheelchair-accessible transportation, for example, has little control over whether the accessible transit service is running on time or not, making them late for appointments or work. This may lead to treatment providers assuming the client is "not engaging" in therapy, or an employer may start to question the worker's reliability (Greidanus et al., 2018; Sjobbema et al., 2018). Recognizing the numerous and repetitive ways a client lacks control throughout the RTW process must be underscored, with a significant proportion relating to a disability compensation claim. A treatment provider who makes thoughtless suggestions and recommendations for the client to implement, however well-intentioned, could further disempower and discourage clients and progress to feelings of helplessness and hopelessness.

Clients are repeatedly in a position where they must comply with whatever is asked of them or risk losing their disability benefits. For instance, the client might not agree with treatment recommendations but must continue to attend or otherwise be considered "non-compliant" and have disability benefits revoked. Furthermore, the disability claim agent may be directing what treatments clients get access to, and the timing of approval can frequently be inconsistent, thus, leaving the client

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and their recovery at the hands of their adjuster (Ioannou et al., 2016). Indeed, a common finding is that participants who are involved with a compensation or disability claim report being constantly asked to provide paperwork and doctors' letters that prove they have ongoing limitations (MacEachen et al., 2010; Rodden-Aubut & Tracey, 2021). For example, the *Enhanced Accident Benefits Regulations* for insured motorists in BC must “undergo medical examinations, including comprehensive medical assessments, tests and diagnostic imaging, as determined by the corporation, at the expense of the corporation, as often as the corporation requires” (Insurance [Vehicle] Act, 2022, p. 46).

Locus of Control and Self-Efficacy

When clients reach the stage of determining suitable alternative employment options, the personal agency factors such as locus of control (LOC) become increasingly relevant as rehabilitation progresses and clients have maximized their functional capacities. LOC can be internally and externally driven (Caliendo et al., 2015). Under the disability centrality model (Bishop, 2005), even though functional limitations impact an important domain of life, the perceived control over the impacted domain can moderate QOL ratings. Thus, individuals who held a lot of value and meaning in their pre-injury career but who also feel in control over their vocational future may have more positive recovery outcomes. Support to foster a greater sense of internal LOC may increase clients' engagement in treatment services and cooperation and enhance their ability to implement other positive coping strategies (Stewart et al., 2012).

Related to LOC is the concept of self-efficacy (SE). Albert Bandura (1977, 2004) described SE as an individual's belief in their capabilities to perform a particular behaviour successfully, related to outcome expectations and ability to control any barriers to success. SE is modulated by experiences of mastery, modelling, persuasion, and physical state which influences the extent of coping in the face of challenge (Bandura, 1977). Said differently, a client's perceptions of their functional ability, work capacity, outcome expectations, and ability to control the rehabilitation efforts and RTW variables will

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affect the coping strategies utilized and the client's motivation to persevere despite setbacks. Richard and colleagues (2011) found that for participants with back pain, SE for RTW was a better indicator of outcomes than ratings of internal health LOC. This supports Bandura's theory in that although a client might believe that the outcome of successful RTW depends on the actions they take, they must first have the belief that they will be successful in taking those actions.

Self-efficacy for RTW has been well-studied with respect to the positive impact on RTW outcomes following injury. For example, RTW self-efficacy (RTW-SE) is a positive predictor of time to RTW for long-term sick listed workers (Volker et al., 2015), clients with low-back pain (Besen et al., 2015), and chronic musculoskeletal and behavioural disorders (Heijbel et al., 2006). Moreover, a variety of therapeutic interventions aimed at enhancing SE, RTW-SE, and RTW outcomes have been shown to be effective, including multidisciplinary approaches (Leensen et al., 2017; Linge et al., 2021) and work-hardening programs (Wisenthal et al., 2019), though collaborative RTW meetings including the client, employer, and case manager did not induce meaningful change in RTW-SE as expected (Skagseth et al., 2021). This suggests that perhaps RTW-SE or SE, is a more stable construct. Nevertheless, SE remains an essential factor to address with clients. More critically, these studies focused on clients' internal LOC and SE ratings while returning to pre-injury employment. An involuntary career change due to functional limitations would likely influence RTW-SE, since returning to new career will require performing unfamiliar tasks, thus limits the client's ability to use pre-injury skills and task mastery.

Alternate Career as a Directive

When clients are unable to sustain an RTW to their pre-injury career or when limitations clearly limit functional ability, alternate careers must be considered. To determine post-injury residual functional capacity, clients are required to attend functional, medical, and vocational assessments at the request of their benefits provider (M. E. Black et al., 2019). Evaluations help address whether clients are

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still functionally capable of their pre-injury job or, if they must find an alternative and more suitable career with a new employer. For instance,

We [insurance company] identify the type of employment that best matches your skills, training and post-crash abilities and capacity. We'll involve a vocational rehabilitation consultant as well as consider relevant medical information. When the assessment is complete, it's time to start exploring your employment options. (Insurance Corporation of British Columbia, 2023, p. 22)

The outcomes of these evaluations typically indicate what type of work is now functionally suitable for workers, which may be significantly different from their pre-injury occupation. Despite the evidence showing that engagement in work activity positively enhances QOL, self-efficacy, adds meaningfulness, and promotes recovery (E. C. Dunn et al., 2008; Linge et al., 2021; Saunders & Nedelec, 2014), some argue that when “context is excessively controlling, overchallenging, or rejecting” clients may become defensive and self-protective (Deci & Ryan, 2000, p. 229). This might occur for clients when the determined employment is perceived in a negative light, which could be due to a variety of factors. Research indicates that being unable to live out a calling would impact job satisfaction, career commitment, reduce the meaning of work (Duffy et al., 2012), and impact overall QOL and life satisfaction (Headey, 2008). A recent meta-analysis found that meaningful work was found to strongly predict ratings of life satisfaction and general positive affect, which were proposed to lead to behavioural and attitudinal changes (Allan, Owens, et al., 2019). Moreover, according to Gagné and Deci (2005), work-related autonomy promotes internal and external motivations for valued work activities and posit that when workers are in an autonomy-supportive work environment, they are likely to have positive work outcomes. Unfortunately, disability compensation claims often strip clients of any control, autonomy, or personal agency in decision-making, leaving them feeling pressured into careers that lack meaning, which can be incredibly disempowering and demoralizing.

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Considering the ongoing challenges of the psychosocial adjustment process and the extent of "losses" the client may still be grieving, these new milestones of recovery could present at inopportune moments. There is an extreme imbalance of power held by the representatives of the insurance and compensation organizations (MacEachen et al., 2010), who may deliver vocational recommendations to the client with little care and tact (Porter et al., 2019). The lack of mental health training of the insurance agents or RTW coordinators further exacerbates the vulnerable state of the client (Kinn et al., 2016) and underscores the need for concurrent mental health counselling during the process to support clients through yet another loss. Moreover, a person-centred, shared decision-making approach to RTW discussions has been shown to reduce perceptions of control and enhanced RTW goal setting (Hoffmann Pii et al., 2020). Minimizing the client's perceptions of being dismissed may ease defensiveness, allowing clients to be more receptive to feedback and goal modifications.

Client Contributions to RTW Delays

In some cases, clients are suspected of unethical practices such as abusing compensation programs by deliberately delaying recovery. The actions of a small cluster of individuals contribute to the significant lack of trust between a disability claims agent or employer and the claimant (Robichaud et al., 2019). Unfortunately, it could be that many claimants are not overtly sabotaging their rehabilitation and RTW efforts. Instead, they have several other life circumstances that directly and indirectly influence their ability to take the initiative, remain motivated, demonstrate physical and emotional resiliency, and develop consistent and reasonable expectations for recovery. Consequentially, due to the small percentage of true malingerers, claim agents approach injured claimants with cynicism by default, while possibly also under organizational pressures or incentives to close claims (Ståhl et al., 2022). Supporting clients in learning stress management techniques and assertive communication skills to implement during future interactions with all stakeholders may help ease the mistrust. However,

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addressing the underlying psychosocial adaptation barriers would also assist clients in moving past any challenges that seem insurmountable.

It is often the case that clients report their interactions with the claim manager to be incredibly frustrating and inconsistent, however clients can act as their own barrier. This creates tension within the RTW triad consisting of the claim manager, who determines whether clients remain eligible for financial compensation due to ongoing work disability, the clinician or rehabilitation treatment providers who are supporting the client in the RTW process, and the client who is expected to engage in their rehabilitation program. There are many behaviours that clients engage in that delay progress towards RTW goals and as previously mentioned, may be a client's attempt to communicate that there are unaddressed psychological barriers. These externalizing behaviours include missed or cancelled treatment sessions, poor cooperation, passivity, insufficient initiative, or anger outbursts (Sjobbema et al., 2018). Clients may criticize and blame the rehabilitation team for unsatisfactory outcomes, however, not all behaviour is overt, deliberate, and otherwise an indication of "malingering" for secondary gains (Kratz et al., 2012). Nevertheless, from the clinician's perspective, it can be perceived as non-compliance or lack of effort, and from the claims adjuster's lens, it is seen as an attempt to deliberately milk the system and continue to receive financial compensation.

In a qualitative study including injured workers in Quebec, it was found that when it came to the clinician and injured worker dyad, full agreement between clinical judgement and the workers' perceptions of their disability was not necessary for positive RTW outcomes (Coutu et al., 2013). Clinicians utilized a biopsychosocial approach and could identify psychosocial adaptation barriers, including non-attainable goals such as being pain free. Effective goal modifications were possible, however, when the worker perceived the rehabilitation strategy as incongruent with their non-specific rehabilitation goals, clinicians reported that they struggled to establish a solid working alliance (Coutu et al., 2013). Further, workers also criticized clinicians for not having the appropriate training and

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disparaged any treatment recommendations, which was also reflected in clinician frustration (Coutu et al., 2013). Perhaps the focus on functional recovery and RTW for the workers who failed to make progress was too restricted or premature, in that several domains and disability adjustment variables needed to be prioritized.

In line with Bandura's description of SE, with low RTW SE, the worker will not likely engage in effortful, adaptive coping behaviour to overcome obstacles in the new work role and may "give up" prematurely, reinforcing their expectations of failure (Bandura, 2001). Rather than taking accountability and ownership of their rigid beliefs and faulty assumptions that contributed to the failed RTW attempt in a functionally suitable career, the client may deepen their assertions that the vocational recommendations were baseless and inappropriate. However, despite the low likelihood of RTW success in this scenario, having extensive rehabilitation-specific mental health counselling support at this critical step in recovery could correct any faulty beliefs of threatening activities leading to increased persistence. Working through cognitive distortions such as the hyperfocus on work-task failures while highlighting successes and task mastery may act to build SE and support the client in achieving their RTW goal.

The Emerging Loop of RTW

Several observed variables can create additional delays that influence the RTW process. For instance, suddenly losing a source of income right after injury or illness onset can lead to financial strain. This has been shown to create a lasting chain of adversity whereby financial strain impacts symptoms of depression and a sense of losing personal control, which impacts health status and emotional functioning (Price et al., 2002). This negative cycle may partially contribute to why individuals with a disability report a lower employment rate than their non-disabled counterparts. However, other factors, such as lack of accessibility and work accommodations, may also underlie these differences (Morris et al., 2018). Many disability compensation programs offer some financial security by providing partial

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wages while a client cannot work, and the expectation is that they engage in the recommended rehabilitation programs.

