

# THE NEW WORKER

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## Spring 2013 - 30th Anniversary

*CEC Associates, Inc., presents these "Still Gold – Now Platinum" articles as we celebrate our 30th anniversary of helping organizations and legal professionals better understand the underlying dynamics of workplace disability and absenteeism. It is our hope that companies will endeavor to prevent and manage occupational disability by integrating existing human resource management programs toward the goal of hiring and maintaining competent workers without prejudice or discrimination.*

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## Disability Without Disease or Accident and Disability-Prone Employees

*The article titled "Disability Without Disease or Accident" was originally published in **Archives of Environmental Health**, a publication of the American Medical Association, in 1966. CEC Associates, Inc., reprinted it in April 1990, and cited the article as having continuing merit, "still gold." The original research by two occupational health physicians, Robert C. Behan, M.D., and A. H. Hirschfeld, M.D., is the basis for much of the subsequent development in Disability Management. That is, the idea first elucidated by Behan and Hirschfeld, that occupational disability can be present even though there was no prior disease or accident that might account for it, remains essential to contemporary disability and absentee management in the workplace.*

*CEC Associates, directed by Jasen Walker, Ed.D., has added to the methods/concepts used to plan and operate effective disability management programs. When integrated into such organizational programs, these constructs represent state-of-the-art disability programming, and are an effective way to return most medically impaired workers to productivity. Some of the concepts developed by CEC, and others adapted to organizational disability management by Dr. Walker and his Associates, include:*

**Disability as a Process (Weinstein)**  
**Injured Worker Helplessness**  
**The Methods and Materials of "Transition-to-Work"**

**The Critical Difference between Impairment and Disability**  
**Attributional Style and Explaining Acquired Disability**  
**Managerial Mediation and Conflict Resolution**  
**Vocational Assessment and Career Change: Instruments and Methods**  
**The Full Cost of Disability in the Workplace**  
**Mindfulness and Its Application to Vocational Rehabilitation**  
**The Politics of Workplace Disability**  
**Understanding Co-Malingering and Its Importance to Disability Management**  
**The Disability-Prone Employee**  
**Positive Psychology in Disability Management Programs**

*The concept of a disability-prone worker, when seen in the context of the Behan/Hirschfeld findings of disability without disease or accident, serves as an essential paradigm on which an effective, proactive workplace disability management program can be constructed. Without either of these essential findings being addressed, organizational disability management programs will remain reactive and be potentially less than effective.*

### **The Disability Process**

Over the years, the CEC Associates have evaluated hundreds of injured workers who have become resigned to their status of being "totally disabled." To get to that stage, several events have occurred. Those stages and processes were well defined in a 1978 article written by M.R. Weinstein who, recognizing the contributions of Behan and Hirschfeld, described the condition as the "Disability Process."

Weinstein noted that certain individuals who had personality dysfunctions and troubled lives had the disposition to experience a crisis buildup during which the personality problems worsened from pressures experienced at home and/or work. This led to what Behan and Hirschfeld had earlier described as "unacceptable disability." A troubled worker's vulnerable character, plus increased job tension (from promotion, demotion, failure, reduced seniority or status, or other changes) and/or family tension, led to increased somatic complaints, increased physician contacts, increased absenteeism and lateness, and decreased productivity.

Weinstein found that this worker would manifest irritability, blamefulness, and depression. Disability, in its unacceptable phase, manifested itself before an accident or event and was, indeed, a process. Disability needed only to formalize itself by beginning with an accident or explanatory event. Once the event took place, the disability could be said to have a cause. Some, perhaps many, employees who have difficulty returning to work following an accident (explanatory event) were, in fact, at risk prior to the accident. The accident simply becomes an identifiable reason for lost time.

Another factor that plays into the scenario at this point is the confusion by many in respect to the critical difference between the terms impairment and disability. (In short, impairments are determined by physicians, but only employers can determine if the worker is disabled by the requirements of the position the worker is capable of.)

