

**REASONABLE ACCOMMODATION FOR  
EMOTIONAL AND PSYCHIATRIC DISORDERS**

[The following information is based on material prepared by John Rogers, Department of the Interior Coordinator for Employee Assistance Programs, November, 1996.]

This guide is intended to provide information and ideas regarding psychiatric and emotional disorders that might be encountered in the workplace, methods of evaluating information about an employee and ways of providing accommodation for these types of disabilities. It is not all-inclusive in terms of the range of conditions that might show up so other resources should be included. This guide should not be interpreted as government wide policy, it is intended only as guidance for human resource and employee assistance personnel in dealing with reasonable accommodation issues. Agencies or individuals should feel free to use or copy anything in this guide. Attribution would be appreciated.

Cases requiring a review of medical information relating to emotional or psychiatric disorders can be a difficult situation for an agency. Quite often, the information submitted is incomplete or bears little relationship to the job itself. In addition, agencies are often given information which does not rise to the level of true diagnostic information (e.g. "Employee is suffering from stress").

Reviewing information relating to psychiatric and emotional disorders is much the same as reviewing any other medical information. There should be a diagnosis, a prognosis, a description of how the particular condition affects the employee's ability to the work, and recommendations for how the particular condition can be accommodated. This information might come from the employee's physician, or other mental health practitioner such as a psychiatrist, psychologist, social worker, or counselor.

Agencies will need to have appropriate personnel review the psychiatric information. In addition to a review and general case coordination or consultation by the DOI MO or agency medical review officer or contract physician, agencies might also consider utilizing their EAP or other psychological services. Even if the final review is done by the medical officer, the EAP can be very helpful in helping managers and human resources personnel understand the practical implications of the various conditions and assist in designing appropriate accommodations.

## **ACCOMMODATING SPECIFIC CONDITIONS**

There are hundreds of diagnosable conditions that fall under the category of psychiatric and emotional disorders. Some are quite common while others are quite unusual. The definitions and criteria for conditions are spelled out in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, American Psychiatric Association. This guide is used as the official diagnostic criteria universally by practitioners, insurance companies, the courts, and anyone else dealing with the treatment, diagnosis, classification, and evaluation of mental disorders and programs.

An agency's obligation to accommodate a medical or psychiatric condition rests on the premise that there is indeed a disabling condition which requires accommodation and that there is a connection between the disabling condition and a workplace situation that needs addressing such as a performance or conduct problem. It is important that an agency have information which establishes the existence of a condition. For example, an employee might come in with information and a request for reasonable accommodation because they report feeling stressed because of their particular relationship with their supervisor. Given this, an agency would not be required to provide this accommodation because there is not an identified disabling condition. An agency might choose to accommodate the employee for other management reasons, however it would not be reasonable accommodation for a disability. This distinction is important, not just from a legal obligation but also because it is difficult to accommodate a condition that is not easily defined.

The following is a list of some mental disorders that might be encountered in the workplace. Included in the list are specific information on the disorder, how it may be manifested in the workplace, and suggestions for possible accommodations. These suggestions are merely a guidepost, not a required list. Accommodations ought to be specific to the situation so trying to use anything in this guide as legal basis or as evidence in a third party hearing should be avoided like the plague.

## **DEPRESSIVE DISORDERS**

### **Overview**

This category includes all the various types of disorders labeled depression. They are also called mood disorders. As a group, they include symptoms such as sad or depressed mood for possibly extended periods, diminished interest in many pleasurable activities, sleep disturbances including both insomnia or too much sleep, fatigue and energy loss, feelings of worthlessness, diminished ability to concentrate, possible suicidal thoughts, feelings of hopelessness, and weight and appetite changes. Depression may be severe or mild and may be long-term or cyclical. Some depression may be due to substance abuse or other medical conditions. Depression may also coexist with other disorders such as

personality disorders or adjustment disorders.

Some depressions occur only once or may only be connected with certain life-changing events such as loss of a loved one or job loss. Other depressions can be recurrent or may be chronic. The causes of depression are not always clear, however there is some evidence that the illness runs in families.