Faster recovery and RTW, even with modified duties, is the goal, as work positively benefits physical and mental health across various injuries or illnesses. Preventing an extended work leave due to injury also limits deconditioning and preserves the worker's general functioning (Maas et al., 2021), improving their confidence and SE for a successful RTW. Moreover, Saunders and Nedelec (2014) found that for individuals with disabilities, chronic conditions, and functional limitations, work helps them feel normal, is a source of meaning in life, provides a sense of purpose, and is socially rewarding. Therefore, although receiving wage loss benefits during work disability can alleviate some burden, work appears to remain a high priority for many, especially if work is viewed as a sign of recovery. Financial benefits through the insurance claim process can prevent clients from entering a complete financial crisis, but for many, this is at the expense of losing much of their perceived control for the duration of their rehabilitation from injury or illness. Disability benefit programs and policies have been criticized for their lack of readability, making them difficult to understand (Van Boom et al., 2016). Additionally, program structure and eligibility criteria make the application for support a time-consuming, nebulous, and bureaucratic process (Ståhl et al., 2022). Moreover, there are often delays in getting an entitlement determination response, which limits the ability to pay bills for basic needs, sometimes resulting in the need to borrow money from family or friends (Senthanar et al., 2020).

When taken together, engagement with disability compensation programs for financial benefits can be a significant stressor and exacerbates physical and psychological health in an already ill and injured population. Clients with a particularly negative experience with compensation programs are likelier to report a more significant pain-related disability, lower psychological health, higher ratings of injustice, and more often engage a lawyer (Ioannou et al., 2016). On the other hand, open access to disability benefits with minimal restriction would be economically unsustainable given that for some

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disability benefits programs, most beneficiaries remain on benefits indefinitely (OECD, 2010). It would also be fiscally irresponsible for insurance programs to allow claimants to remain off from work while receiving benefits when they are still capable of alternative employment. Nevertheless, regardless of role, all stakeholder interactions should be approached with an open consideration for each alternative perspective.

Disability claims agents have a challenging and stressful role as they must review complex medical documents, sometimes with conflicting opinions regarding the injured claimant. For example, insurance representatives reported the need to manage conflicting recommendations or delays in treatments due to a lack of treatment providers (Robichaud et al., 2019). A growing concern is an increase in complex and chronic pain disabilities, and in many cases, subjective pain ratings are the basis of a continuance of work leave (Schultz & Chlebak, 2014). Interestingly, insurance representatives rated abnormal pain perception as a significant barrier to RTW yet were less likely to recommend pain management treatment and more likely to endorse adjustment counselling (Peters et al., 2018). Their reluctance to see pain management programs as helpful but recommend counselling to address injury adjustment as an RTW facilitator suggests that they may not view a client's pain as real and in need of addressing. It has been suggested that disability claims adjusters are the stakeholders with the least medical knowledge but are paradoxically the ones with ultimate authority who make the eligibility decisions (Porter et al., 2019).

In addition, problems also arise for clients as many benefit programs have internal healthcare providers, and clients may believe this setup leads to unfair assessments despite the ethical obligation to remain objective (Lohss et al., 2020). However, the alternative is to seek support from their general practitioner (i.e., family doctor) and, if fortunate to have one, this may introduce bias in the medical opinion or may harm the patient-doctor relationship if opinions of functional limitations and work capacity are not aligned (Kluit et al., 2022). For clients with multiple concurrent conditions, physicians

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seldom have time to address multiple concerns in one appointment (Ljungquist et al., 2015), which creates further problems for the client. They may feel rushed just to get a medical certificate completed on request of the claim agent but unable to address other symptoms or injuries. Alternatively, clients may spend time addressing other symptoms but fail to complete the medical certification, thus, giving claim agents more reason to deny treatment requests.

A Rehabilitation Impasse

With transitioning from disability compensation benefits to RTW and earning employment income, clients face a "catch-22," which magnifies reciprocal mistrust between the claim agent and the client. Strict policy definitions and terms create quite a predicament for clients known as the disability trap (Ståhl et al., 2022). Here, the determinations of work capacity can be incredibly critical as some policies cut financial benefits as soon as a worker is deemed capable of working, regardless of residual capacity or availability of modified duties. Additional challenges arise when the worker is pressured to return to a new occupation to which they were deemed functionally suited, however, they have no work experience and minimal transferable skills. This leads to having to accept an entry-level or less skilled position where their income might be lower at than their disability compensation income and substantially lower than their pre-injury earnings (Field & Dunn, 2013).

Herein lies the trap: Fearing that their benefits will cease as soon as they are determined to be functionally capable of employment in either scenario, the client may instinctively report higher levels of pain and disability and give sub-optimal effort and performance during the functional capacity evaluation to ensure the outcomes of their assessment indicate more significant work disability. This then leaves claims adjusters frustrated as they cannot close their claim and suspect the claimant is malingering, even if the client was doing so with little to no malicious intent but understands that they would be otherwise unable to provide for their family (Senthanar et al., 2020). Consequently, the claim adjuster will likely request a second medical assessment or employability evaluation (Robichaud et al.,

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2019), wanting the claimant to "jump through the hoops," which simply aggravates the claimant and adds more stress and tension to the relationship. The claimant's negative experience then increases complaints of pain, disability, and injustice, leaving them at risk for poor psychological outcomes (Scott et al., 2013). Paradoxically, it becomes remarkably apparent that both clients with injuries and disability compensation programs enter a "lose-lose" quagmire which can spiral out of control leading to long-term disability that may have had little to do with the original injury or health condition.

Several moving parts and stakeholders become increasingly involved in the rehabilitation process as a client approaches a maximal level of functional recovery. The added stakeholders contribute to the client's feelings of losing control over their recovery, from medical treatments to returning to work. Clients who rely on disability compensation programs for financial support are under substantial pressure to recover quickly and can feel forced into starting an RTW program or embarking on a new career altogether. The RTW process and the added stress and frustration of coordinating with stakeholders can diminish physical and psychological health outcomes, and clients are frequently unsupported yet held to high expectations of a quick recovery. Counsellors and other treatment team members must understand and acknowledge these added challenges and be aware that client resistance, treatment disengagement, or poor cooperation may be a client's attempt to retaliate in protest of adversarial interpersonal interactions with their compensation program.

Literature Review Summary

The days, months, and years following a significant life-altering injury or diagnosis that impacts a client's health and well-being are filled with intense emotions, profound uncertainties about the future, and for some, incredible despair, confusion, and anger. Clients should focus their energy on functional rehabilitation efforts, maximizing their independence and residual functional capacity while also processing the psychological and mental health consequences of their loss of health and, most likely, a large portion of their identity. They will likely experience various junctures throughout their journey to

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adjustment that can recur across multiple contexts, affecting their ability and motivation to continue coping effectively and adaptively. Repeated setbacks and obstacles arise, and not all adaptive coping strategies are adequate across different life domains, leaving a client feeling defeated and overwhelmed with needing to learn new strategies and make room for further adaptations. One of the main areas that can become critically impacted by injury is a client's ability to engage in and perform meaningful activities and continue fulfilling life roles. A sudden illness can shift the way clients see the world and permanently alters the identities that have been crystallized. Many working-aged adults feel that their careers and work are a part of their calling in life, satisfying their need to be productive and lead a meaningful, purposeful life. Catastrophic injuries and health conditions that force a change in careers and the accompanying work-role identity are often met with a profound sense of grief and loss.

Paradoxically, the insurance systems and policies intended to support clients throughout their recovery, from injury onset to returning to work, appear to create a contentious and adversarial relationship between all stakeholders involved in the client's psychosocial adaptation and successful reintegration. The back-and-forth nature and often fatalistic communication breakdowns only escalate the perceived animosity and mistrust that simultaneously compounds the risk of delayed recovery and prolonged disability claims. These challenges can be grounded in the structure of compensation systems, claim-related interpersonal stakeholder conflict, or client contributions from feelings of injustice and spite, and most often, these factors are highly related. The clients become stuck in a continuous loop, where their rehabilitation stalls, perceptions of disability rise, and mental health deteriorates.

The literature covered three broad psychological factors affecting an individual who has experienced a catastrophic injury or medical condition. These factors impact long-term recovery and rehabilitation outcomes, including QOL, life satisfaction, and overall health and well-being. However, how each of the psychological factors interacts has yet to be elucidated in such a way that it can be used

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by rehabilitation teams and, more specifically, could shape how mental health counsellors integrate psychosocial adjustment interventions with the work of the vocational rehabilitation specialists in support of the client's successful and sustainable RTW in an alternative, functionally suitable, and meaningful career. Therefore, I synthesize the information reviewed in the next chapter and present a "Psychosocial Timeline of a Claim" that fuses person-related psychosocial adaptation factors, involuntary career-related transitions, and insurance claim barriers.

Chapter Three: Discussion

Adjustment to a severe injury is a dynamic and ongoing process that impacts all life domains. Adapting to a new normal can be incredibly challenging and is highly contextual and individualized. In the face of such a stressful life event, clients engage in a variety of coping strategies to minimize the negative impact of injury (Livneh, 2022). One particular life domain that can be critically interrupted is a client's career. Some individuals view their career as a calling that contributes to their meaning and purpose in life (Dik & Duffy, 2009). Further, identity can be shaped by careers or the work that is performed such that individuals assign themselves to a role within a specific social group (Stets & Burke, 2000). Over the course of adjusting to a disability, clients assess and re-assess their real and perceived abilities and limitations across domains of life and within various contexts which can both help and hinder the recovery process (Kennedy et al., 2009). For example, the perceived level of control of the rehabilitation process significantly impacts a client's mental health and overall well-being (Bishop, 2005; Livneh, 2016) and when left unmanaged, can become a barrier to adjustment and RTW.

Following an unexpected accident or illness, clients often open an insurance claim that provides financial compensation during the work disability and covers the cost of medical treatments (Young, 2010). The insurance claim process can alleviate initial financial strain; however, these compensation programs maintain a significant level of power and control over the client's recovery (Ståhl et al., 2022). There is a small but growing body of qualitative research that outlines several system-level problems associated with prolonged disability compensation claims. Stakeholders such as claimants, insurance representatives, employers, and healthcare providers have identified several themes that impact the disability claim process (Gewurtz et al., 2018; MacEachen et al., 2010, 2012; Mongeau et al., 2021; Robichaud et al., 2019). Financial implications of the work-disability trap have only recently been described and recommendations focus on compensation program structure and policy (Ståhl et al., 2022). Together, this research highlights the added psychological distress that clients experience

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throughout the insurance claim process, with many issues emerging from the program structure.

However, the influence of the psychological meaning of work and challenges associated with involuntary identity transitions have yet to be considered as contributing factor to prolonged disability claims and RTW delays.

