The Power of Cognitive Behavioural Techniques in the Workplace

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For many years I have been interested in, and excited by, the strong evidence of the effectiveness of Cognitive Behavioural Therapy (CBT) to treat a host of symptoms and behaviours commonly associated with depression and anxiety disorders. These symptoms include lack of motivation, feelings of being overwhelmed, feelings of inadequacy, and loss of interest in activities and relationships that used to bring joy and fulfillment to a person.

These symptoms can have tragic results to an individual's personal and professional life. As someone who has worked in the field of labour relations for the past 25 years, I have often observed how these symptoms impact individuals in the workplace, and the rate of that impact appears to be increasing in recent years. I believe that a basic understanding of CBT, and its practical application, is valuable to union representatives, HR professionals, and anyone who is handling mental health or mental illness issues in the workplace.

In this article, I will discuss the application of Cognitive Behavioural Therapy (CBT) techniques to both return to work and performance improvement plans, for individuals whose work life has been impacted by these issues.

Application of Cognitive Behavioural Therapy Techniques to Back to Work Plans for Individuals Suffering from Depression and Anxiety Disorders

Low motivation, lack of appropriate social interactions, and avoidance behaviors are common symptoms of depression and anxiety disorders. Cognitive Behavioural Therapy is a therapeutic model used to treat individuals with a variety of mental illnesses and mental health concerns, including anxiety and depression.[1] An understanding of the symptoms which accompany depression and anxiety disorders, and the challenges these symptoms present to an individual returning to work will be beneficial to anyone developing a return to work protocol. Furthermore, an understanding of some of the basic principles of CBT will assist in overcoming these barriers and result in a more successful back to work plan.

A central tenant of CBT is the recognition that an individual's thoughts and perceptions about a situation are the primary determinative of their behaviors. Individuals with depression and anxiety disorders often have a radically different view than other people of factual situations and their abilities. Therefore, one aspect of CBT focuses on presenting to the individual evidence-based information in order to assist the individual in bringing their perceptions more in line with objectively verifiable facts.[2]

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[1] Beck, J. S. (2011). C*ognitive behavior therapy: Basics and beyond*. Guilford Press.

[2] To learn more about CBT, please see:
Gaudiano, B. A. (2008). Cognitive-Behavioral Therapies: Achievements and Challenges. Evidence-Based Mental Health, 11(1), 5–7. http://doi.org/10.1136/ebmh.11.1.5.

Return to Work Plans

Usually, when an employee is returning to work after suffering from an anxiety or depressive disorder they will be returning to work with restrictions dictated by their physician. Obviously, these guidelines must be followed. Within these guidelines, however, there should be ample room to structure a back to work plan informed by CBT principles. Under these principles emphasis is placed on ensuring that the individual has confidence and belief in the feasibility of the return to work plan. It also requires that the plan be structured in a way to maximize the speed, consistency, and visibility of the success of the plan.

Individuals who have been absent from the workplace due to illnesses such as depression or anxiety will often be returning to work after a period of relatively low activity, few social interactions, and very limited use of their workplace skills. Integration back into the workplace in both a social and technical aspect may be a large adjustment. Therefore, the first step in designing a back to work plan should be to carefully assess all of the duties an individual was performing prior to their illness and eliminate, for the short term, any duties which are not essential. As these individuals struggle with confidence and may face organizational challenges, the less they are presented with when first returning to the workplace the better.

Job Duty Assignment

Similarly, focusing on one or two job duties at a time, and setting specific performance targets for those duties, will be helpful. The individual's input at this juncture is essential. Allowing the individual to choose which of their job duties they feel they are most able to perform first will help with motivation, confidence, and will assist in early visible success. Setting performance goals at a rate that the individual feels is possible is also recommended. If seemingly realistic goals are not set, an individual is at risk of evaluating their performance based on their peak pre-illness performance or on an unrealistically pessimistic view of their current performance. Setting realistic, specific goals should minimize this risk.