### **Workplace Implications**

Depression is a relatively common disorder. Nearly 18 million people are estimated to be affected by depression in the U.S. The impact at work can show up in many ways including:

- decreased productivity
- safety issues due to the employee being distracted
- absenteeism
- employee may feel tired frequently
- lack of concentration, memory, and inability to make decisions
- motivation may be lacking
- substance abuse
- feeling overwhelmed
- unexplained aches and pains
- decreased energy
- moodiness or irritability
- feelings of hopelessness, guilt, or worthlessness

At times the employee suffering from depression may just appear to be performing poorly, not much different from an employee you might think is malingering.

### **Treatment**

Treatment for depression includes psychotherapy, medication such as anti-depressants, or both. Some individuals need long-term treatment and medication, others can benefit from shorter-term and one-time treatment. In some cases, electroconvulsive therapy is used. While severe depression may require hospitalization, most people can be treated in an outpatient basis. People don't just "snap out of it", they usually need treatment. Treatment is often successful, allowing individuals to resume normal functioning.

### **Workplace Accommodations**

The types of accommodations required vary greatly with the particular symptoms, job requirements, availability of health care, and type of depression. However, because of the all-consuming nature of depression, a simple accommodation of one aspect of an employee's job is not likely to have a great impact on the course of the disease. It is more likely that the accommodation is a way for the employee to deal with some stressors at work while they are in treatment for the disease. These might include:

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- temporary change to less demanding or deadline-sensitive duties
- closer review to help employee catch errors
- changes in travel requirements
- work schedule changes to allow for medical appointments
- temporary assignment away from safety-sensitive duties

In addition, there could be some other specific accommodations such as:

- assisting an employee with medication regimen by involving health unit personnel
- giving an employee a better lighted office, especially effective for an individual whose depression is related to seasonal changes
- allowing frequent visits to the EAP

### **Areas of Concern**

As with many other emotional and mental conditions, the employer needs to be careful to make sure that the accommodations given are truly related to a documented condition and will have an effect on alleviating situations caused, or exacerbated, by the condition. Depression affects how an employee views his/her life situation and moods. It is not likely that a mere reassignment will alleviate the situation such that an employee's symptoms go away. Changing an employee's supervisor is an accommodation that you need to be very careful about making. While an employee may benefit from moving to a different supervisor in the case of a particular bad relationship, it is more likely that an employee suffering from depression is going to have problems in most work situations. The overwhelming nature of the disease is such that any accommodations made should be seen as supporting other efforts by the employee to get treatment.

## **BIPOLAR DISORDER**

### **Overview**

Bipolar disorder, otherwise known as manic depressive disorder, is considered a form of depression. It does, however, have a different component in that the person suffers from manic phases in addition to depressive phases. These manic phases involve times when the person may feel elated, euphoric, omnipotent, and may likely engage in habits that could be destructive such over-spending, engaging in risk-taking activities, displaying excessive energy, sleeping very little, and becoming extremely involved in an activity. They may appear to be able to take on incredible amounts of work. However, at some point the individual will slip, or crash, back into a depressive phase. There will also be phases where the person feels relatively normal and stable. A major problem with the manic phases is that the individual may do a fair amount of damage to themselves, either physically and emotionally, or to their careers, reputations, or finances.

### **Workplace Implications**

Individuals suffering from this disease may eventually have many problems at work. During the depressive states, the symptoms may look like any other depression. However, that manic states will likely be very noticeable to others at work. There may be complaints about the individuals behavior and intensity of communications. The individual may have very grand plans for projects that will not be realized or may end up alienating or angering coworkers or other supervisors with their behavior. The individual may have racing thoughts and speech and may have difficulty following instructions. Distractibility and irritability are also likely.

### **Treatment**

The treatment for bipolar disorder usually involves medication (a combination of mood-stabilizers and anti-depressants) and psychotherapy. Many individuals will need to take medication for their entire lives. With proper case management, it can be treated and managed.

### **Workplace Accommodations**

Accommodations for depressive symptoms will be similar to those for any other kind of depression. The challenge here is dealing with the manic phases. While a person is in a manic phase, there are not a great deal of interventions available. It would be best to avoid assigning new projects during this time. The best course for the employee is to try to manage the disease by regular medication and therapy. In some cases, it might be possible to enlist health unit personnel if there is a problem with compliance with medication.

