Early Rehabilitation Program
After Workplace Injuries

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ABSTRACT. Literatures on workplace injury indicate that there is insufficient concern by employers about programs to reinstate injured employees. This article describes an intervention model, which expresses a change in the employers' policy toward workplace injuries. The intervention is an early return to work program for injured employees. It provides an integrated solution for both, the injured employees and the employers, and combines assimilation of a changed policy and a single-session group intervention for slight and medium-injured employees. The findings indicate that employer efforts at the workplace to reinstate injured employees aids the rehabilitation process. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2002 by The Haworth Press, Inc. All rights reserved.]*

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17

INTRODUCTION

Workplace injuries refer to injuries caused by work and working circumstances to human health. Workplace injuries affect the broad society, the employing organization, and the injured person and his family.

Research generally focuses on the economic effects of workplace injuries on society and the employing organization. It also refers to the legal rights on which the accompanying entitlements of the injured person are based, such as compensation for lost working days and expenses for necessary medical treatments (Kobovi, 1998). A vast theoretical body of work is dedicated to the meaning of a workplace injury to the injured person, primarily in cases of permanent medical disability. These reports deal with the multiple effects of the disabilities accompanying injury, including economic and medical costs, particularly those involving psychological rehabilitation (Wright, 1983; Roseller & Bolton, 1983; Krause, Dasinger & Nehauser, 1998; Kenny, 1995, 1998; Rimerman & Blum, 1991).

Professional literature gives importance to the commitment of employers to rehabilitation in workplace injuries, especially early rehabilitation programs. It also draws attention to the neglect of injured employees and to programs linking employers and injured employees everywhere including Israel. Employers prefer to ignore workplace-injured employees and let public systems, such as the Israel National Security Institute, take the responsibility for rehabilitation. This neglect may contribute to the low success rate in early return to work of injured employees, and highlights difficulties in the relationship between employees and employers (Kenny, 1995; Shery, 1995).

The role of occupational social workers, employed by many contemporary workplaces, is to assist employees and their work organization in situations of crisis and to promote productivity by addressing the problem of individual employees that might hamper productive work (Bargal & Katan, 1998). Managing of workplace injuries to the benefit of both work and employer generally requires professional knowledge, skills and the use of intervention. Intervention often involves the employee, his family, work colleagues and managers as well as the employer. It could require the reinstatement of the injured employees in an alternative position, in view of limitations imposed by the injury. When intervention is inappropriate, the occupational social worker should direct an injured employee to extensive rehabilitation systems (The National Security Institute in Israel).

This study demonstrates that a single-session group intervention in slight and medium workplace-injured employees can be successful for both employers and employees. This intervention expresses a change in treatment policy for Israeli employers. Study outcome indicates that supportive intervention for injured employees accelerates the rehabilitation process and results in earlier return to work. This program may provide the foundation for a new workplace policy.

ORGANIZATIONS AND WORKPLACE INJURIES

The post-modern employment world emphasizes economic products and the ability to operate under indistinct, uncertain, competitive, fast, and unpredictable changing conditions (Lawrence, Bain, & Gould, 1996; Lewis, 1997). The employees in this world, defined as "the human dimension," serve as means to obtain these objectives. Psychologically, the working place is a "potential space" for the employees to realize their embodied potential. This concept leads the organization to invest in human resources (their employees), in order to develop obligation to the organization, to enhance the willingness of employees to invest efforts, and to increase their long term commitment to the organization (Popper, 1984).

A workplace injury interferes with the balance of the relations between the employer and the employees. Workplace injuries cause feelings of anxiety and insecurity regarding safety and management authority in the workplace. These feelings evoke guilt feelings in the employer and in colleagues of the injured employee, and an attempt to eliminate those feelings and keep the routine. Studies show that workplace stress decrease production, the sense of obligation toward the organization, and worker satisfaction (Brockner, 1988; Bargal, Back, & Ariav, 1992).