The absent worker's changed status and the "disability lifestyle" eventually stabilize. Disability becomes crystallized and, in many cases, even desirable. With further sanctions and labeling from the high priests of our society, mainly physicians and judges, disability becomes a way of life for too many individuals who were simply

troubled psychologically and socially before they found a way to escape a perceived toxic work situation. In essence, we have learned that some workers' compensation claims are actually toxic torts!

**These and similar questions have intrigued CEC Associates, Inc., for three decades. After evaluating more than 5,000 injured workers, we have more than ample evidence** that certain individuals, under the right conditions, manifest a proneness to disabling injury or disease, and some of those individuals find the injuries or diseases a vehicle on which he/she can leave the workplace and still survive. **We have confirmed severally the existence of what Behan and Hirschfeld, nearly 40 years ago, termed the "accident process."**

### **Disability Without Disease or Injury**

Behan and Hirschfeld, occupational medicine physicians treating injured workers in several automotive factories in Detroit, concluded that the personality difficulties of certain workers, coupled with troubled life situations, equated to "unacceptable disability." Unacceptable disability was associated with poor self-esteem and poor work performance, and once an explanatory event took place, unacceptable disability could be converted into acceptable disability.

Behan and Hirschfeld found that the successful treatment of physical diseases did not necessarily resolve disability. They concluded that *particular employees, under certain conditions, could manifest disability without disease.*

Notwithstanding the reality and persistence of the disability without disease or injury concept, proactive organizations can take steps to keep employees as healthy as possible and reduce disability expenditures, absenteeism, and work dysfunction by instituting comprehensive disability management programs. Review of the best practices of organizations that have reduced disability costs reveals that workers' compensation and disability expenditures can be decreased with the following strategies and outcomes, the:

- awareness by senior management that prevention, health promotion, wellness, and disability management are important aspects of employee health and productivity and have a positive effect on net income.
- formulation and utilization of an interdisciplinary team to manage the disability program.
- integration of Employee Assistance Programs (EAPs) into the overall Disability Management program.
- training on disability management concepts and objectives for the company's healthcare providers.
- adoption of a return to work objective for all employees with lost time, regardless of its cause.
- data collection and evaluation activities are critical processes of the ongoing monitoring of the savings achieved.

Effective workplace organizations that have developed disability management program frequently become a bellwether for other companies that wish to reduce absenteeism and improve worker productivity. Work organizations have found that they can reduce all disability costs between 25% and 30% during the first full year of disability management implementation.

Time and time again, the histories of injured employees tell us, in one way or another, that they were troubled at work and/or in their personal lives before an explanatory event, or so-called "work-related accident." Although it is not suggested that accidents do not happen, we must appreciate the ideas and contributions of insightful occupational medicine specialists like Behan and Hirschfeld, who many years ago recognized the process of disability without disease.

How many disability-prone employees are in our organizations is difficult to determine. All of us can become troubled at some point in our lives, and, under the right conditions, those troubles can manifest in unacceptable disability. What we can only hope for is that responsible individuals around us will take the correct steps and intervene helpfully and appropriately.

These steps and interventions need not be altruistic or outside the realm of good human-resource management. Employers who cynically believe that proactive disability management is an apology for malingerers, exaggerators, and frauds in the workplace will never understand the message. The worker's advocate may misinterpret the proposals provided here as methods only to manipulate people back to work. In fact, the proactive strategies and outcomes provided above are good for both employer and employee.

As the worker population ages, more and more valued employees will be susceptible to musculoskeletal wear-and-tear disorders, as well as non-exertional stressors that seem to be associated with aging. While disability proneness is not to be assigned only, or even frequently, to aging employees, it is a reality among our older workers as well as younger workers. How management addresses the problems of disability in the workplace remains a significant issue 40 years after the Behan and Hirschfeld findings of disability without disease.