The primary finding of this capstone is that when a client fails to adequately grieve for the loss of a meaningful career or struggles to re-establish the meaning and purpose to more suitable work, claim related factors such as stakeholder interactions, are likely to exacerbate any mental health challenges. The existing psychosocial adaptation frameworks reviewed do not fully address the external barriers that arise when clients are engaged in the claim process. Additionally, they do not consider how the pressure to engage in alternate work that is perceived as less meaningful might change the client's coping strategies. Therefore, there is a substantial gap in the literature that has yet to merge these factors and processes. The need for an updated perspective arises from the lack of interdisciplinary research, leading to a weak understanding of why some clients with a disability claim fail to reach work reintegration. The aim of this chapter is to bridge the knowledge gap by presenting relevant findings as a coherent alternative reconceptualization of the psychosocial adjustment process following injury.

Based on the integrative review of the literature, the key findings lay a new foundation by which a variety of stakeholders can better understand the psychosocial adjustment and recovery processes. As such, I propose a "Psychosocial Timeline of a Claim" (see Figure 1) that provides an alternative framework for conceptualizing the numerous and multi-directional pathways to psychosocial adjustment to disability. Presented as a "timeline," I describe the potential rehabilitation sequence and typical milestones related to insurance compensation claims, beginning with acute responses to injury and psychosocial adjustment initiation and ending at a rehabilitation impasse. I propose that the domains of adjustment are compounding in nature and, when left unaddressed during the rehabilitation and adjustment process, can lead to a perpetuating negative loop of disability and declining function.

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Critical rehabilitation barriers, both real and perceived that clinicians may overlook are highlighted to raise awareness of the additional pressures and distress faced by clients engaged with a disability compensation system. The intention is to present an outline of the critical roles that various stakeholders have concerning a client's recovery and RTW success.

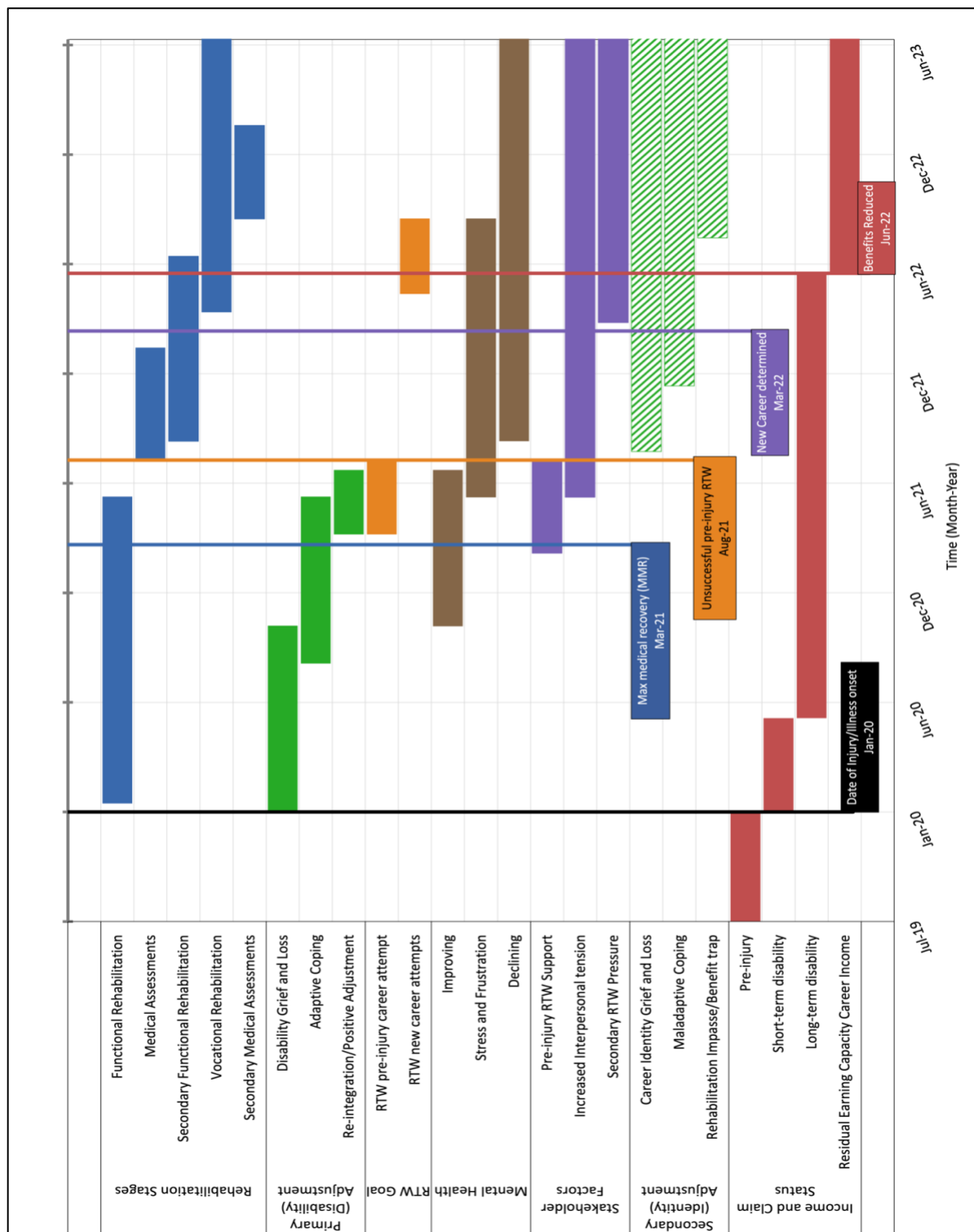
This timeline-based conceptual framework for psychosocial adaptation and adjustment to injury adds to previous models by incorporating the impact of frequently accessed insurance benefit programs and changes the language from "quasi-linear stages" of adaptation to "junctures" over the course of adaptation. These junctures of adjustment underscore the salience of an involuntary career and identity transition due to injury whereby clients are vulnerable to becoming "stuck." The timing of stakeholder support can lead to setbacks that become internalized or reinforced. By identifying the junctures over the course of rehabilitation, counsellors and vocational rehabilitation specialists could reduce the risk of repeated failed RTW attempts and prolonged disability claims.

Psychosocial Timeline of a Claim: Conceptualization Overview

The recovery process from severe and complex injuries that result in permanent functional limitations can be extremely lengthy. The rehabilitation sequence of events within the disability claim process presented here (see Figure 1) provides a more in-depth view of psychosocial adaptation to acquired disability for clients who held successful careers and strong work-related identities prior to their injuries. Livneh's (2022) updated psychosocial adaptation model posits that adaptation begins with pre-injury factors, followed by the actual processes (i.e., medical status, psychological reactions, coping), and lastly, the contextual outcomes that are typically measured through ratings of QOL across life domains such as employment. While the comprehensive model covers an extensive set of variables and life contexts, the use of broad terms such as "trans-situational," "interdependent," and "transtemporal," along with the interchangeability, overlapping, and moderating nature of some factors, makes the model confusing and in some respects, non-specific. The reconceptualized timeline, from initial

Figure 1

Psychosocial Timeline of a Claim



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rehabilitation efforts to returning to a meaningful and sustainable career trajectory, have been integrated based on the themes investigated in the literature review.

Rehabilitation, Initial Adjustment, and RTW Goals

Rehabilitation Stages

Following severe health decline due to a sudden injury or critical medical event, individuals start their recovery by engaging in functional rehabilitation efforts (see Figure 2), which would be covered by an insurance program. These rehabilitation services depend on the type and severity of the injury, but for serious injuries, a multi-disciplinary group of clinicians is recommended (Schultz et al., 2016). Treatment schedules are often more demanding at first, which take up most of a client's time and energy, leaving little room for work, let alone other life-role responsibilities (Trezza et al., 2018; L. Williams et al., 2022). As injuries heal, clients gradually increase active rehabilitation treatments (e.g., kinesiology) and rely less on passive treatment modalities. Clients slowly get discharged from rehabilitation services as they make improvements and approach MMR (see Figure 2) or they reach the limit for certain treatment services that the compensation program will cover (Rinaldo & Selander, 2016). When clients are discharged from functional rehabilitation services, it typically means that they can consider their next steps (e.g., creating an RTW goal). Clients may experience a setback or multiple setbacks requiring a re-initiation of services, such as requiring additional surgeries or experiencing other stressful life events.

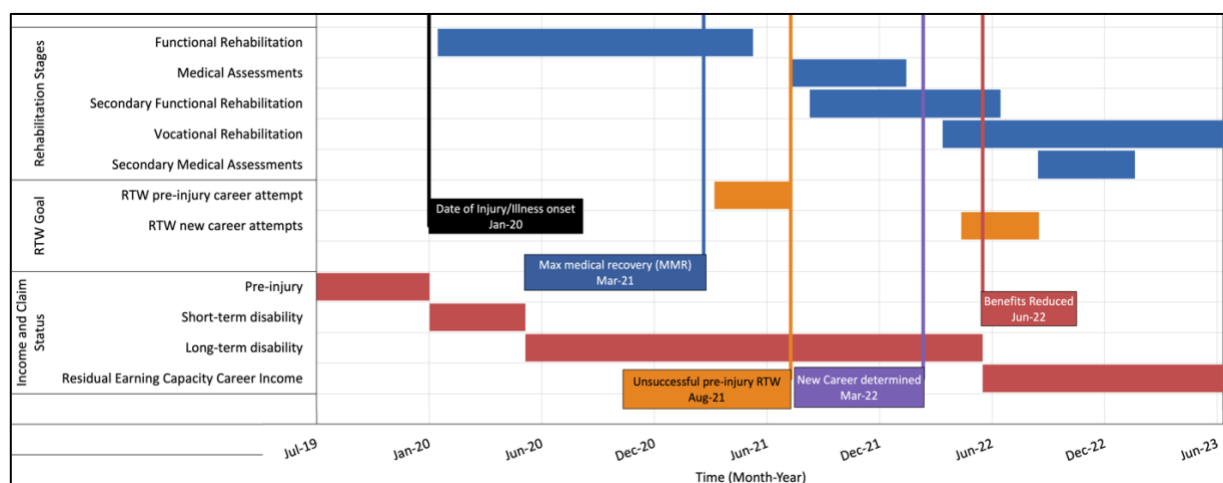
Some clients recover enough to attempt an RTW in their pre-injury role; others may be referred for medical assessments when injuries clearly impact their ability to RTW. Unfortunately, some clients are unable to sustain their RTW attempt in their pre-injury career and will likely be required by the insurance provider to undergo medical assessments (see Figure 2) at that time (Ljungquist et al., 2015), especially when the functional limitations or medical opinions are ambiguous or inconsistent (Robichaud

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et al., 2019). The assessments can include independent medical examinations, functional capacity evaluations, and employability or vocational evaluations that help determine a client's residual work capacity (M. E. Black et al., 2019). The results are used by a vocational rehabilitation specialist who works with clients to identify functionally suitable alternative occupations and offers continuous support until they achieve their RTW goals (Pransky et al., 2010). It is important to remember that the rehabilitation stage can include multiple cycles of services and assessments, depending on how clients respond and whether they can successfully sustain their RTW attempts. As such, in the timeline presented, "secondary functional rehabilitation" would be the restarting of rehabilitation services after being discharged and "secondary medical assessments" may be requested if there are still unclear barriers to RTW (see Figure 2). Though not all clients will experience a discharge from rehabilitation services, it is included in the updated framework due to the impact on a client's perceptions of control.