Hours of Work

Back to work recommendations from physicians often prescribe a gradual return to the workplace. They often recommend part-time work for a period of time followed by a full return. Within these recommendations there is often room to vary the time of day and the number of days in a week when part-time work takes place. As lack of motivation and avoidance behaviors are key symptoms of individuals suffering from depression and anxiety disorders, morning work can present particular challenges. Furthermore, the effort required to get into the workplace will be much greater than for

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Knapp, P., & Beck, A. T. (2008). Cognitive therapy: foundations, conceptual models, applications and research. Revista Brasileira de Psiquiatria, 30, s54-s64.

other individuals. Therefore, it is most beneficial to allow the individual to choose the hours of work in which they feel most productive and perhaps minimize the number of days they need to attend at work. This will assist in confidence building and allow the individual to have maximum success in the initial return to work period.

Employee Involvement

Often, return to work plans are developed solely by the employer on the basis of a physician's recommendation and an assessment of the individual's full pre-illness duties. As is clear from the information above, the participation of the individual in the development of the return to work plan is strongly recommended. CBT principles suggest that an individual's belief in their ability to succeed in the plan is a key determinative in their actual success in the plan.[3] This is not an objective, but rather a subjective analysis. For that reason, even though an employer, in good faith and with the employee's best interest in mind, may design a back to work plan which they feel is easiest for the employee, it is the employee's perception of the feasibility of the plan which will best support success.

Support and Success

The quality and quantity of support during the back to work plan should also follow CBT principles. Feedback should focus on encouragement and in having the employee evaluate, on a regular basis, their performance in light of the goals set as above.[4] If the goals are not being met it is important to reduce those goals until success is achieved. However, it is equally important to ensure that the individual is not underestimating the degree of their accomplishment or comparing it with unrealistic standards.

Often these employees will benefit from a chance to express their doubts about their capacities or their concerns over workplace issues with someone. Although it is not necessary, and indeed not helpful, to agree with pessimistic or unsupportable conclusions the individual is expressing, it is also not advisable to shut down the discussion by dismissing the beliefs as simply wrong. Allowing the individual to express their concerns and encouraging them to perhaps consider other pieces of evidence or ideas which counter their perceptions is the recommended course of action. This interaction will give the individual comfort that they are being listened to and also help redirect their

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[3] See: CBT Informed Caring for Schizophrenia/Psychosis. (2016). Insight CBT Partnership Commercial In Confidence. Cognitive Behavioural Therapy, Core Information Document, Centre for Applied Research in Mental Health and Addiction, Faculty of Health Sciences, Simon Fraser University. Retrieved May 04, 2017, from https://www.sfu.ca/carmha/publications/cognitive-behavioural-therapy-cbt-core-information.html.

[4] Bilsker, D., Gilbert, M., & Samra, J. (2007). *Antidepressant skills at work: Dealing with mood problems in the workplace*. BC Mental Health & Addiction Services. Cognitive Behavioural Therapy, Core Information Document, Centre for Applied Research in Mental Health and Addiction, Faculty of Health Sciences, Simon Fraser University. Retrieved May 04, 2017, from http://www.comh.ca/publications/resources/pub_asatw/AntidepressantSkillsatWork.pdf.

perceptions to ones more in line with those around them.

The above-suggested modifications to traditional return to work plans may, at first blush, seem onerous. This is not true. The plans are developed in consultation with the employee because that ensures maximum confidence in the success of the plan. This consultation, and the ongoing support during the plan, need not be time consuming or onerous. They do, however, need to be informed by an understanding of the challenges the individual is facing because of their illness.

Application of the Principles of Cognitive Behavioural Therapy to Workplace Performance Improvement Plans

If an employer or union representative has been informed that an individual suffers from a mental illness such as anxiety or depression and a decrease in their performance, or a lack of progress in an their performance, may be due to negative symptoms associated with their disorder; CBT techniques can be of assistance in structuring a Performance Improvement Plan (PIP) that has an increased chance of success.

If an individual has been diagnosed with such a disorder and is entitled to accommodations, then any PIP must comply with those requirements. No PIP can set goals for performance, which exceed limitations, or include excluded duties, of those accommodations. However, many individuals who struggle with these issues will not have long term accommodations or may wish to remain as active and highly productive as possible within these accommodations. A properly designed PIP can help to achieve this.