Over the years, the CEC Associates have evaluated hundreds of injured workers who have become resigned to their status of being "totally disabled." As Weinstein noted, certain individuals who had personality dysfunctions and troubled lives had the disposition to experience a crisis buildup during which the personality problems worsened from pressures at home and/or work. The troubled worker's vulnerable character plus increased job tension (from promotion, demotion, failure, reduced seniority or status, or other changes) and/or family tension led to increased somatic complaints, increased physician contacts, increased absenteeism and lateness, and decreased productivity. (At CEC, we have coined a phrase for this condition: we call it "injured worker learned helplessness.") These workers frequently manifest irritability, blamefulness, and depression. Disability, in its unacceptable phase, manifested itself before an accident or event and is, indeed, a process.

Behan and Hirschfeld were interested in the relationship between accident and outcome. How did one lead to the other? Their attention was directed to the same two points that had earlier preoccupied many others concerned with industrial injuries. They looked first at the accident, and then at the outcome of a frequently disproportionate disability, and in many cases, the disability did not match up to the severity of the accident. As many disability professionals had been before them, Behan and Hirschfeld were puzzled about this seemingly non-logical relationship.

In contrast to their predecessors, Behan and Hirschfeld attempted to answer this question by looking first at events preceding the accident and then at the larger human and social context in which the accident occurred. They then searched for ways to understand the problem of chronicity through the assumption that a life of disability or

of invalidism, with its constricted activity and reduced autonomy, would be chosen and maintained only if it resolved some other extremely powerful and disturbing conflict.

## **The Accident Process**

Behan and Hirschfeld demonstrated that many of the most perplexing and resistant examples of chronic disability in the wake of industrial injuries were actually the late stages in a sequence they termed "the accident process." The three key features of this process were thought to be:

**1. Tension and stress:** In almost every instance, the accident is preceded by the development of tension and stress (not necessarily in the working area of the patient's life), leading to feelings of inadequacy and depression. These unwelcome dysphoric states are often associated with a powerful sense of being insufficiently appreciated, with having too much demanded or expected of one, and with disappointments and frustrations about promotion, security, advancement, and competence.

**2. Dependency denial:** Essential to the initiation of the accident process is a personality configuration that makes the patient unusually sensitive to perceptions of increased expectations and of reduced support and approval, and which also makes it very difficult for the patient to acknowledge or to ask for help directly and explicitly for the tension-depression state he/she is experiencing. The personality styles of these individuals (mostly men in the Behan and Hirschfeld series) have prominent dependent and passive qualities. An inability to accept or acknowledge such dependent wishes or passive strivings is a complexity commonly found in the working blue-collar population of our industrial centers and still (but of recent date, less strenuously) widely considered to be normal or even ideal for American men in general.

**3. The Injury:** The coupling of increasing subjective distress with an attitude that makes it difficult to ask for help sets the stage for the next phase of the accident process. This stage includes the actual occurrence of an injury that transforms the employee into someone whose distress and impaired performance can be understood by him and others as the result of an externally generated event, something that "could happen to anyone," and understandable to all and compatible with an image of tough self-sufficiency.

In brief, the accident transforms an "unacceptable disability," which is equated with weakness and failure, into an "acceptable disability," which is considered to be neither dishonorable nor shameful. None of this requires us to assume that the accident happens because of the need for an acceptable disability, but, of course, the concept of the accident-prone person is an old and recurrent one and would seem to result from one or more of the factors listed above.

## **Disability as a Way of Life**

The remainder of the accident process has to do with the crystallization and stabilization of disability as a way of life, energized by the patient's ongoing personality characteristics, by the rapid accumulation of reinforcing social and financial responses to the initial disability and, too frequently and unfortunately, by the consequences of diagnostic and therapeutic interventions of physicians and healthcare agencies.

At CEC, our initial concern was with the contributions of social agencies and social

systems (including medicine) to the stabilization phase of the accident process. It was later that we realized that the initiating event could be a non-industrial illness rather than a work-related accident. This led us to publish studies of our own, extending Behan and Hirschfeld's concepts, under the titles "The Illness Process" and "The Disability Process."