Figure 2

Rehabilitation Stages, RTW Goal, and Income and Claim Status



Primary (Disability) Adjustment

Immediately following the injury, clients enter an initial state of crisis and shock, their psychological and emotional state is unpredictable, and they report feeling numb, confused, and overwhelmed (Livneh, 2016; see Figure 3). They experience a high level of grief and a profound sense of

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loss over their health and functional abilities and, particularly for losses that lead to permanent limitations, can be thought of as a form of chronic sorrow (Neimeyer & Sands, 2011). Unlike grief associated with death, grieving the loss of health, function, and identity is less likely to be socially recognized and supported (Roos, 2013). The chronicity of grief stems from repeated exposure to societal, environmental, and attitudinal barriers (Stuntzner, 2017). These painful experiences, paired with a lack of mental health support, can lead to feelings of shame, grief, and anger. Clients may feel shame when they cannot perform basic activities such as self-care or when they no longer meet social norms and experience guilt associated with creating more stress on family and friends (Pivetti et al., 2016). The severity of the injury may not initially trigger feelings of grief and loss, for instance, if the client is only limited from activities in specific contexts. The primary focus is often on functional rehabilitation goals, and rehabilitation professionals and possibly clients may not recognize the grief and loss experienced at this stage.

As rehabilitation progresses and the initial shock, anxiety, and depression associated with the loss of health ease, clients will engage in cognitive threat appraisals of their situation (Livneh, 2022) and assess the extent to which the limitations impact their ability to participate in highly valued activities (Bishop, 2005). Depending on how the situation is appraised, clients may see a change in their approach to coping. For instance, positive appraisals may increase active-coping such as diversion, reinterpretation, and seeking social support, which helps facilitate the adaptation process (Hall et al., 2011; Sánchez et al., 2015). Functional improvements often lead to reduced pain, activity interference, and use of adaptive coping strategies, all of which are interrelated, where progress in one domain is associated with improvement in others (Ferrari & Russell, 2010; Hall et al., 2011; Kennedy et al., 2009; Livneh & Martz, 2014; Sánchez et al., 2015).

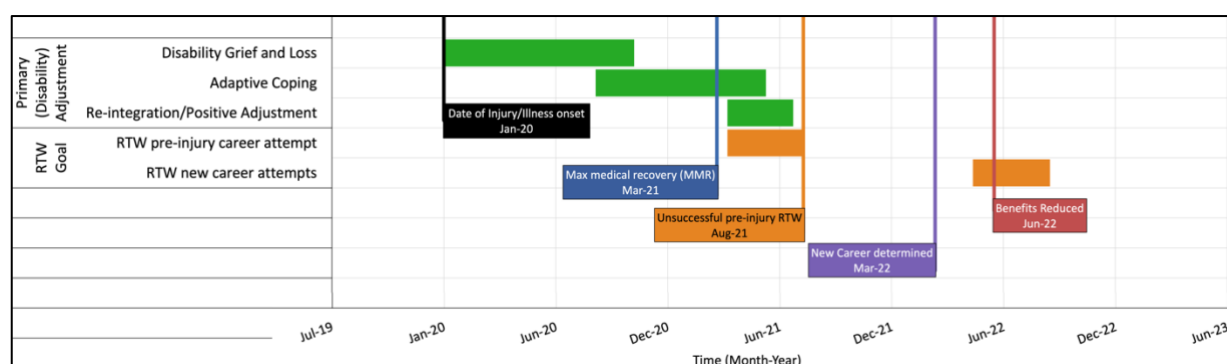
For example, rehabilitation efforts help reduce pain, allowing clients to slowly engage in more activity. This increased participation is an active, engagement coping strategy leading to lower perceived

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disability and activity disruption and may then influence a client's expectations of chronicity of pain and symptoms. Establishing a more positive relationship with pain limits catastrophizing (a perception of one's pain), reducing the risk of utilizing passive and disengagement coping strategies such as social withdrawal and rumination. Additionally, these improvements may lead to cognitive re-appraisals of threat which can facilitate making space for feelings of hope (Livneh & Martz, 2014). Increased engagement coping improves physical outcomes and ratings of QOL, allowing clients to envision goals for their future. Improvements in physical function and a more hopeful outlook for the future further enhance positive psychosocial adjustment outcomes, including reintegrating into meaningful pre-injury activities. The claim timeline presented shows active coping strategies aligned with making functional gains and working towards self-determined RTW goals (see Figure 3). Thus, rehabilitation team members could assess the client's coping strategies, threat appraisals, and level of perceived disability to guide treatment approaches. For counsellors and mental health clinicians, this could include adding psychoeducation sessions on adaptive coping strategies or unpacking some of the negative threat appraisals.

Figure 3

Primary (Disability) Adjustment and RTW Goals



RTW Goals

Clients engaged in active rehabilitation treatments will gradually improve their functional ability, and the overall frequency of treatment sessions often declines when they are close to reaching MMR.

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With additional free time, they may begin to feel restless and are likely to be eager and motivated to RTW (Saunders & Nedelec, 2014; See Figure 2). The RTW hierarchy begins with the goal of returning clients to their pre-injury position and employer (Dunn, 2001; Young, 2010) which often results in a faster RTW (Trezzini et al., 2018). Evidence suggests that employers make more of an effort to retain employees with disabilities based on the workers' employment tenure, job performance, the nature of work, and organizational resources available to offer accommodations (Gould-Werth et al., 2018). Clients may be supported in their pre-injury RTW attempt by an RTW coordinator, typically a human resource professional at their organization. Alternatively, they may be supported by an insurance company employment specialist or their claims adjuster (Schultz et al., 2016). This is a critical juncture for clients who have a strong work-role identity to their pre-injury career and who found their job meaningful (see Figure 4). A collaborative approach to support the client is imperative as the initial RTW attempt sets the stage for future success, especially if it is to a highly valued pre-injury career.

Despite everyone's best efforts, there are times when a client is unable to sustain their attempts to RTW to their pre-injury role, and no other suitable positions are available within the organization. There are also times when the circumstances clearly indicate that a client would no longer be functionally suited to their pre-injury career, such as those who experienced trauma related to the injury or illness and associate work with the trauma (S. Williams & Williams, 2021). Whether the client is unable to sustain their RTW to their pre-injury career or a similar job based on their education, experience, and transferable skills, or when it is determined that they are permanently limited from returning to this career, there is a need to redefine RTW goals for a more functionally suitable career often requiring the support of a vocational rehabilitation specialist (Brandtstädter et al., 1999). Once a more functionally suitable career or job has been determined, regardless of the client's level of involvement, a second (or subsequent) graduated RTW plan can be attempted.

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The timeline proposes that treatments decrease and may even cease around the time of the initial RTW attempt (see Figure 2). It is suggested that counselling remain accessible to clients throughout the entire RTW attempt (before, during, and after), as well as other treatments that helped clients manage their symptoms. Due to deconditioning, symptom exacerbation is common and pre-approval of these therapies allows clients to schedule treatments as need, eliminating the need to request approvals. The timeline also proposes that upon an unsuccessful RTW attempt, secondary rehabilitation efforts are eventually re-initiated, along with required attendance at medical assessments (see Figure 2). A client's mental health is likely incredibly fragile at this stage and stakeholders must be cognizant about their approach to support. Similarly, any future RTW attempts will also require even more planning, preparation, and support.

Mental Health

For this discussion, mental health represents the general mental health fluctuations that clients experience during adjustment following an injury and across the duration of their disability compensation claim. However, readers must remember the magnitude and complexity of psychological and mental health challenges a client faces in response to a life-altering injury or health condition. Of course, mental health is a significant part of the psychosocial adaptation to injury processes of both disability adjustment and identity transitions. The timeline presented (see Figure 4) includes mental health to illustrate what other claim processes, factors, and milestones may cause or result in a change in mental health functioning.

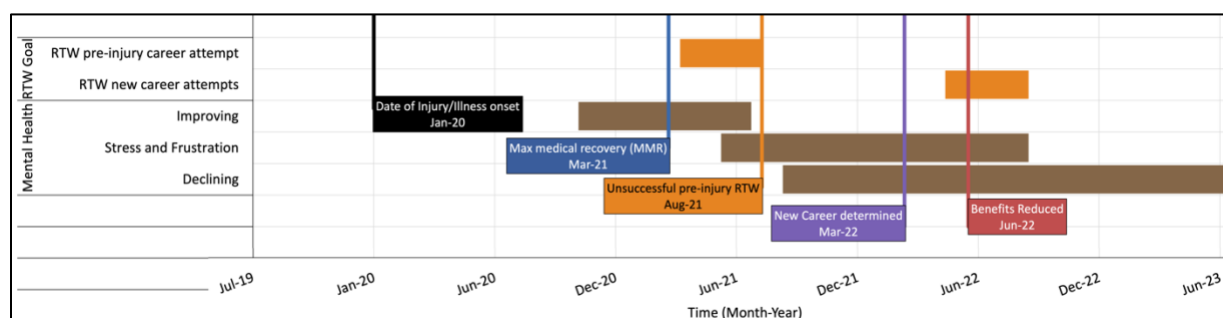
An injury's acute and short-term psychological and mental health impacts are explained in the primary (disability) adjustment section as disability-related grief and loss (Lejzerowicz, 2017, see Figure 3). A more positive perception of pain, disability, and functional limitations facilitates increased confidence and self-efficacy in clients attempting a graduated RTW to their pre-injury career (O. Black et al., 2018). Clients may feel more control over their ability to manage their pain or environment (Bishop,

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2005; Brehmer et al., 2022). Improvements in the ability to participate in more activities provide a sense of empowerment and lowers symptoms of depression (Liljeholm et al., 2020), while the use of more adaptive coping compared to maladaptive coping was found to be associated with lower depressive symptoms (Tan et al., 2011). Taken together, Figure 4 shows that mental health will likely improve as clients move through their rehabilitation prior to their first attempt at RTW.

Figure 4

RTW Goal and Mental Health



Unfortunately, not all pre-injury RTW attempts are sustainable and some workers are unsuccessful, while others have multiple unsuccessful attempts (Gray et al., 2018). In cases where clients initiate their RTW, they may initially experience positive feelings of reintegration and adjustment during their pre-injury RTW attempt (see Figure 3). However, when all RTW accommodations and supports have been exhausted, the reality of their limitations may begin to sink in. Stress and frustration will emerge as clients struggle to meet full job demands (see Figure 4), diminishing feelings of competence for tasks they were previously successful at accomplishing thus, lowering their motivation (Ryan & Deci, 2017).

The timeline highlights the need to have counselling support before, during, and after RTW attempts. Prior to their RTW attempt, counsellors could prepare clients of the possibility of an unsuccessful or unsustainable RTW. This offers a number of benefits. First, a counsellor could assess the value and meaning a client places on their pre-injury work. Clients with a high degree of work-role

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centrality will experience greater feelings of grief following an unsuccessful RTW attempt (Climent-Rodríguez et al., 2019; Saunders & Nedelec, 2014). Addressing the fear of re-injury or feelings of uncertainty prior to an RTW attempt offers an opportunity for clients to correct faulty beliefs or assumptions (Godges et al., 2008) which would shift RTW outcome expectations (Stewart et al., 2012). Identifying what types of support (e.g., treatments) would be helpful could assist clients to ensure they have pre-approval to help manage any symptom exacerbations. It is possible that a RTW may need to be delayed until the client has psychologically and emotionally prepared for alternative outcomes. Balanced expectations could help minimize the negative impact of a failed RTW attempt which would not only reduce emotional distress but could facilitate a client in selecting an alternative suitable career. Counsellors could also collaborate with vocational rehabilitation consultants who are typically focusing on a client's practical readiness to RTW and functional suitability and preparation (P. L. Dunn, 2001; Goldberg et al., 2004). Working together in this manner could also prevent clients from placing blame on vocational consultants or questioning competencies if clients are unable to sustain their RTW.