Some individuals have reported that it has been helpful for them to have a friend or relative let them know when they are exhibiting manic symptoms. This might allow them a chance to seek treatment and have their physician adjust medication levels. Something to keep in mind in dealing with an employee with bipolar disorder is that, once it is known that the employee suffers from this disorder, it could be very useful to work on the issues as a team with the employee, the EAP, ER, health unit personnel, and the family to help the employee manage his/her symptoms and get treatment early.

### **Areas of Concern**

It is important to keep in mind that the accommodations made need to be related to the disorder and be reasonable. As with other disorders, simply reassigning the employee will not likely have much impact as an accommodation.

## **ANXIETY AND PANIC DISORDERS**

### **Overview**

Anxiety disorders are marked by tension and apprehension which may have both physiological or psychological components. They may be precipitated by a fear of actual events or situations or may be rather generalized. An element of this type of disorder may include panic attacks which might include rather intense symptoms such as shortness of breath, heart palpitations, excessive sweating, feeling very hot or cold, nausea, feeling dizzy, chest pains or discomfort, and feelings of unreality or being detached from oneself. Sometimes these disorders involve phobias which can be very disabling and may range from slight discomfort and impairment to severe symptoms which can keep someone from being able to leave the home, drive a car, fly in an airplane, speak in public, be in a high place or any number of other situations.

### **Workplace Implications**

An employee suffering from such a disorder may only find mildly disabling conditions such as feeling tense and nervous in situations such as public speaking which may limit their effectiveness. An individual who is feeling this tension and apprehension will likely have problems in performance which will inhibit their ability to start a project or perform effectively simply due to the anxiety. More likely than not, this individual will not be able to clearly state what the problem is because they don't always know themselves the source of the anxiety or what to do about it.

An individual suffering from panic attacks may face quite severe problems at work. The intense fear of public speaking may be very problematic for certain individuals whose jobs require speaking before groups, although such individuals will often seek out jobs without such a requirement. In addition, travel could be a problem for individuals with specific phobias about things such as flying or driving.

### **Treatment**

Depending on the severity and type of the disorder, many people can receive successful treatment. The treatment may consist of various types of individual and group psychotherapy and may include medication. It would normally be done on outpatient basis.

### **Workplace Accommodations**

Accommodating specific phobias may prove to be either relatively easy and straight forward or could be quite difficult to do. For example, an employee with a phobia about flying could find other ways to travel. An employee with a fear of public speaking might be in a more difficult situation in that the job may simply require a great deal of public speaking and might not be prone to restructuring. Accommodating more generalized anxiety may prove more difficult to do, especially if it is not clear what particulars stressors exist or if they are related to the worksite.

**Areas of Concern**

The more specific the information is as to the particular type of anxiety or phobia, it will be easier for the agency to determine if accommodation is possible. Again, a request for no supervision or removal from a particular supervisor is not likely to be a reasonable alternative.

**ATTENTION DEFICIT /HYPERACTIVITY DISORDER (AD/HD)**

**Overview**

These types of disorders normally are diagnosed in childhood or adolescence. There is some controversy over how often it is diagnosed and how the diagnosis may be used by some to excuse what might otherwise be considered as either bad behavior, lack of ambition, or inability to perform certain functions. The attention deficit symptoms include many of the following:

- inattention to detail
- inability to follow through
- lack of concentration
- avoidance of certain activities
- appearance of daydreaming
- lack of production
- frequent distraction by outside stimuli
- forgetfulness
- general sloppiness of work materials

The types of symptoms one might see relating to hyperactivity might include:

- inability to stay seated
- apparent wandering
- speaking out of turn or interrupting others
- impulsivity and impatience
- excessive talking
- restlessness
- squirming and fidgeting

Certainly any number of the above symptoms might be present in many people, the issue of whether a disorder exists has a great deal to do with whether or not the collection of symptoms cause a fair amount of occupational, personal, or educational impairment. There are an increasing number of adults who were not diagnosed as children who now have a diagnosis of AD/HD. For many people, this diagnosis has been a blessing in that it can help explain many problems they have encountered in work that may have been attributed to laziness or lack of ability or intelligence. The symptoms may appear different

in adults or be hidden in that people have had to find ways to compensate.