An analysis by social and occupational systems of the management of workplace injuries indicates the existence of two coping levels. On the unconcealed (conscious) level, the workplace depends on existing social procedures, especially on the Social Security Institute, which combines medical, financial and rehabilitating treatments. On the concealed (unconscious) level the workplace and the employees defend themselves against the pressure of workplace injuries by adopting defense mechanisms, which are characterized by elimination, alienation, concealment and obliteration. Thus, the organization is engaged in expressions of accusation and anger toward the injured employee, despite a desire to reinstate the employee at work as soon as possible. When the injury is severe or when the employee shows a "problematic" behavior,

which is not in agreement with the employer's expectations, the employee addresses the social treatment system, namely the National Security Institute to realize his legal rights. This situation is one of the explanations for the lack of solutions for workplace-injured employees, which might have assisted both-the injured employee and the organization. Suitable solutions should include information and support to the injured employee and his employer concerning legal, financial and medical rights, as well as the return of the employee to his previous or to an alternative position at the workplace. These solutions should also include information to the employee's family (Kenny, 1995, 1998).

MEANINGS ACCOMPANYING WORKPLACE INJURIES

Work in a contemporary society is generally seen as means to creating and fulfilling social interrelationships as well as earning a living. Thus, work serves as a social and personal symbol of the individual and his living environment. Freud (1938) claimed that work is not only an economic necessity compelled by society, but a part of the feeling of maturity, which defines the individual identity and permits self-expression and creativity.

Physical and mental injuries damage feelings of security, self-esteem, self-image and create an irrational concept of reality, producing emotional and behavioral immobilization in most cases. The injury also affects interpersonal relationships between the injured employee and his or her family and with the employing organization. Adjustment difficulties and difficulty in returning to appropriate occupational functioning are complicated by intensified feelings of anger, impotence and self-blaming (Shery, 1995; Wright, 1980). Despite the change in rehabilitation concepts (Florian, Yanay, & Peleg, 1996), relevant literature reports point to the unique meaning of returning to work (Rosseler & Bolton, 1978; Gellman, 1973; Florian, 1982). According to these studies, returning to work is considered a proof that a disabled person has overcome his or her physical limitations and can realize their potential. This attitude is most pronounced among employees whose level of injury is slight to medium. Low rates of rehabilitation provide additional proof to the difficulties faced by injured employees in their personal and family relations and in their relations with their employers. These factors can lead to the intervention by occupational social workers.

THE OCCUPATIONAL SOCIAL WORKER: INTERVENTION IN WORKPLACE-INJURED EMPLOYEES

The function of the occupational social worker is to assist individuals cope with problems, which inhibit or limit normal worker functioning and to enable the organization to provide support to enhance worker well being (Briar, 1988).

Traditional reports dealing with the function of occupational social work emphasize the role of the social worker in assisting injured individuals. The role of the occupational social worker in cases of physical injury is to ameliorate the mental and physical needs of the injured employee and his family, to help the employee to reorganize and return to work, to assist him to readjust and, when needed, to help him find an alternative occupation (Bargal, 1984).

In recent years social workers have paid more attention to the relations between the individual and his environment allowing them to return to work (Luria, Kushnir & Ribak, 1998; Shery, 1995). In times of crisis employers have difficulties listening to the existential problems of their employees. In such cases the social worker needs to use his skills and professional knowledge to mediate between the individual and the employer. The surveyed literature indicates that workplaces which employ social workers provide professional intervention which focuses on a short-term treatment to injured employees and their families and mediation services these entities and communities institute. The social worker focuses on the needs of the injured individual in the realization of his or her rights, and on attending to his or her emotional-rehabilitation needs.

In some cases short-term intervention is conducted for the emotional adjustment of the injured employee, for the employers, or those afflicted by post-traumatic stress (Bargal & Katan, 1998). Several researchers claim that in recent years the number of workplace injuries in various organizations has increased, and that the occupational social worker needs to develop a policy to reduce workplace injuries, to enable assistance to the injured employees and continuation of their employment (Kurzman & Akabas, 1993; Lewis, 1997; Root, 1997).

DESCRIPTION OF THE PROBLEM

Workplace injuries appear to create deficiencies and problems in three main systems: that of the injured worker, the occupational social worker and the employer.