Additionally, clients may experience stress related to the anticipation of further financial strain, which can result in a downward spiral of depressive symptoms and a sense of losing personal control, impacting general functioning, health outcomes, and QOL (Price et al., 2002). Family relationships can become strained, for example, if needing to borrow money from a parent or friend, and shifts in role expectations and responsibility can be disruptive to daily routines (Senthanar et al., 2020). Depending on the level of support from their employer, disability claim agent, or healthcare team, clients may begin to feel irritated with the lack of recognition of their efforts during their RTW attempt (Gewurtz et al., 2018; Stewart et al., 2012). As such, over the course of a disability claim and, by default, a client's rehabilitation and adjustment to injury, mental health fluctuates, but clients are likely to experience increased stress and frustration during their RTW attempt to their pre-injury role and, subsequently, mental health begins to decline (see Figure 4). The proposed reconceptualized framework indicates that

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the timing of increased stress due to income uncertainty can fluctuate over the course of a claim and must be considered by stakeholders. When a client struggles to sustain their pre-injury RTW, the psychological distress due to diminishing feelings of competence combined with increasing financial concerns may increase the risk of developing depressive symptoms.

Secondary Claim Factors and Rehabilitation

This second section of the claim timeline describes the factors that become relevant when clients reach a juncture where the injuries limit a client's ability to return to their pre-injury career. Although some of these variables and factors can be present during the previous rehabilitation processes and stages, the secondary factors described in the claim timeline presented (see Figure 1) highlight the significance of career-related identity loss and the impact on the overall adjustment process that stakeholders have. The following sections will refer back to the initial half of the timeline and are specific to clients who were employed prior to their injury in a meaningful career that positively contributed to their identity.

Stakeholders

The number of stakeholders involved in supporting an individual's rehabilitation increases when clients open a disability compensation claim. For more severe injuries or illnesses, the most critical stakeholders at the beginning of the claim process are the client's rehabilitation team. Those with fiscal responsibility would follow), which is usually the insurance carriers as they provide wage-loss benefits. However, workplace injuries can also increase insurance premiums paid by the employer (MacEachen et al., 2012). Financial compensation programs are intended to be temporary, providing a period of short-term disability whereby injured employees receive most of their pre-injury earnings until they can RTW, to a maximum period of around six months. If they remain disabled from their pre-injury job, benefits transition to long-term disability (LTD), where their wage-loss compensation is reduced. During LTD, the goal remains to RTW to a pre-injury career (Fleming et al., 2013). However, once a client reaches the

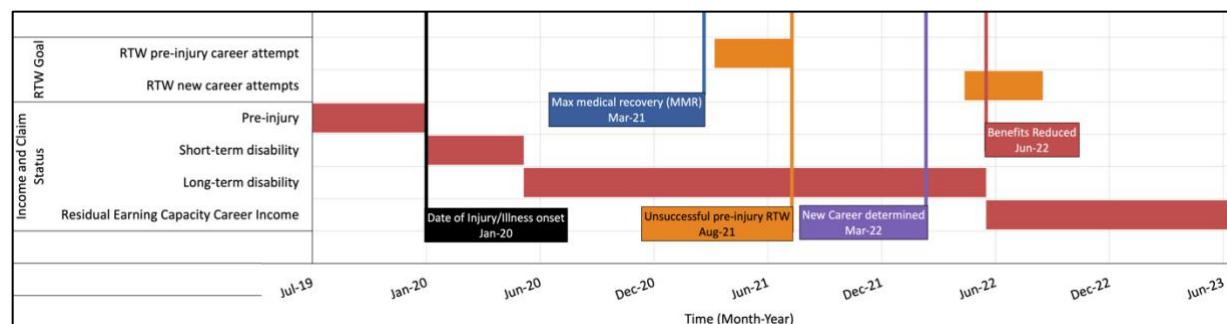
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maximum duration of LTD benefits, usually two years, they must attend vocational and functional capacity evaluations to determine their residual work capacity (M. E. Black et al., 2019).

Based on the assessed residual work capacity, a functionally suitable occupation is determined, and the client's benefits may be subsequently reduced based on the earning capacity of the determined occupation (Insurance Corporation of British Columbia, 2023). Figure 5 shows an example of benefit entitlement changes along the claim timeline. The shift from LTD benefits to residual earning capacity is when wage-replacement benefits are reduced to the earnings expected in the alternative occupation. Some insurers reduce this benefit regardless of whether the client has obtained a position in this new career, or if they have achieved a sustainable level of work that is aligned with their determined work capacity. Thus, a client who struggles to find a job in the labour market or is unable to work at the residual work capacity could have benefits significantly reduced or even stopped altogether, depending on the individual policy. The work capacity determinations and benefit reductions add significant stress and in an indirect way, pressures clients into attempting an RTW. Stakeholders are urged to consider these adjustments to entitlements, as they can significantly impact mental health.

Figure 5

RTW Goal and Income and Claim Status



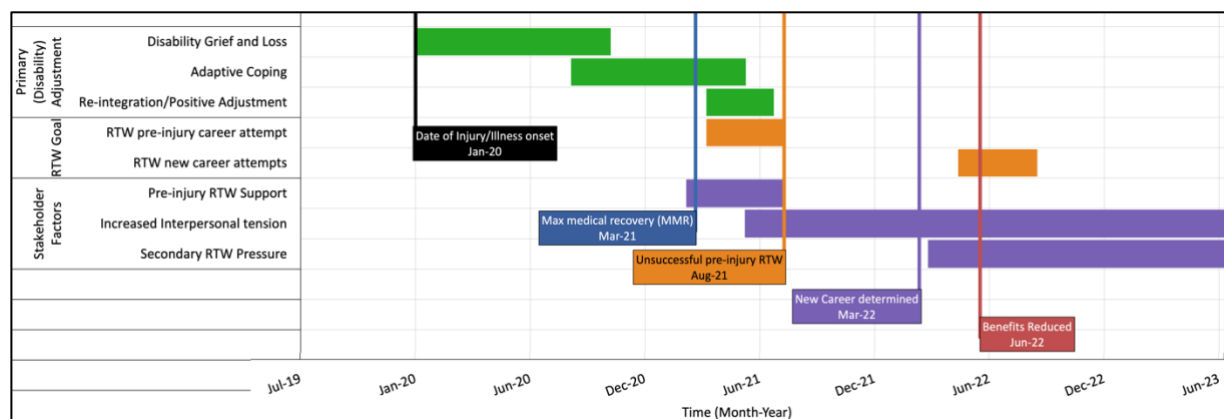
Nevertheless, insurance companies are consistently vilified for their motivations to "close claims," thus reducing the overall financial burden of a claim (MacEachen et al., 2010). Further, although employers report concerns with the overall cost of accommodations and lost productivity, employers

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ultimately have a duty to accommodate their workers with disabilities (Sepulveda, 2021). As such, collaboration, communication, and transparency must be established and streamlined early in the process, as these can become both facilitators and barriers to successful outcomes for all parties involved (Fleming et al., 2013; Porter et al., 2019). Challenges such as financial responsibility, territoriality, trust, and leadership are other factors that help or hinder the rehabilitation and claims process (Andersson et al., 2011).

During the early stages of a claim for a seriously injured client, the focus is on their access to timely and adequate medical care, and RTW is not yet a priority for any stakeholder. Once functional gains are made, or as clients approach MMR, insurance representatives or an organization's disability management department might initiate discussions of RTW planning that can include the client, employer or supervisor, and members of their healthcare team (Schultz et al., 2016). Alternatively, the reconceptualized claim timeline proposes that when clients progress in their recovery, increase their activity, and utilize more adaptive coping skills, they may be more likely to self-initiate a pre-injury RTW attempt (see Figure 6). Insurance agents view the client's motivation and initiative as positive indicators of recovery (Porter et al., 2019), signifying that a claim may be close to closure. Clients may be less likely to negatively perceive encouragement from stakeholders and become defensive. Thus, the stakeholder interactions related to pre-injury RTW are viewed as supportive (see Figure 6).

If communication is disrupted between stakeholders, offers of RTW support and encouragement can quickly be perceived as RTW pressure and increase the potential for claim-related disagreements (Orchard et al., 2020). The interpersonal tension arises exponentially between all stakeholders involved, with each escalation compounding and exacerbating the relational breakdowns (Rinaldo & Selander, 2016; Robichaud et al., 2019). The shift from a more positive outlook on adjustment and rehabilitation to symptom exacerbations and recovery setbacks marks the beginning of the "benefit trap." Based on the integrative literature review, the findings suggest that financial uncertainty is a significant stressor

Figure 6*Primary (Disability) Adjustment, RTW Goals, and Stakeholder Factors*

(Gewurtz et al., 2018), although contrary to the perceptions of some stakeholders (M. E. Black et al., 2019), clients remain motivated to RTW (Saunders & Nedelec, 2014). Financial uncertainty arising as the client struggles during the initial pre-injury RTW attempt lead to a shift from perceived stakeholder support to increasing interpersonal tension (see Figure 6). Simultaneously, a client may have diminished feelings of positive adjustment, given their self-imposed pressure to RTW (Tiedtke et al., 2012). Thus, insurers could alleviate some pressure by being transparent with clients about benefits, for instance, if wage top-up is available or if financial benefits can be easily reinstated following an unsustainable RTW attempt. Moreover, any discussions of benefit reductions should be approached with caution.

From a client's perspective, the shift from stakeholder support to pressure is an important juncture during the claim timeline. Depicted in Figure 7, contributing to this transition is the increased frustration clients may experience when they are assigned modified duties, where tasks are perceived as menial, unskilled, and degrading, leading the client to feel a lack of consideration by their employer (MacEachen et al., 2012; Senthana et al., 2020). Employers report that the administrative burden of insurance claims adds barriers to supporting RTW (Gould-Werth et al., 2018). On the other hand, employers' willingness to offer accommodations to injured workers as well as a toxic workplace culture regarding disability, can also add to a client's stress and frustration (Mongeau et al., 2021) and impact

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RTW success (Porter et al., 2019). RTW can be limited or delayed by an employer who fails to adhere to the modified or graduated RTW plan or if the employer disagrees with the determination of causality (Robichaud et al., 2019), leading to disputes between the insurance provider and the employer.

Consequently, the employer may take their frustration out on the client by limiting flexibility and accommodations, straining the client's relationship with their employer.

Given that a lack of employer support is a significant predictor of a successful and sustainable RTW attempt (Young, 2010), stakeholders must consider that a failed RTW attempt, be it to a pre-injury job or an alternative occupation, could be due to interpersonal tension between stakeholders. Thus, clients may need support during the RTW and perhaps a stakeholder to act as an advocate that might improve the likelihood of success. It is also recommended that stakeholders reflect on their role in the process, and how other members of the rehabilitation and RTW team may be perceiving the outcomes. Ensuring that blame for unsuccessful outcomes is not wrongfully attributed to another stakeholder may reduce the escalation of tension, stress, and frustration.

