

Action plan Time-contingent and SMART

The concept of 'time-contingent'

For pain symptoms, an approach that can be described as 'time-contingent' has been found to lead to chronic complaints less often than the traditional, symptom-contingent approach. The term time-contingent means a time-planned step-by-step accumulation of hours and tasks. In a time-contingent schedule or treatment plan, tasks and consultations are set out and planned in advance. Work activities are built up step by step. The final goal with regard to work integration is set in advance.

The essential difference from the symptom-contingent approach is that in the time-contingent approach, whether or not the incapacitated employee is ready for something no longer depends on their symptoms. The link between the symptom and the activity level is avoided because it is precisely in this link that there is a risk that inadequate (pain) avoidance reactions will stagnate the recovery process.

A planned, step-by-step approach is therefore essential.

Musculoskeletal symptoms

In this case, the advice to test how far a person can go before their symptoms force them to stop is no longer desirable. But it is also not wise to let the extent to which one is active depend on their symptoms. If they do so, they will fall into a negative spiral of pain, movement anxiety, inactivity, loss of fitness and overburden when undertaking their next activity.

Psychological symptoms

The effectiveness of returning to work with psychological symptoms is most enhanced by people having successful experiences. Making a gradual time-contingent work resumption plan can already help enormously. This involves finding an optimal balance between 'challenging situations or tasks from which people can learn something' and 'easy or safe tasks'. When choosing the 'safe' tasks, take into account the positive aspects of work that fit with the symptom level of the employee. For example, provide work that offers structure, does not require too much concentration, provides opportunities for meaning and positive social experiences.

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To prepare people for 'challenging situations', it can be important to have people practice in a fictitious situation (by, for example, saying 'no' to colleagues). In addition, it makes sense to have people anticipate setbacks, which are bound to occur from time to time in such challenging situations. "What would you do if X happened?" That way, you make sure people don't get knocked back again too quickly. Do remind people that problems that arise at work are ultimately best solved there.

The work resumption schedule in the case of mental health symptoms is no different from that of physical symptoms. You start with the 'safe' tasks and, according to a pre-made plan, build up the tasks from 'safe' to 'normally challenging' step by step.

Wiggle room in the roadmap

Sometimes the reality can be a little disappointing. The important thing then is to slow down. The employee may do so in consultation with the employer, if that is also advised by the

occupational health and safety service. Slowing down means that the employee can, for example, extend the step-by-step plan by 1×2 weeks or by 2×1 weeks. This can be done in each reintegration step to a maximum of, for example 2 weeks over the entire reintegration process. The occupational health and safety service gives an indication of the duration of the wiggle room (e.g. a total of 1×1 weeks or 1×2 weeks).

Results

A time-contingent SMART-formulated action plan, interventions and guidance have proven added value in reducing absence time and speeding up reintegration.

In summary

A time-contingent approach is a powerful approach to prevent sick leave and thus reintegration stagnating due to the experience of symptoms. This approach provides an anchor by having a clear achievable action plan. In fact, the agreements in the time-contingent scheme are SMART and

Set the following in advance:

1. The final goal (e.g. full return to work in your own role)
2. The step-by-step plan regarding the accumulation of tasks and hours
3. The final moment of full work resumption in your own role
4. Evaluation moments

Example

An example of a time-contingent schedule is shown graphically on the next page.

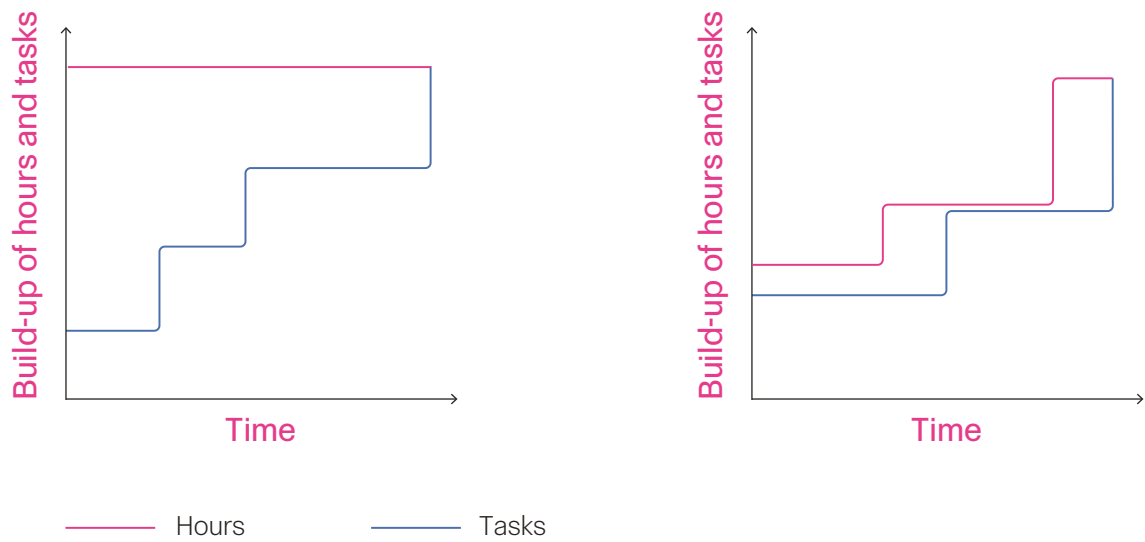
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Accumulation types

There are actually two types of time-contingent work resumption. Type I combines the gradual build-up of hours with the gradual expansion of

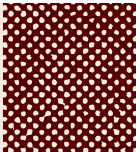
tasks. Type II starts with full working hours but a gradual build-up of tasks.



An example of a time-contingent work resumption plan

Hours per week					
40					task 1
35					task 2
30				task 1	task 3
25				task 2	task 4
20			task 1	task 3	task 5
15		task 1	task 2	task 4	
10	task 1	task 2	task 3	task 5	
5	task 2	task 3	task 4		
0	AT base	Wage value?	Wage value?	Wage value?	Wage value?
Period:	week 1, 2	week 3, 4	week 5, 6	week 7, 8	week 9
Actions:	* week 2 evaluation	* week 4 evaluation	occupational physician	week 8 evaluation	final evaluation

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As you can see in the timeline above, clear time agreements are made and goals are formulated **in advance**. This acts as an anchor for both the employer and employee, on the basis of which accumulation of hours/tasks takes place. The experience of symptoms should not immediately be a reason to take a step back. If symptoms are experienced for a longer period of time, they should eventually be reported to the occupational physician, but it is not necessary to call in the occupational physician immediately if they are also aware of your agreements.

Moreover, a time-contingent reintegration plan does not always have to last 9 weeks. It can often be shorter, for example over a period of 2-3 weeks.

In more exceptional situations, it may take a few weeks longer. In very exceptional situations, a period of 3-4 months may be reserved. The latter may be the case, for example, after admission to a psychiatric clinic and in the case of a gradual return to work.