Employers have to cope with long absence periods by injured employees, increased expense costs and insurance bureaucracy. They must also cope with the difficulties in reinstating the injured employee at work, with the influence of workplace injury on other workers.

Due to the increased number of workplace injuries, the occupational social worker, especially in organizations where the work is highly physical, needs to focus on treating severely injured employees. Consequently, the attention paid to employees, whose injury is slight to medium, is often too little and too late. The information is significant. Studies indicate the importance of early return to work following an injury (Shery, 1993).

In the present study, an intervention model was established by the occupational social worker to overcome the above described difficulties. This model aims to develop a policy to aid workplace-injured employees in their return to work as soon as possible and to assist the employer to cope more successfully with the psychological and instrumental influences that accompany workplace injuries.

The proposed intervention program is a single-session group intervention for those with slight to medium workplace-injured employees.

INTEGRATION AND CHANGE OF POLICY

Efficient coping with workplace injuries necessitates collaboration between the employer, the rehabilitation coordinator/occupational social worker, and the injured employee. Research reports emphasize the effect of organizational procedures and the employer's policy on the success at work reinstating injured employees (Kenny, 1998; Krause, Dasinger and Nenhauser, 1998).

In order to locate the primary factors inhibiting reinstatement of injured employees at work and to establish the policy and the intervention program, personal interviews with workplace-injured employees, the management staff, and direct/professional directors in the organization were conducted. The main factors were: (1) lack of knowledge regarding financial and other rights of injured employees following a work accident; (2) insensitivity and non-compliance to unique needs of managers and supervisors when they encounter difficulties in finding an appropriate position for their injured employees; (3) recurring absence of the injured employee after his or her return to work; (4) reports of workplace-injured employees feeling deprivation, anger and disap-

pointment due to insufficient attention paid to them and their needs by their employers.

Dissatisfaction characterizes all the parties impacted by workplace injuries. These findings are in agreement with similar mapping conducted worldwide (Shery, 1993; Kenny, 1998).

Based on this outline, the current intervention program interweaves knowledge regarding the injury, the accompanying rights, and the emotional results of the injury, improved communications among the various parties appears to be essential.

The occupational social worker presented the proposed change in policy at meeting with the senior directors and decision-makers in the organization. The presentation emphasized that the new policy would affect production by improving organizational functioning though earlier return to work of injured employees and improving relationships and the atmosphere in the organization. According to the plan, internal employees (the occupational social worker and the administration) would conduct all the procedures.

The advantages of the new policy were explained in the meeting: early rehabilitation was facilitated by reduced costs and better recovery for injured employees. The proposed intervention program, a single-session group intervention conducted by an internal occupational social worker, is suitable for the target organization.

A SINGLE-SESSION GROUP INTERVENTION

A single-session group intervention is an intense, efficient strategy (Talmon, 1993; Feigin, Gilad, & Cohen, 1998; Ebenstein, 1998). This intervention is characterized by enhanced group development. The requirements of the group leader are that they be sensitive, energetic, active and risk-takers in order to achieve the goals in the fixed short-term meeting. It also requires a high capacity for containing and holding due to the fast working rhythm and the intensity needed for one session (Allisi & Casper, 1985). In addition, the group leader needs to leave enough space to create a supportive atmosphere to facilitate a discussion and a dialog about the anxieties and apprehensions which accompany a work injury crisis. Moreover, the facilitator must devote enough time in the early stages of group development and translate the desirable objectives into a realistic and limited timetable (Ebenstein, 1998).

In many cases, this group intervention will be the only chance for the client to frankly discuss safety issues. Single-session group interven-

tions are most commonly used in groups of sick populations or populations in crisis (see review, Ebenstein, 1998). These sessions are based on a crisis intervention model and on behavioral-cognitive approach. They offer information, an opportunity to air feelings, and support as well as alternative coping tools. The aim of an occupational, single-session group intervention in workplaces is to assist employees to cope with unclear organizational situations, such as changes and reorganization. These interventions were found to be most efficient when the goal was focused and well organized (Gladstone & Reynolds, 1997).