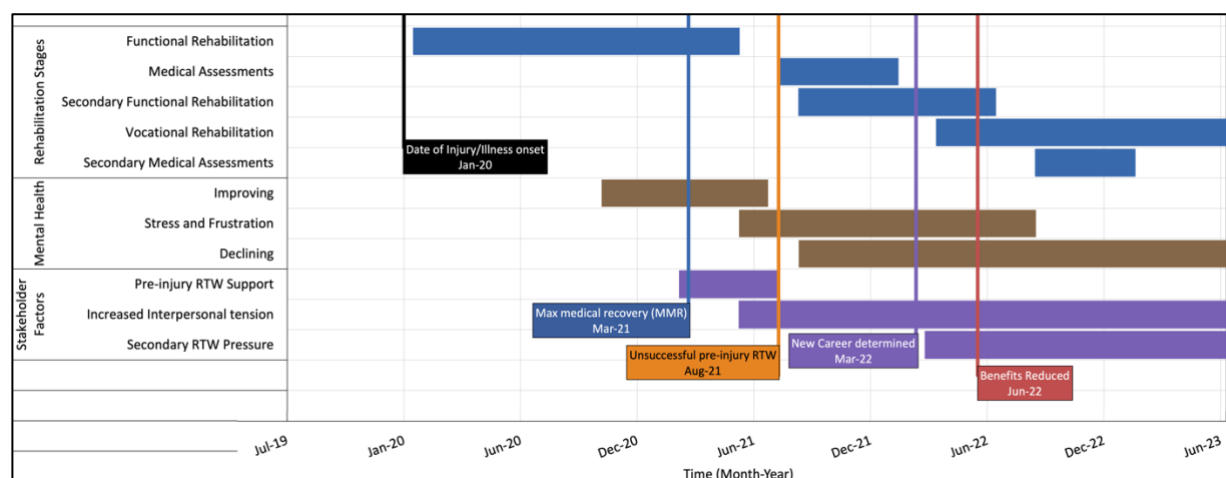
Although clients may have been discharged from most functional rehabilitation treatments, Figure 7 shows that they are likely to experience symptom exacerbations during their RTW (Chadi & Hetschko, 2021), usually benign and due to deconditioning but often perceived as re-injury (Sjobbema et al., 2018). Clients may be trying to work through increased pain and fatigue (Mongeau et al., 2021), and claim agents remain reluctant to approve additional treatments, believing that medical providers may reinforce the client's perceptions of disability (Robichaud et al., 2019). The client's initial motivation to RTW may lead insurance agents to simply offer encouragement rather than approve treatments that had recently been deemed medically unnecessary. Clients may feel that the recommendations from stakeholders, such as increasing hours or job duties, are premature, or they may disagree with the opinions of their healthcare team (Coutu et al., 2013; Mongeau et al., 2021). Insurance representatives have also been criticized by clinicians when their treatment plans and recommendations get overruled,

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denied, or ignored by claims agents, leaving treatment providers frustrated and reluctant to invest more time completing paperwork for the injured claimant (MacEachen et al., 2010). This leads to incomplete or vague clinical opinions that do not fully explain the client's ongoing functional limitations or accommodation needs, leaving claim agents uncertain of the client's functional status.

Figure 7

Rehabilitation Stages, Mental Health, and Stakeholder Factors



Interpersonal tension continues to rise when the pre-injury RTW outcomes are unsuccessful (see Figure 7). The combined stress, frustration, perceived lack of support, and possibly increased symptoms also affect a client's ability to continue to implement adaptive coping strategies (see Figure 6). Insurers understand the need to consider a client's emotional, cognitive, and adaptive reactions to an injury and sources of stress and support (Robichaud et al., 2019). On the other hand, they also indicate that clients who feel unable to RTW prior to a functional assessment can prolong the claim (Peters et al., 2018). The client's attitude, expectations, or perceptions of their capacity to RTW may not be aligned with medical opinions or evidence (Kluit et al., 2022), and even a claim agent's well-intentioned collaborative efforts to facilitate rehabilitation through offering additional accommodations and support services are rejected (Robichaud et al., 2019). Thus, upon an unsuccessful pre-injury RTW attempt, clients may be asked to attend multiple medical assessments to clarify the functional limitations and assess

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employability and residual functional capacity. Clients then begin to feel they must prove their level of disability or functional limitation to the claim agent or risk losing compensation benefits which only intensifies frustrations and conflict (see Figure 7).

In other words, clients must undergo assessments at the insurer's request, as failure to do so results in the termination of financial compensation benefits. This may cause some clients to push-back to reclaim autonomy and control. Feelings of injustice toward the insurance provider often fuel these attempts at regaining control. However, behaviour often manifests in externalized anger directed at treatment providers, creating strain and ruptures in the therapeutic alliance (Scott et al., 2016). In such cases, clinicians may become confused and frustrated with a lack of progress or response to interventions, and without appropriate mental health support, clients contribute to their own misguided self-sabotaging, further interrupting their recovery. Not only could a counsellor help clients manage these interrelated emotions, but they may also support other healthcare providers in identifying therapeutic ruptures or redirect approaches that maximize a client's sense of control and autonomy. The reconceptualized timeline presented demonstrates the frequent interactions of the psychosocial adjustment process similar to the concepts proposed by Livneh (2022).

When the pre-injury RTW attempt is unsuccessful, claim agents may reluctantly approve additional rehabilitation services as clients are likely experiencing increased pain, fatigue, and emotional distress and may even have additional injuries. The integrated reconceptualized framework identifies the risks associated with delays in insurance agents approving treatment re-initiation. Clients who are prone to passive coping will seek an external source of blame (Hall et al., 2011) which increases a sense of injustice and anger (Sullivan et al., 2008). If claim agents do not approve treatments simultaneous to a client's perceived or actual worsening of symptoms and injury during the RTW attempt, clients are likely to place blame on the claim agent. Regardless of who is blamed, the negative experiences are likely to contribute to the cycle of increased perceived disability, pain, injustice, and low mood (Scott et al.,

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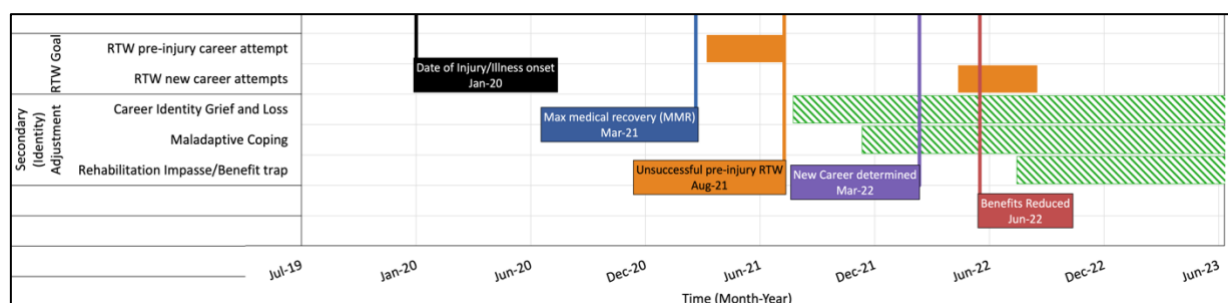
2013). As such, the timeline posits that mental health begins to deteriorate shortly after the unsuccessful RTW attempt at their pre-injury career (see Figure 7). This further supports the recommendation that clients have pre-approved treatments that can be accessed as needed to help manage the inevitable adjustment to an RTW.

Secondary (Identity) Adjustment

A client who was motivated to attempt a RTW to their highly valued pre-injury career may have viewed a successful RTW as symbolic of their return to normality, including the resumption of their work-role, career identity, and positive sense of self (E. C. Dunn et al., 2008; Saunders & Nedelec, 2014). Thus, during the recovery process, when the client's self-directed pre-injury RTW was unsuccessful they re-enter a state of uncertainty for their future, forced to question "who I was" and "who I will be now" (Conroy & O'Leary-Kelly, 2014; see Figure 8). Realizing that they have lost the ability to perform job demands at a meaningful career effectively destabilizes the client's understanding of "who I am" and "what I do" in various contexts (Stets & Burke, 2000). Thus, they feel a sense of threat related to their pre-injury work (Raanaas et al., 2019) which may be generalized to other work-related tasks regardless of residual functional capacity. This is likely the case for successful, career-focused individuals who are severely injured and become limited in their ability to work, despite the ability to implement workplace accommodations (Bishop, 2005; Crocetti et al., 2014).

Figure 8

RTW Goal and Secondary (Identity) Adjustment



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Moreover, the lack of success would also elicit feelings of shame, embarrassment, and guilt related to their RTW failure (Pivetti et al., 2016) as well as anxiety and hopelessness regarding an uncertain future (Coyle & Atkinson, 2018). Clients with stable work-related identities may have been incredibly committed to their pre-injury career and employment situation, with no intention or felt need to find an alternative career (Crocetti et al., 2014). Their work gave them a sense of competence, relatedness, and autonomy, the self-determination factors that fueled their internal and external motivation to work (Ryan & Deci, 2000). Therefore, following the unsuccessful pre-injury RTW, clients may be more prone to believing that they are incapable of performing many job tasks and, because they are now limited from performing the only meaningful career they had ever explored, they will be less intrinsically motivated to find an alternative career that matches their functional limitations. The updated timeline posits that clients may require additional time to engage in a meaning-making process aimed at decreasing the discrepancy between actual and perceived sense of self (Conroy & O'Leary-Kelly, 2014) and life meaning (Park, 2010).

Although the timeline is likely more relevant to individuals with strong work-role identities, this repeated grief and loss experienced would apply to any unsuccessful attempt to return to another highly valued pre-injury role or activity. Unlike the existing psychosocial adaptation models of disability, the refreshed framework suggests that the unsuccessful RTW to a pre-injury career will likely start a new cascade of adjustment processes, centering on career identity loss (see Figure 8). The onset of the secondary (identity) adjustment part of the claim timeline is likely to become a factor as clients begin to struggle with the pre-injury career RTW or when they cannot sustain the job demands. The painful realization that they are unable to complete job demands or perhaps unable to perform the work at the same capacity as they did prior to their injury or illness likely contributes to declining mental health (see Figure 9). Similar to primary (disability) adjustment, clients experience the acute psychological and emotional reactions, followed by cognitive appraisals. However, it is at this juncture that demarcates the

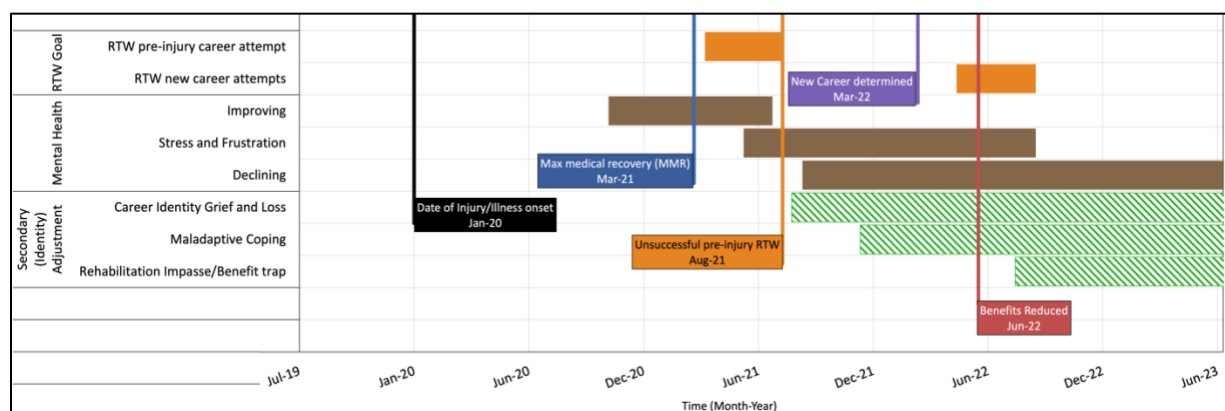
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proposed claim timeline and psychosocial adaptation to an acquired disability from the previously detailed adjustment frameworks (e.g., Livneh, 2022 and Bishop, 2005).

