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Advisory Unit on
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What works in cognitive interventions?

The effects of work-focused
CBT versus traditional CBT
on return to work

**CBT improves
mental health
(Layard & Clark,
2015)**

**Work-focused CBT
is CBT applied in
the work context
(Lagerveld et al.
2012)**

Psychological Medicine

cambridge.org/psm

Review Article

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Sickness absence: a systematic review and meta-analysis of psychological treatments for individuals on sick leave due to common mental disorders

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Abstract

Sick leave due to common mental disorders (CMDs) increase rapidly and present a major societal challenge. The overall effect of psychological interventions to reduce sick leave and symptoms has not been sufficiently investigated and there is a need for a systematic review and meta-analysis of the field. The aim of the present meta-analysis was to calculate the effect size of psychological interventions for CMDs on sick leave and psychiatric symptoms based on all published randomized controlled trials. Methodological quality, the risk of bias and publication bias were also assessed. The literature searches gave 2240 hits and 45 studies were included. The psychological interventions were more effective than care as usual on both reduced sick leave ($g = 0.15$) and symptoms ($g = 0.21$). There was no significant difference in effect between work focused interventions, problem-solving therapy, cognitive behavioural therapy or collaborative care. We conclude that psychological interventions are more effective than care as usual to reduce sick leave and symptoms but the effect sizes are small. More research is needed on psychological interventions that evaluate effects on sick leave. Consensual measures of sick leave should be established and quality of psychotherapy for patients on sick leave should be improved.

Effect on return to work

Work-focused CBT

- van der Klink 2003?
- Blonk 2006
- Lagerveld 2012
- Kröger 2015
- Reme 2015
- Brenninkmeijer 2018

Clinical/CBT + RTW intervention

- Willert 2011 (no effect)
- Wählin 2012 (CMD+/MS-)
- Noordik 2013 (no effect)
- Salomonsson 2017 (no effect)
- Aasdahl 2017 (no effect)

Work-focused CBT: intervention content

Blonk 2006

- 5-6 sessions, 2 p/w
- Followed a protocol
- CBT-stress management
- Psychoeducation on work stress
- Registration of symptoms and situations at work
- Workload and job demands

Lagerveld 2012

Brenninkmeijer 2018

- 11 sessions, 5.5 months
- Followed a protocol
- Work issues addressed early
- Work-focused psychoeducation
- Work-focused behavioural experiments /exposure
- Relate non-work issues to work
- RTW plan

Clinical/CBT + RTW-I: intervention content

- Willert** **2011 (no effect)**
- Group, 8 sessions, 3 months
 - Introduction to CBT
 - Psychoeducation on stress
 - Modify dysfunctional thinking
 - Communication skills
 - Implementing work strategies

- Salomonsson** **2017 (no effect)**
- 10-25 sessions during 25 weeks
 - RTW barriers
 - Psychoeducation on sick-leave
 - RTW plan
 - RTW monitoring
 - CBT focus on work-related issues

Return to work intervention
+ clinical intervention (CBT)?

Work focus fully integrated
in CBT?

What about context and
setting?

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Work & Rehabilitation
in practice or in research?**

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