### **Workplace Implications**

For some individuals with AD/HD, there may not be much in the way of noticeable impairment at work, however, it is likely that they are not performing to peak and may not even be aware of how the disorder affects them, only knowing that work is rather hard for them. For others, you might see any number of the following types of problems:

- missed deadlines
- incomplete assignments
- failure to completely follow instructions
- need for closer review and supervision
- not being at the desk
- excessive time being spent on certain assignments
- interruptions and intrusions that appear rude
- forgetfulness
- lack of concentration and many mistakes
- problems with planning large tasks
- apparent anxiety over assignments
- inability to just get started on assignments

Someone with this disorder, but undiagnosed, may be fairly miserable at work as they are aware of their failings and their supervisor is simply frustrated with an employee who appears to either not be very able or may border on malingering. Others may indeed have the disorder to some extent but, in a minority of cases, be misusing the diagnosis to explain other unrelated problems.

### **Treatment**

Individuals with this type of disorder are usually treated with medication which may also be accompanied by behavioral therapy. It is invariably treated in an outpatient setting.

### **Reasonable Accommodation**

Many of the methods of treating this disorder were developed for children in a school setting and many can be adapted to adult occupational needs. Basically, the task is to help the individual find adaptations to the work or the workplace that will enable him/her to function well. The following are some examples:

- providing closer supervision and instruction
- breaking down assignments into smaller, more manageable segments
- altering the mix of work to give more short-term assignments, within classification guidelines
- setting up office space to eliminate, or reduce disruptions, visitors, etc.
- giving instructions both orally and in writing

- flexiplace work options

An option for finding ways to accommodate this disorder is to utilize professionals who deal with it a great deal, such as child psychologists, as consultants.

### **Areas of Concern**

This can be a controversial area. For adults who have recently been diagnosed with AD/HD, there is almost a feeling of “finally, I know that I’m not just lazy”. Some people are suspicious of the diagnosis, feeling that it is just an excuse. However, it is a legitimate diagnosis and the real test is to get back to the basics of accommodation, i.e. there is a disability that is causing or contributing to a work deficiency and there are reasonable accommodations that can be made. Again, merely changing supervisors is probably not the answer nor is a reduction in workload or in difficulty the answer, unless that is accompanied by the appropriate job classification, i.e. a change in duties may result in a lower grade. It is important to try to delineate which problems are due to AD/HD and which may be due to other factors such the employee’s personality structure.

## **OTHER DISORDERS**

There are many other types of psychiatric and emotional disorders that may not be quite as common as those described above. The following are some brief descriptions of such conditions along with considerations for accommodation or potential areas of concern.

### **Schizophrenia and Psychotic Disorders**

These disorders are marked by delusions, paranoia, hallucinations, grossly disorganized behavior, and other manifestations. People suffering from these conditions usually need combinations of inpatient or outpatient psychotherapy and medication. Workplace accommodations may be very difficult to do in that there may be rather unpredictable aspects of the disorder and the difficulty in making a connection between the delusional behavior and specific accommodations. The documentation submitted in the employee’s behalf would need to show what specific accommodations could be made and how they might alleviate the particular workplace and behavioral problems, something agencies have probably not had a great deal of success with. This doesn’t mean that a person who suffers from such a disorder is unable to work, only that the behaviors arising out of psychotic episodes can be extremely difficult to work with. The problems arise more when the person displays behavior that is very disturbing to coworkers. Medication management is very important and the assistance of the health unit may be essential. Additionally, enlisting the support of family members and treating professionals can be helpful in finding ways to cope with symptoms that show up at work. An example would be to have a family member come to work to pick up worker who is displaying bizarre behavior so that they could be able to leave the building with some dignity and little fanfare.