The reconceptualized psychosocial timeline of a claim argues that clients who considered their work to be their calling, who found a strong sense of purpose, meaning, and connection from their career, and whose identity was primarily grounded in the work that they performed are more likely to experience an overwhelming sense of loss following an unsuccessful pre-injury RTW attempt (Climent-Rodríguez et al., 2019; Duffy et al., 2012; Milot-Lapointe et al., 2021; Rodden-Aubut & Tracey, 2021). Not only are the acute emotional reactions heightened because of salience placed on work, but the positive coping strategies that clients had previously used (see Figure 6) will be labelled ineffective since the outcomes (i.e., pre-injury RTW success) were not congruent with their expectations. The secondary (identity) adjustment thus becomes anchored in faulty beliefs and negative assumptions creating a more intense sense of loss and identity disruption that subsequently leaves clients vulnerable and sensitive to any further distress. It is likely that career-identity grief and loss after an unsuccessful RTW attempt then leaves the client at risk for faulty appraisals and maladaptive coping (see Figure 9).

Figure 9

RTW Goal, Mental Health, and Secondary (Identity) Adjustment



The updated timeline shows that once the increase in interpersonal tension begins, without a collaborative and transparent team-wide intervention (e.g., team meeting), the tension will continue to

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be elevated (see Figure 10). Throughout and following the initial failed RTW attempt, clients may report additional injuries or increased disability that may be perceived by the insurance agent as an abnormal pain perception (Peters et al., 2018). Additionally, new injuries could be deemed "unrelated" to the original compensable injury (Ståhl et al., 2022). This might contribute to the client's belief that symptom exacerbations resulted from work activity and because they were initially denied access to treatments, they blame their claim agent (Stewart et al., 2012). Thus, the growing sense of injustice increases the client's reluctance to attempt another RTW in the future, even to an alternative occupation that matches their residual functional capacity. This reluctance is viewed by insurance providers as intentional malingering and by clinicians as inadequate rehabilitation participation (Coutu et al., 2013; Sjobbema et al., 2018). However, clients may simply feel anxious about re-injury (Mongeau et al., 2021; Tiedtke et al., 2012) or worry about their pain being dismissed again. The fear of re-injury and increased perception of disability might result in a withdrawal from active coping and activity engagement (Besen et al., 2015). Further, if clients did not receive work accommodations, experienced negative attitudes from their employer or coworkers, or faced environmental barriers during their RTW attempt, they may have low expectations for any future RTW success (Rinaldo & Selander, 2016). These experiences add to the stress, frustration, and interpersonal tension between all stakeholders, unfortunately extending the time off of work (see Figure 10).

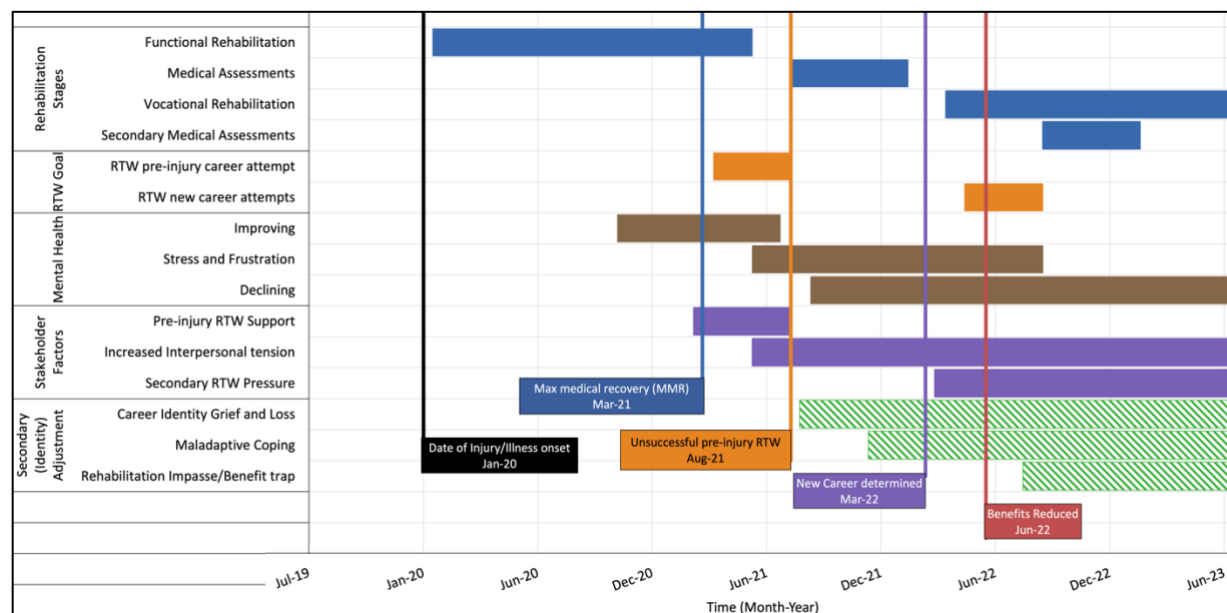
Similar to implementing adaptive coping efforts noted previously, maladaptive coping styles tend to feed off one another, creating a cycle of negative reinforcement. Disengagement coping strategies could be triggered by the client's perception that their inability to resume their career was a sign of "failure" with respect to previously mastered job tasks as opposed to being due to a functional limitation (Marti et al., 2017). A client's beliefs about the cultural and social norms and attitudes towards an inability to work in a desired career or profession may disrupt efforts to support the meaning making process (Park, 2010) which may also lead to other negative cognitive threat appraisals (Raanaas

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Figure 10

Rehabilitation Stages, RTW Goal, Mental Health, Stakeholder Factors, and Secondary (Identity) Adjustment

Adjustment



et al., 2019). Feeling a sense of failure could lead to isolation and social withdrawal due to

embarrassment and shame (Livneh & Martz, 2014).

In cases where the clients were not at fault for their injury or disability (e.g., rear-ended), the involuntary nature of the need to find an alternative career could induce feelings of anger and blame (Sullivan et al., 2008), leading to rumination about their circumstances. However, these feelings may be directed towards several stakeholders, often directed at the claim agent who requires the client to attend a medical assessment following the failed RTW attempt (see Figure 10). The need to attend medical evaluations and employability assessments is often perceived as a sign that the insurance claim agent does not believe the client's functional limitations (Ioannou et al., 2016), adding to the sustained stress, frustration, and interpersonal tension. However, the claim agent may simply not have adequate medical documentation regarding residual functional capacity due to incomplete clinical records (Robichaud et al., 2019). Nevertheless, the potential power differential between claim agent and client,

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paired with the claim agent's minimal education and training to interpret medical opinions (Porter et al., 2019) can be a significant barrier to positive RTW outcomes. Here, transparency and supportive as opposed to directive communication may reduce assumptions about intentionality.

The reconceptualized timeline depicted in Figure 10 posits that the client's career-identity grief and loss within the secondary (identity) adjustment begins when the client attends medical evaluations. It could be that undergoing formal and structured functional and vocational evaluations prompts clients to face the reality of their limitations. Thus, there will also be a decline in mental health function. These adjustment junctures contribute to negative attitudes towards work, which may then be reflected in the functional capacity evaluations or employability assessments (Ståhl et al., 2022), resulting in incongruent reports compared to before the pre-injury RTW attempt. Employability assessment experts indicated that psychosocial factors such as family, pain management, and secondary mental health issues should be excluded from disability determinations (M. E. Black et al., 2019), which significantly contradicts rehabilitation principles to injury or disability. When pre-injury work is no longer suitable due to injury, insurance policies often support clients to select an alternative occupation consistent with their pre-injury occupation and aligned with post-injury skills, ability, and capacity (Insurance Corporation of British Columbia, 2023). This possible lack of consideration for the collective psychosocial adjustment and intrapersonal factors explains, at least in part, why clients often disagree with or criticize the alternative occupations that are presented (P. L. Dunn, 2001; Gewurtz et al., 2018). It would also explain why clients feel a loss of control, personal agency, and autonomy over their rehabilitation process specific to their desire to return to a career that they perceive as meaningful (Caliendo et al., 2015).

When a new career or suitable job is determined, clients are expected to participate in vocational rehabilitation efforts, or they risk having their benefits revoked which adds to the perceived loss of control. A less meaningful career or employment that a client feels does not match their skills and abilities has multiple negative repercussions. First, clients unable to live out their calling or other

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meaningful work are likely to have lower levels of career commitment, job satisfaction, life satisfaction. Workers with disabilities who feel underemployed or overqualified also have lower life satisfaction (Konrad et al., 2012). These factors could lead to frequent employment changes, increasing job insecurity, risk of burnout, deteriorating overall QOL, and poorer general health and well-being (see Figure 11). Moreover, a career that lacks meaning could lead to a cascade of negative outcomes, including more frequent and job changes which increases job insecurity (Chadi & Hetschko, 2021; de Witte et al., 2016; Kim & von dem Knesebeck, 2015), financial distress due to intermittent income stability (Price et al., 2002), inconsistent family role responsibilities (Senthanaar et al., 2020) each of which can have profound impacts on mental health, QOL, life satisfaction, general physical functioning, and even mortality. Thus, pushing a client to RTW under these circumstances is not advised. However, this does not mean that the vocational recommendation needs to be reassessed. Clients may require additional counselling support to grieve this loss, reconnect with life values and residual strengths, and discover the ways in which the alternative career can still have meaning. Through this process, a client's attitude and beliefs about the work may shift and result in a sustained alternative RTW attempt.