Standard Performance Improvement Plans

Fortunately, many components of a standard PIP[5] will be of benefit for this group of employees. These components include:

- An accurate and specific measure of an employee's performance at the commencement of the plan.
- A realistic and specific target of performance at the conclusion of the plan.
- Realistic time frames within which the intermediate and final performance targets are to be met.
- Adequate skills training, mentorship, and support during the process.

[5] For an example of a PIP, please see: Western University of Health Sciences, Sample Performance Improvement Plans. Retrieved May 6, 2017, from https://www.westernu.edu/bin/hr/performance_impvmt_plan_template.doc.

A More Targeted Approach

CBT techniques would recommend some modifications to these traditional plans.[6] In order to effectively design and implement these changes it is important to understand the barriers to performance that this group of employees may encounter. Individuals with depression or anxiety disorders often struggle with poor performance due to a lack of confidence in their abilities, a lack of belief that improvement is possible, and an inability to imagine how improvement is to be achieved. This helps explain why, despite clear guidelines, specific training, and seemingly realistic targets, employees in this group can fail to succeed on traditional PIPs. Therapeutic models employed to increase an individual's functionality stress the need for structured plans of improvement, which first and foremost seem realistic to the individual involved and quickly provide positive feedback with successful results.

Bringing this therapeutic model into the workplace suggests the following modifications to traditional PIPs.[7]

One Performance Goal at a Time

Individuals struggling with this basket of symptoms often struggle in several areas of job performance. Traditional PIP's will often set performance targets in each of these areas and monitor the goals simultaneously. It is recommended that for these employees only one performance goal be targeted at a time. This will help an individual focus on a specific set of competencies and serve to promote maximum success in the shortest period of time. This success will feed back into feelings of competency and control and should assist in promoting motivation and performance improvement.

Decision About Which Performance Goal to Address First is made in Consultation with the Employee

From an employer standpoint, the choice of which performance goal to work on first will be that which is most integral to the performance of an employee's job functions. However, research in the therapeutic setting would suggest that allowing the employee to pick which of the identified

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[6] See: Visions Cognitive Behavioural Therapy. (2009). BC's Mental Health and Addictions Journal. 6(1).
CBT Informed Caring for Schizophrenia/Psychosis. (2016). Insight CBT Partnership Commercial In Confidence.

[7] See: Bilsker, D., Gilbert, M., & Samra, J. (2007). *Antidepressant skills at work: Dealing with mood problems in the workplace*. BC Mental Health & Addiction Services. Retrieved May 4, 2017, from http://www.comh.ca/publications/resources/pub_asatw/AntidepressantSkillsatWork.pdf.
QUICKSTART For Depression. CAMH workbook, CBT program.
Cognitive Behavioural Therapy, Core Information Document, Centre for Applied Research in Mental Health and Addiction, Faculty of Health Sciences, Simon Fraser University. Retrieved May 4, 2017, from https://www.sfu.ca/carmha/publications/cognitive-behavioural-therapy-cbt-core-information.html.

performance goals is most important and/ or most seemingly attainable to them will increase the chance of success.[8]

Therefore, if the employer has identified a number of performance improvement goals, it is recommended that the employee choose which of these goals they feel is most likely to be improved and address that goal first.

Measurable Performance Improvement Goals Should be Small and in Frequent Increments
Therapeutic models in this area suggest that short periods of goal setting and collaborative decision-making on the degree of improvement expected will highly benefit this group of individuals.[9] Therefore a period of 1 to 2 weeks for each performance improvement goal is suggested.

Regarding the degree of improvement expected at each juncture, allowing the individual to suggest a degree of improvement that seems possible to them is the best strategy. Developers of the plan should be aware that an employee's estimate of the degree and speed of possible improvement will likely be much lower and much slower than an employer would wish. However, because this model works on the premise that a major impediment to an employee's improvement is their inability to believe improvement is possible, allowing them to set a goal for improvement, regardless of how limited, will help to encourage a belief in progress. Once success is achieved at the individual's set pace, it is expected that the speed of improvement can increase even in the individual's estimation.