A single-session intervention offers an excellent opportunity to gain the employer's collaboration at workplaces by providing economic motivation. Furthermore, intervention may create a threat for the employer, who might be difficult to cope with, but a focused intervention improves the sense of control.

Workplace-injured employees are a population in crisis. Therefore, a single-session group intervention which included pertinent information, the airing of personal feelings, support and alternative coping tools, was viewed as a help for injured employees to help them reframe mental and physical problems by improving their coping skills and returning them to work within a short time period (Shery, 1995). Under conditions of stress and anxiety, a relatively older population, with lower education, is suitable for a focused, short-term intervention (Feigin, Gilad, & Cohen, 1998).

A SHORT-TERM CASE STUDY–
DESCRIPTION OF THE INTERVENTION

The intervention was conducted in a big, sprawling plant of about 10,000 employees. The employees, most of whom are 40 to 60 years of age, worked in the production line or in construction. The plant employed three occupational social workers.

Because of the type of work, the rate of workplace injuries is relatively high–6 to 8% of the annual workforce injury claims. Most of the injuries are slight to medium, and the injured employees return to work within six months from the occurrence of the injury.

Referrals of injured workers to the occupational social worker are made by plant management. The social worker conducts a socio-psychological diagnosis and provides short term treatment to the injured employee and his or her family including coordination with community services and information on the rights of the employee. In some cases,

the intervention included managers and colleagues of the injured employee, or both. Usually, a single-session intervention was needed.

Previously, return to work was accompanied by dissatisfaction on all sides–supervisors, administration staff, and the injured employee. The primary complaint of the injured employees was that their job was incompatible in their new physical condition. Consequently, they felt that the occupational system was unfair. The administration and the management expressed helplessness and, sometimes, guilt. They complained about recurring absences, reduced production, and the poor moral of employees following a workplace injury.

Eight single intervention sessions were conducted for 130 workplace-injured employees. These cases are about 15% of the workplace injuries in the 1997-1998 time period. Among the employees who did not participate in the intervention program, 30% of their injuries were very slight, and they returned to work in 7 days or less following the injury; 10% suffered severe physical injuries and required a long period of rehabilitation; and 35% of employees did not participate in the program for various reasons.

Following the initial success of the program, a training program for administration staff and direct managers commenced following the model of "Worksite Disability Management and Industrial Rehabilitation" (Shery, 1995).

THE GOALS OF THE INTERVENTION

1. To aid the organization in reintegrating workplace-injured employees, thereby improving coping skills and reducing guilt and anxiety following the injury.
2. To aid workplace-injured employees face their condition, obtain information about their rights, and shorten the time of their absence from work.

The single-session group intervention is intended to serve as a framework for action and to enable injured employees to utilize the resources and tools that reduce their unhealthy feelings of dependence. The group experience is aimed at helping the participants develop self-consciousness, feel more a part of the organization, participate in their own rehabilitation, as contrasted to developing dependent relationships.

The participants. Each intervention session contained 20 to 25 participants. All the participants had minor injuries in the years 1997-1998. They were 40 to 60 years of age and most had families; all were in the construction or production professions. All of them had difficulties returning to their previous duties and did not seek an alternative position. Prior to the program, the complaints of the injured employees focused on the lack of reliable and sufficient information about their rights. They felt that the employer did not show enough interest in their rehabilitation. None had participated in the program before.

The occupational social worker offered participation in the program to *all* those with minor workplace-injuries. As aforementioned, 15% of the total number of injured employees participated in the program.

The setting. The single-session group intervention consisted of two 2-hour sessions. The first session consisted of a lecture on the nature of a workplace injury and the review of worker rights, especially those available through the National Security Institute. The purpose of information was to create the appropriate atmosphere for the group and strengthen the group foundation (Ebenstein, 1998). The second session included work in small groups. The large group was divided into two small groups, 10 to 12 participants in each. The aim of the small groups was to work through emotional stress and to outline a personal program for returning to work. These groups were characterized by stress debriefing, reframing the workplace injury, and reducing the fear and frustration evoked by the encounters with the system. The participants complained that this encounter aroused feelings of rejection, detachment, disregard, anger, and even guilt. Their feelings reflected the difficulties of the system in reinstating injured employees at work and the feelings associated with the work, following the injury. They also reflected the difficulties and the fear of the injured employees of returning to the site where they were injured. The emphasis of this session was on working through the event and turning it into part of the employee's personal narrative. At the close of the small group session, an emphasis was placed on problem solving and a return to work.