A diagram of the Disability Process:

Personality + Troubled life ? lead to: unacceptable disability difficulties situation(s)

Unacceptable + Complicity of others ? lead to: worker acceptance of disability the so-called disability

How can the realization that work disability is commonly the end result of a complex process rather than the direct consequence of a discrete accident or illness help in the prevention, evaluation, and rehabilitation of such tenacious syndromes as the "Industrial low back"?

1. Such realization helps us to predict and appreciate the tenacity with which some disabilities may actually be sought out and maintained over time. Whenever self-esteem is elevated, change is difficult and unlikely; when it is low, change is actively sought by the patient and can the change can actually be encouraged and facilitated by others.
2. Our contemporary cultural valuations of depression and anxiety as being unworthy, shameful, and unacceptable—valuations that often seem to actually initiate the disability process—appear to be changing. To the extent that we can further soften the cultural polarization of some kinds of suffering as honorable and other kinds as unacceptable, we will reduce the energy that makes the disability process operate.
3. In view of their prominence as ingredients of the disability process, we should re-examine some of the social and programmatic reinforcements and supports for ongoing disability. We can slow the crystallization and stabilization phases of the disability process by promoting public policies that reduce the reinforcement of disability by monetary and other rewards.
4. We can re-examine our own activities as rehabilitation professionals to see whether our diagnostic efforts, our treatment intervention, our participation in the establishment of awards, and even our covert messages about hopelessness or the rightness of the patient's "claim" against society, are contributing to the disability process.

The task of inducing changes in cultural values and societal patterns is enormous, but the disability process is, after all, only a statement of what our society believes to be good, and what it holds to be bad, about people and their behavior. In the final analysis, the disability process is not likely to change unless the values that energize it are themselves changed.

### **The Concept of Disability Proneness in the Workplace – A Case Illustration**

A woman in her early 40s was referred by her employer's insurance carrier for vocational evaluation and potential job placement. We have come to call this woman Norma Rae, as her social and occupational histories reminded us of the character Sally Field played in her award-winning movie by the same name.

The Norma Rae whom we evaluated had a history that included a climb, albeit short-

lived, to a leadership position in her textile factory. She had sustained a work-related injury two years prior to our examination. Norma had run the full gamut of physical investigation and rehabilitation. She had undergone imaging studies, electrical studies, diagnostic arthroscopic procedures, and physical medicine and rehabilitation, including physical therapy and work hardening. Numerous independent orthopedic examinations failed to find disease to explain her continuing problems. Some examiners hypothesized reflex sympathetic dystrophy as a cause for her continuing muscle atrophy and skin changes. She grew depressed, and most observers concluded that her physical complaints were subjective and in excess of her objective findings. The employer refused to return Norma to work unless she was capable of "full duty." It became our job to "rehabilitate" Norma Rae.

Until our intervention, no one had taken the time to gather a complete history from Ms. Rae. The following is a synopsis of what she told us. Norma had grown up in the mountains of West Virginia. She was the oldest child in a family of nine offspring. Her father, an abusive alcoholic, worked intermittently as a coal miner, and her mother, a seamstress, toiled from her home to supplement the family's meager income. Life was harsh. Being the oldest, Norma was often given adult responsibilities, and at an early age, she was parentalized with having to care for her siblings and mediate her mother and father's arguments. Norma's father verbally and physically abused his wife. He frightened his children, and during more than one drunken blackout, he sexually assaulted Norma Rae.

Eventually, Norma's mother became so desperate that she took two of the youngest children and left the house to live with her sister. Norma's mother had convinced her that this would be only a temporary situation, and she would be back to retrieve Norma and her remaining siblings. Unfortunately, this exacerbated the father's drinking behavior and life for the next six weeks was "hell" for Norma and her siblings. When her mother returned, it was only a short time thereafter that she became ill with ovarian cancer. She died six months later and never fulfilled her promise to Norma Rae.