**Personality Disorders**

Personality disorders are patterns of behavior and experience that are noticeably different than the cultural norm which will end up being very problematic for the individual. Imagine a personality trait that is very exaggerated to the point that the individual suffers in his/her social interactions, work situation, and family life. Treatment may consist of rather long-term psychotherapy, along with medication which might be prescribed for other symptoms that may develop such as depression. There doesn't seem to be a great deal that can be done in the way of accommodation for these disorders themselves. There may be other symptoms, such as depression, that could be accommodated, however the basic personality structure issues do not lend themselves to easy accommodations. Examples of these disorders are Borderline Personality Disorder, Dependent Personality Disorder, Histrionic Personality Disorder, and Obsessive-Compulsive Personality Disorder. See the DSM-IV for further information.

**COMMON TERMS - NOT DISORDERS**

The following are categories of kinds of coping or behaviors, or generally adopted terms that are really not disorders and would probably not rise to the level that they need to be accommodated. This list is not meant to downplay the feelings or suffering individuals who use them to describe their situations, it is only meant to indicate that more clinical information is probably needed. When presented with these types of terms, a clinician would probe further to determine what actual symptoms are so that a proper diagnosis can be made. People often use terms such as the following in day to day conversation as a way to describe how they feel or what they think is not working in their lives.

**Co-dependent**

This is not a diagnosis. It is a term used to describe ways of behaving and relating to others which involve the individual taking responsibility for others, to an excessive extent. Family members often describe themselves in this way.

**Enabler**

This term is often used to describe the family members, co-workers, and friends of a substance abuser who seem to allow them, or enable them, to continue using. An example is a supervisor who covers up for an employee.

**Addictive Personality**

There is no diagnostic category for this. While someone's personality structure may involve substance abuse, it is not a diagnosis.

**Food Addict**

There are eating disorders, however, this is not a recognized category.

**Sex Addict**

There are disorders involving sexual dysfunction and compulsive behaviors, however, this particular term is not one of them. Also workplace accommodation may be somewhat problematic.

**Low self-esteem**

Many individuals have, as a symptom, low self-esteem, however this is not a disorder in and of itself.

**Stress**

Many employees will say they are stressed out or under stress. While this may be true, it is not a diagnosis and, in fact, is a rather vague description of symptoms.

**Dysfunctional Family**

Sometimes individuals may describe themselves as being part of a dysfunctional family. Again, this is not a diagnosis but rather a term often used (and overused) to describes less than satisfactory family dynamics.

**Adult Child of an Alcoholic (ACOA)**

This is a term used to describe a situation where an individual has developed certain ways of adapting and behaving after growing up with an alcoholic parent(s).

**Nervous Breakdown**

This term is often used when describing a situation where relatively severe symptoms, such as a major depression or psychotic episode, take place. Quite often, it is used when an individual is hospitalized.

**GENERAL RECOMMENDATIONS**

Regardless of the particular diagnosis, there are some general recommendations that may be helpful in evaluating psychiatric information. These are not meant to be all-inclusive.

Even if you are using outside physicians to review information, using your EAP to help with evaluating information, designing accommodations, and educating managers about disorders (within boundaries of confidentiality) can be very effective.

It is not necessary to have information come only from a physician. Other credentialed professionals such as Licensed Clinical Social Workers, Clinical Psychologists, Licensed Professional Counselors, and Clinical Nurse Specialists or Psychiatric Nurse Clinicians can provide the necessary diagnostic information for an employee.

It is perfectly fine to ask for clarification on information submitted to you. In fact, it is

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often necessary and, when doing so, it may be beneficial to use your agency physician or EAP counselor to do so. This doesn't mean that you don't believe the employee, it is simply a fact that employee's physicians don't necessarily speak the same language as human resources people and additional information is often needed.

Many attempts at accommodation, especially for relatively severe disorders, will probably be more effective if they are done collaboratively. For example, an employee with Bipolar Disorder may have problems managing their medication. Having the employee, their representative, the EAP, Their physician, and the health unit nursing staff work together to come up with a plan for helping the employee take medication on a consistent basis.

Education, especially for managers, can be very helpful. Once an employee has been granted accommodation, it can be very useful to educate the supervisor about the situation, within the employee's rights to confidentiality. The EAP can be very helpful in this situation.