At the end of the session, the participants received a brochure describing their rights, information on the social service system, and the address of their administrative coordinator.

The intervention process. The intervention sessions were composed of two parts. Emphasis was on transferring information and on the process. The group leaders prepared a semicircle sitting arrangement for participants. The group leader sat in front of the group and carried out the role of group leader.

The second part of the intervention included a guided transition from the "safe and known" to an interpersonal processing of the injury and returning to work.

The first stage was characterized by feelings of implosion, anger toward the system, importunity and aggression, which were expressed in many questions, inattention, and lack of interest. At this stage, the group leader kept strict attention and used the content of the things said by the participants to focus and clarify the problems occupying the workplace-injured employees. The group leader contained, supported and held the group, and at the same time, supplied the requested information. These acts helped to create a trust-atmosphere in the group, moderated the emotional load of the group and enabled the participants to become a supporting resource for each other. The second part was dedicated to emotional work through both the injury and the return to work. This part was characterized by emotions of bitterness, anger, inability ("Why did it happen to me?") and vulnerability. The participants also emphasized the difficulties in their interpersonal relations at home and at work.

The main part of this unit was dedicated to recalling and processing the injury. The participants tended to repeat the story of their injury, and the group leader helped the participants to tell their stories and to be attentive and supportive when other participants told their stories. This stage facilitates a discussion on possible ways to cope with the injury and its consequences and also to encourage the participants to return to work.

It could be seen that the dependency of participants on the group leader during the group process changed into furnishing colleagues with advice using their personal experience. The emergence of a self-help group could be observed at the ending stage.

The supervision unit. The familiarity of group leaders with the organizational structure increases the therapeutic value of the meetings and improves the response of the group leader to the predictive behavior of the group. Theoreticians claim that developmental stages characterizing long-term groups exist in single-session group meetings (Gladstone & Reynolds, 1997). Therefore, the group leader in a single-session group meeting should be prepared to organize, be direct, deduce and focus. The role of the group leader is to keep a balance between the content and the group dynamics by including the participants in the analysis of issues and by being sensitive and appropriately responsive to hidden issues in either the cognitive or the emotional level. The success of the group depends on the consciousness of the group leader to her "Con-

ductor" role. Thus, the role of a group leader is to translate the experiences and the emotional responses to awareness and decision-making.

By getting employees to face their own stress, to recount their workplace injury and the difficulties accompanying the injury and to focus on their relationships at home and at work, the injured employees are able to show empathy and support toward others workers in similar situations. The leader's task was to contain the pressure, the anxieties, and the fears by using a clear and direct speech. The initial response of the group was characterized by dependence on the group leader and by expecting him or her to provide the solutions to their problems. Later, the fear of returning to the site of the injury was addressed.

The group leader achieved the program's objectives by helping participants share their fears and becoming supportive of others in a similar position.

EVALUATION OF THE INTERVENTION

The intervention was accompanied by a continuous systematic evaluation, which included the three parties: the corporation, the occupational social worker, and the injured workers. At the end of the meeting, participants received an evaluation questionnaire. A questionnaire was also sent to them by mail a year later. There was also an oral review that contributed to the evaluation.

The results of the evaluation showed a reduced rate of absence and improved attitudes toward the employer.

Satisfaction was expressed by the administration regarding the system treatment of injured employees, and they reported a reduced number of requests for help by injured employees. They also reported that, following the initiated intervention, the rate of injured employees who addressed them for primary or additional aid was 60% lower. In addition, they reported that employees returned to their regular work routine with fewer complaints by their direct superiors on occupational instability and irregularities in showing up to work, which characterized the return to work of workplace-injured employees in previous years and of those who did not participate in the intervention program. The integration of injured employees at work following the intervention was pre-planned and in accordance with their expectations and limitations and shortened the trial and error period, which characterized other injured employees.