Life at home only became worse for Norma following her mother's death. Norma was 15 years old when the West Virginia Family and Children's Services finally intervened. By that time, Norma's father was dying of both pneumoconiosis and liver disease. Norma was given the option of foster home placement or relocating to Pennsylvania to live with her maternal aunt. Children's Services was forced to place Norma's brothers and sisters in different homes, and Norma vowed to find work and earn enough to reconstitute her family and move them to Pennsylvania. Parenthetically, we now know that Adverse Childhood Experience (see Anda below) in the form of childhood abuse is a predictor of disability proneness.

Norma's father had inadvertently taught Norma how to survive, and her mother had consciously taught her daughter how to sew. Norma established herself as a hard-working production machine operator in a Reading, Pennsylvania, textile company. She eventually moved into her own apartment and was able to establish enough of a home to become legal guardian of three brothers and sisters. She was 19 years old.

With time, Norma established herself at work, and after several promotions, she found herself in charge of one floor of machine operators. Without an abusive father in her life, the intrusive memories of "growing up" in West Virginia faded. Life for a time actually seemed pleasant and rewarding to Norma.

Unfortunately, the textile factory in which Norma Rae seemed to prosper was privately owned and non-unionized. Norma began to experience conflict with management, as

she felt the need to help her non-union "brothers and sisters" at work receive better pay, improved work conditions, increased benefits, and worker termination procedures. The AFL-CIO recruited Norma and trained her in union organizing and recruitment strategies. Norma often thought that if her father had had union protection, he would have been a better person. She felt determined that she had to create a safer work environment for the men and women she supervised.

Months following her union activities, the company owner placed his 39-year-old son in charge of the plant. By that time, Norma Rae had been there eight years, and the owner's son had only been told that Norma could be trouble. He was strangely familiar to Norma, perhaps because he frequently harassed women and probably because of the alcohol that Norma could smell on his breath when he returned from his extended lunch breaks. The new manager and Norma did not have a good working relationship, and slowly but steadily the tensions between them increased.

The owner's son was placed in command at the same time a recession brought a downturn in the textile market. He felt his father's pressure to maintain profits. However, orders were not coming in, and working conditions only worsened as he attempted to curb costs. In Norma's mind, regardless of the economic climate, the plant's employees still had the right to work in a safe environment. Rumor had it that if Norma Rae continued to push for more rights and benefits, the plant manager would find some way to "get rid of her." Norma, however, felt compelled to protect her co-workers.

Norma had drawn up a petition, reluctantly signed by 95% of the 115 production operators. The petition said there would be a work stoppage unless seams in the concrete floor of the factory were removed so that material handlers would not continue injuring themselves while pulling bundle carts over the open seams. Following an emergency rally with the plant manager, at which time Norma presented the petition, the plant manager visited Norma, threatened her, and ripped up the petition. As she attempted to gather support from her co-workers, Norma quickly realized that the vast majority of them would rather do anything to keep their jobs in a threatening recession than walk out over a safety issue. Rumors circulated that Norma's time was up.

No one knows for certain if it was a genuine accident and injury, but two days later, Norma Rae tripped over one of the concrete seams and injured her knee. Two years later, after exhaustive diagnostic procedures and attempts to physically rehabilitate Norma Rae, she remained on workers' compensation. The horrors of her childhood had resurfaced, and she experienced anxiety, depression, and panic attacks. She was medicated with antidepressants and powerful analgesics. Ultimately, after several unilateral attempts by the employer's carrier to terminate her workers' compensation benefits, Norma was referred for vocational rehabilitation. Now represented legally, emotionally depressed, and over-medicated, return to gainful activity was the last agenda that Norma was willing to consider. For her, betrayal was the only truth that stuck.

A retrospective cost analysis found that with wage replacement, medical, legal, and administrative claims costs, Norma Rae's "accident" cost the employer's insurance carrier more than \$675,000 before they reached an \$85,000 commutation of her benefits. Notably, this was only a portion of the total costs that were precipitated by the crack in the factory floor, as Norma's absence led to an informal, but nonetheless evident, slowdown in the workplace following her accident.

It should be noted that until Norma was assigned to us for vocational rehabilitation, no

one charged with the responsibility of assisting her had ever taken her complete story. Obviously, a history was more than that of a troublemaker falling over a factory floor crack that required repair.