Increase Contact and Support from PIP Mentors and Implementers
Feedback to these employees must be centered on encouraging the individual to focus on the specific target that is being worked on and to encourage the employee to have a more positive and realistic view of their current skill set and progress. Principles of CBT are particularly useful in this aspect of PIP implementation. Individuals who suffer from these symptoms often have an inaccurate and exaggerated belief about their own helplessness and inadequacies.[10] Mentorship therefore as suggested above with Return to Work Plans should focus on encouragement and be directed towards presenting to the individual evidenced-based conclusions about their current level of skills

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[8] See: Bilsker, D., Gilbert, M., & Samra, J. (2007). *Antidepressant skills at work: Dealing with mood problems in the workplace*. BC Mental Health & Addiction Services. Retrieved May 4, 2017, from http://www.comh.ca/publications/resources/pub_asatw/AntidepressantSkillsatWork.pdf
Muñoz, R. F., Ippen, C. G., Rao, S., Le, H., & Dwyer, E. V. (2000). *Manual for group cognitive behavioral therapy of major depression.* San Francisco, CA: San Francisco General Hospital Depression Clinic.
CBT Informed Caring for Schizophrenia/Psychosis. (2016). Insight CBT Partnership Commercial In Confidence.
[9] Ibid.
[10] See: Knapp, P., & Beck, A. T. (2008). Cognitive therapy: foundations, conceptual models, applications and research. *Revista Brasileira de Psiquiatria*, *30*, s54-s64.
Visions Cognitive Behavioural Therapy. (2009). *BC's Mental Health and Addictions Journal*. 6(1).

and progress. In practical terms this would include pointing out to the employee the current set of skills which they are demonstrating mastery of and reinforcing with them the importance and contribution of those skills to the workplace setting. Similarly, these employees will benefit from a chance to express their concerns over performance issues with a mentor. Again, it is not necessary or even recommended that a mentor agree with a pessimistic or unsupportable conclusion the individual is expressing. It is also not advisable to shut down the discussion by dismissing the beliefs as simply wrong. Allowing the individual to express their concerns and gently encouraging them to perhaps consider other pieces of evidence or ideas which counter their perceptions is the recommended course of action.

The Bright Side

HR professionals and union representatives may be concerned at the high level of intervention, support, and slow progress that the above modifications to traditional PIPs suggest. However, that is not the case. Although the initial consultation process with the employee could be slightly more time-consuming, the amount of performance indicators which need to be monitored are less and are taking place over shorter periods of time. This plan structure should best ensure employee buy-in and therefore require, on the whole, less monitoring and reduce the need for negative feedback.

Furthermore, the overall length of the PIP need not be greatly extended. The above method suggests segmenting the plan into one performance improvement target at a time and monitoring it more frequently. Performance goals are worked on in sequence rather than simultaneously but may not take a longer of period of time to fully achieve.

There are very high workplace costs to both individuals and employers when employees perform below capacity. There are also very high costs of administering PIPs that drag on forever because they do not achieve their goals. Implementing the modifications suggested above should help employers, union representatives, and employees achieve better performance when faced with the symptoms of anxiety and depression.

Conclusion

As mental illness conditions such as depression and anxiety disorders begin to be less stigmatized in our society, HR professionals and union representatives will increasingly be faced with questions as to how best to integrate and accommodate individuals with these conditions into the workplace. A basic understanding of the theoretical basis of CBT, and its practical application, is very valuable to anyone handling mental health or mental illness issues in the workplace. The information above should aid in the specific areas of Return to Work Plans and Performance Improvement Plans.

About the Author

Pamela Munt-Madill is a labour lawyer and the proprietor of Munt-Madill Consulting, a firm operating since 1994 providing services to the industrial relations community. She has been studying Cognitive Behavioural Therapy for several years, most recently through a program offered by the Schizophrenia Society of Ontario.

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