Workshops for administration staff are conducted currently, at their request, to obtain information, to understand what the injured employees have experienced, and to obtain a frame that will support and improve their functioning.

The occupational social worker reported that following the workshop, workplace injuries were reported more promptly . In addition, the group permitted the occupational social worker to examine and meet a larger population of injured employees. She also reported on a lower number of employees who addressed her long after the accident. Only 26 employees approached the social worker in the year of the experimental intervention, whereas in previous years 76 employees with minor injuries approached her. This was a reduction of 60% in the number of injured employees who needed long-term aid and were not located by early intervention.

Moreover, the workshops improved communication between the occupational social worker and the administration and strengthened the status of the service in the organization. This finding was demonstrated in reports by the administration staff. Following the workshops, the social worker believes that her role changed from direct treatment in stress conditions to one of change agent and case management.

Participants in the workshop reported that the information they received contributed to a better understanding of the concern of injured employees and their concern about their rights in both their workplace and with the National Security Institute. The grading indicated a significant contribution (the grades were 4.5 to 4.7 on a maximal scale of 5). The participants reported improvement in their satisfaction and general feeling about themselves, in context of their relations with their employer and in their coping with the injury.

The second grading of the same issues a year later was similar and somewhat higher. The participants related mainly to the change they experienced in their relations with the employing system. They emphasized the change in the trust crisis and the feelings of abandonment to a feeling that the system cared for them and that the work relationships was one of the most important issues in the workshop. They reported that they regard the social worker as an aiding partner in their reintegration at work. Most participants noted that the group intervention was an "amending experience" and that they will recommend their colleagues to participate in similar future interventions. In addition, the participants noted the social support, the group feeling of belonging and the continued interpersonal relations in the group.

DISCUSSION AND CONCLUSIONS

Workplace injuries are frequently a distressing event in the world of work. Traditional methods of coping with injured employees and the consequences of workplace injuries indicate the difficulties in coping with this issue.

The basic assumptions in the intervention were to use a multidisciplinary approach that supports collaboration with additional organizational forces to succeed in the rehabilitation intervention, to rehabilitate the injured employees and to create feelings of intensification and functioning instead of feelings of guilt and discomfort, which characterized the situation so far.

Early rehabilitation intervention reduces the direct expenditures of the employer following the workplace injury, the psychosocial effects on the injured employee and his surroundings (his family and colleagues), and the indirect expenditures accompanying the injury, e.g., reduced functioning of colleagues at work. Another indication of a successful intervention is early return to work of the injured employee.

In view of the difficulties experienced by the employer to develop methods to reinstate injured employees at work and to provide the necessary acceptance and encouragement, this unique intervention program was successful. Following eight sessions of single-session group intervention for workplace-injured employees, which included 130 participants, it may be concluded that the intervention model is both efficient and beneficial. The intervention program contributes to all three systems involved in the process in the emotional and behavioral levels. The outcomes of the intervention indicate that there is an increased organizational awareness of the importance and the possibilities to care for injured employees, and there is a reduction in individual treatments of injured employees by the occupational social worker. The role of the occupational social worker in the organization has been assimilated, strengthened, and the need for her services has been recognized, e.g., conducting group sessions of employees suffering from cardiac diseases, a training programs for managers to cope with changes in their functions and reduction in manpower, and activities with the board of employees.

The fact that the program was continued for the second year indicates that the employer has changed its policy for coping with workplace-injured employees. This change includes an understanding that an integrated rehabilitation approach requires a change in the work procedures and regulations, a change in policy and psychosocial treatment. This

systemic intervention may improve the occupational rehabilitation and the feelings of other employees in the organization toward workplace injuries and reduce the expenditures accompanying workplace injuries. The success of the intervention program throws light on the importance of the role of the occupational social worker in developing suitable intervention programs in the world of work.

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