## Conclusion

Is there a phenomenon that we might call "disability proneness?" Do some employees have a predisposition toward disabling disease or injury? If disability proneness exists, what can work organizations do about it? More fundamentally, if disability proneness exists in a work population, should an employer attempt to do anything about it?

## References

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## Wind Power in Pennsylvania

Most people in Pennsylvania know they can sign up with an alternative power generation source, and that the established energy providers (PECO, MetEd, Penelec, etc.) are required by law to accept the electric generated by those alternative sources.

Fewer Pennsylvanians know that one of the alternative source options is wind farms. In fact, Pennsylvania now has 24 wind turbine farms operating or under construction. To see the locations of these farms, visit [pennfuture.org](http://pennfuture.org).

In 2006, the Pennsylvania legislature enacted a law that wind turbines and related equipment may not be included in property tax assessments. Encouraged by this legislation, in 2007 our neighbor Montgomery County became the first wind-powered county **in the nation**.

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## The Consequences of ACE

The U.S. Department of Health and Human Services said that in 2006, there were 905,000 children who were victims of child abuse or neglect. The Adverse Childhood Experiences (ACE) Study (started in 1995 by the Center for Disease Control and Prevention and the Kaiser Permanente program) showed that certain experiences in childhood are "major risk factors for the leading causes of illness and death as well as a poor quality of life in the United States."

The CDC/Kaiser Permanente study also **addressed the consequences of ACE "in the workplace,"** and CEC Associates, Inc. has developed several smaller studies on this specific aspect of ACE. Because we felt the CDC report (and our furtherance of how their finding might possibly have application to workplace disability programming) could be vulnerable in terms of being misunderstood or misapplied, we have not promoted our materials widely.

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## Disability Proneness Updated

"Disability Proneness" is a frequently misunderstood, or purposely misrepresented, condition. Disability Proneness is not the same thing as accident proneness. In an article on the subject published in the Forensic Examiner in 2006, Jasen Walker of CEC Associates Inc. in Valley Forge, Pennsylvania offered the following description:

Some employees have a predisposition toward disabling disease or illness. We believe that disability proneness is a real and significant phenomenon antecedent to and at times a cause of many cases of chronic vocational disability. Individuals with particular work dysfunctions are more prone to occupational disability and claims of incapacity. **It is believed that the workers' compensation system in particular breeds the requisite conditions for learned helplessness and laziness, and the particular attributional styles make individuals more prone to develop chronic disability than others with different styles of causal attribution.**

In short, disability proneness has nothing to do with workplace injuries, or the frequency of those injuries/illnesses. In the early years, disability proneness was often disparaged as employers "Blaming the Victim."

In reality, disability proneness is a condition learned and adopted by employees as a way of being classified (thought of) as disabled so as to be designated disabled for the purpose of collecting compensation without working. Disability proneness is a far more frequent condition, and a far more costly condition, than being accident-prone. Employers who have designed and operated effective disability management programs in their workplaces have learned this concept a long time ago.

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## CEC Promotes Environmental Awareness

On Sunday, February 10th, in continuing celebration of our 30th anniversary and in order to help promote environmental awareness in our area, CEC Associates, Inc.,

sponsored a screening of [Chasing Ice](#) , an environmental film documenting the work of photographer James Balog as he journeyed throughout the Arctic and U.S. gathering undeniable evidence of our changing planet with the use of sophisticated time-lapse cameras. At the historic [Colonial Theatre](#) in Phoenixville, Pennsylvania, a large audience gathered to see the influential film, which beautifully, yet hauntingly illustrates the tangible effects of climate change.

Here are ideas to consider making your office more "green":

- **Print in draft mode:** this will allow your office to conserve more ink by printing in lighter shades.
- **After-hours/Weekend Thermostat Settings:** adjust your thermostat a few degrees before closing the office in the evening and before the weekend to save energy.
- **Offer telecommuting:** if possible, give employees the option to work from home or "telecommute," reducing actual commuting to the office and saving the office energy.



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