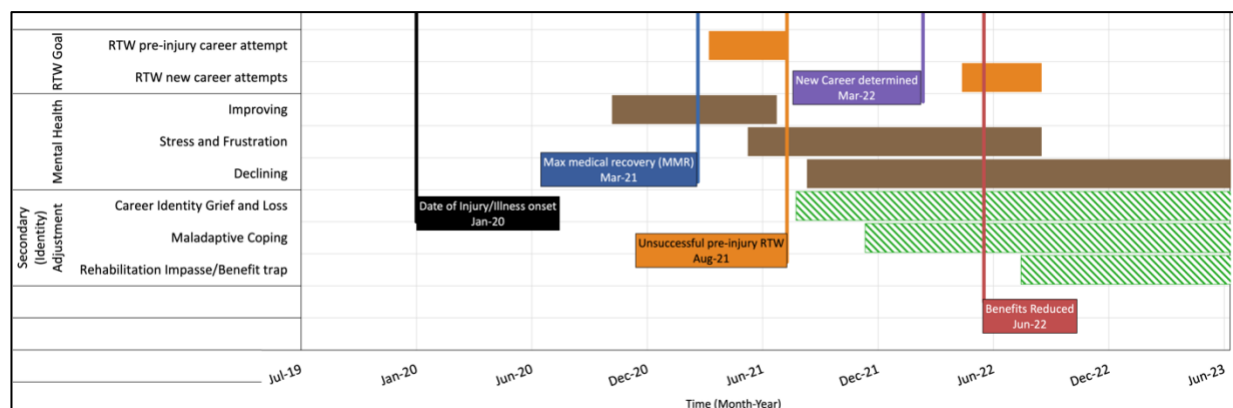
If a client is not a part of the career decision making process and feels that the stakeholders have dismissed their opinions, they are likely to feel forced into participation. Further, in cases where clients are unable to sustain their pre-injury RTW, and they have not been supported in processing their career-identity grief, faulty beliefs, and attitudes, or if they struggle to find meaning to their post-injury circumstances, they are not likely to make substantial progress towards their alternate career RTW. Thus, depicted in Figure 11 claim timeline posits that clients then enter a "rehabilitation impasse," representing their psychosocial adaptation rigidity and passivity to additional rehabilitation efforts, thus, perpetuating the disability benefit trap. The claim agents will likely direct the client's engagement with vocational services after receiving additional reports regarding the limitations and functional capacities (see Figure 10). However, the combination of increasing tension with the claim agent and the client's

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disagreement with the vocational goals might increase the client's feelings of injustice and anger and is perceived as stakeholder pressure as opposed to support.

Figure 11

RTW Goal, Mental Health, Secondary (Identity) Adjustment



The point at which a functionally suitable alternative career has been determined for the client, the likelihood of success will be low, even with vocational rehabilitation support and access to functional rehabilitation treatments. Perhaps due to the client's substantial functional limitations, lack of transferable skills, or low education, the proposed alternative occupation is significantly different from their pre-injury role, the client is likely to have low vocational SE (Tenenbaum et al., 2014), self-determination, and motivation to attempt a secondary RTW (Dutta et al., 2017). Together, this impacts the client's willingness to participate in rehabilitation services, weakening the therapeutic alliance and affecting treatment outcomes (Scott et al., 2016). Given that outcome expectations are modulated by experiences of mastery and modelling, clients who must return to a new occupation to which they have no experience will not likely hold high levels of SE, thus, leading to reduced persistence in the face of adversity and little effort to implement adaptive coping strategies (Bandura, 1977). Figure 11 shows that during an RTW attempt at the determined occupation, the client is likely to be experiencing stress and frustration, along with the secondary (identity) adjustment grief and loss. A declining mental health

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status along with maladaptive coping strategies could also contribute to a failed RTW to a new occupation, resulting in the rehabilitation impasse (see Figure 11).

Nevertheless, it is suggested that when a rehabilitation impasse is suspected by any stakeholder, a collaborative and multidisciplinary rehabilitation team meeting should occur. Here, a client's voice must be prioritized along with efforts to reduce power differentials, encourage transparency and clarification of stakeholder roles, policy, and procedures, and facilitate the client's sense of agency and choice in the plan moving forward. Through the process of re-establishing trust, minimizing uncertainties, and creating mutual rehabilitation goals, the proposed psychosocial timeline of a claim could facilitate movement through "stuck points" at critical junctures.

Limitations and Future Directions

There are several limitations to this paper that must be acknowledged. As noted previously, the definitions of ability, disability, health, illness, functional limitation, impairment, restriction, and other terms used by researchers, medical clinicians, allied health practitioners, and advocacy groups vary considerably along with the interpretations of those definitions by legislators, policy enforcers, judicial systems, and all sizes of organizations (OECD, 2010). Moreover, the conceptualizations of the constructs discussed related to work, career, life roles, identities, and meaningfulness in life are influenced by cultural worldviews, social stigma, beliefs, and attitudes (Lewis et al., 2018) along with environmental and contextual perspectives (Hudson Breen & Lawrence, 2021). It must be recognized that gender is a significant variable concerning work roles, life responsibilities, and career development (Gazso & Mcdaniel, 2010; Lim et al., 2020) in addition to gendered social and cultural expectations within certain occupations (Eichler, 2022). Research also indicates that identity transition processes (Pinquart & Schindler, 2007; Żuchowska-Skiba, 2020), disabilities (Smith et al., 2014) and RTW outcomes (Jones et al., 2021) differ between genders. Future research could focus on the differences between physical and

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mental health limitations and the impact on identity transition and RTW outcomes within specific occupations.

Although the research presented is focused on the often underrepresented and marginalized individuals within society living with a disability or functional limitation, individuals from other vulnerable and oppressed groups are often not included. Members of the BIPOC, LGBTQIA2S+, and other minority communities continue to face barriers to employment, despite Human Rights protections and statements of commitment to diversity and inclusion hiring practices (Cénat et al., 2022; Dickey et al., 2016; Van Borm et al., 2020; Waite et al., 2019). Additionally, the intersectionality of minority group membership creates further disadvantages for individuals with disabilities or functional limitations (Owens et al., 2019). Thus, the proposed timeline and recommendations may not be generalizable to clients who identify as belonging to multiple and intersecting minority groups.

Another limitation is that disability insurance compensation programs differ in terms of the level of coverage and protection for previously employed individuals who suffer from a sudden injury or illness. The organizational structure within the public and private disability assistance programs results in variable stakeholder involvement levels throughout the disability claim process (Andersson et al., 2011). This leads to confusion related to the roles and responsibilities of various stakeholders, as a substantial number of professionals from various disciplines are included in the rehabilitation and claims processes. Increasing concerns emerge with respect to the standards for education, training, credentialling, and professional qualifications of each stakeholder that can lead to mistrust and faulty assumptions that undermine the client's long-term rehabilitation outcomes (Kinn et al., 2016; Porter et al., 2019). Moreover, the wide discrepancy between the perceived barriers and facilitators to rehabilitation and RTW amongst stakeholder groups and individual stakeholders makes it challenging to predict outcomes and trajectories. Therefore, although research conducted on a Canadian sample was

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prioritized, there will inevitably be differences in practices between countries and provinces within Canada (OECD, 2010).

Additionally, specific health-related factors associated with an injury or chronic health diagnosis also limit the interpretation of the timeline. The current paper was written from the perspective of a previously healthy adult client with a successful career who acquired a disability or functional limitation that impacted their ability to work in their pre-injury career. Individuals with a congenital or early childhood onset disability, who were ambivalent towards their pre-injury career, had low job satisfaction, were still establishing their career goals, or those whose career was not central to their identity may respond differently and have different needs (Crocetti et al., 2014; Szymanski & Vancollins, 2003). Despite these limitations, the proposed timeline offers a new perspective on several potential factors contributing to poor psychosocial adjustment and rehabilitation for injury.

The strengths include the critical review of stakeholder factors that contribute to the perplexing and paradoxical nature of the claims process. It challenges rehabilitation clinicians to consider the importance of a client's perception of work as it relates to their identity and beliefs about living a life with purpose and meaning. Future research could focus on the use of psychometrically valid assessments and how they could be used to predict the extent to which a client requires additional rehabilitation and adjustment-specific mental health support during the claim process, specifically at the juncture of a failed pre-injury RTW or when pre-injury RTW is no longer suitable. Additionally, understanding how counselling and vocational rehabilitation support services can be more effectively integrated to deliver a more holistic, client-centered pathway to work reintegration is suggested. Lastly, providing a longitudinal cost-benefit analysis to disability compensation and insurance policymakers, organizations and employers, and other stakeholders with financial responsibilities for clients with complex injuries and limitations may help minimize the perpetuation of prolonged claims.

Conclusion

Although clients recovering from a significant life-altering injury or sudden disabling health condition should be supported by a collaborative team of stakeholders, the compensation claims process adds complexities contributing to detrimental communication failures. The timeline proposed indicates that the timing of stakeholder involvement should be considered, along with frequent reflections on how different actions or inactions might be perceived by other rehabilitation team members. Compensation programs understandably must manage the overall costs of a claim through adherence to policy and procedures; however, I recommend that they provide clients with access to a mental health clinician who has a strong understanding of both the psychosocial adjustment process to an acquired disability and the claim-related barriers to successful RTW outcomes. I argue that clients who are unsuccessful in returning to their pre-injury career with which they valued greatly, found meaning and purpose in, and that represented their identity and sense of self face a complex set of interrelated barriers to a successful and sustainable return to a functionally suitable career. A well-adjusted client should be able to acknowledge their residual capacity and functional abilities. Through processing emotions related to central identity and life-role transitions, they can implement adaptive coping strategies that help redefine meaning and purpose while fostering and maintaining a sense of hope. The reconceptualized timeline of a claim presented here highlights the impact of a life-altering disability combined with disability compensation claims processes which are not fully addressed by the existing psychosocial adaptation and adjustment to disability frameworks and can profoundly influence the trajectory to achieve complete functional restoration. Specific recommendations for rehabilitation team members and stakeholders can be found in Appendix A.

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Appendix A: Recommendations for Mental Health Clinicians

- Collaborate and maintain regular communication with other rehabilitation team members, offering education and recommendations for reinforcing necessary adjustment variables.
- Work with the client to identify the most salient life roles, personal values, locus of control, and work-role centrality.
- Assess the client's existing coping strategies, the extent of pain catastrophizing behaviour, and fear of re-injury to better target interventions and anticipate future barriers to recovery.
- Assess the client's perceptions of the role of each stakeholder and the expectations for support and provide psychoeducation on the claim process while addressing unrealistic expectations (e.g., RTW when pain-free).
- Assess the client's ability to interact with their claim agent (e.g., level of stress intolerance, communication styles) and, if necessary, communicate directly with the claim agent, expressing how the timing and level of support may impact a client's mental health, while also initiating interventions aimed at increasing the client's ability to manage these interactions independently.
- Adapt treatment plans and interventions as necessary to align with rehabilitation and compensation claim milestones.
- Work closely with vocational rehabilitation specialists when adjusting vocational goals and transitioning careers and create a collaborative plan to address the practical and psychological components of optimizing self-efficacy for RTW outcome expectations.
- Continuously monitor the client for sudden shifts in mental health or rehabilitation participation and support clients to work through relational ruptures with all stakeholders.

Appendix B: Abbreviations

ADL – Activities of daily living

BC – British Columbia

BIPOC – Black, Indigenous, and people of colour

ICF - International Classification of Functioning, Disability and Health

LGBTQIA2S+ - Lesbian, gay, bisexual, transgender, queer, intersex, asexual, two spirit, plus

LOC – locus of control

LTD – Long-term disability

OECD - Organization for Economic Co-operation and Development

QOL – Quality of life

RTW – return to work

RTW-SE – return to work self-efficacy

SCI – spinal cord injury

SE – self-efficacy

TBI – traumatic brain injury

WHO - World Health Organization

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