

Workshop Handout: Safe RTW Pathways After Psychological Injury

By Jennifer Chate

Supporting Workers Through Complex Return to Work (RTW) Situations

Context

This case study comes from my own lived experience of suffering — and ultimately recovering from — a severe psychological injury caused by prolonged workplace bullying, isolation, micromanagement, and procedural failures.

I witnessed firsthand the damage that incompetent and abusive management, colleague judgement, and organisational non-compliance can inflict. But I also experienced the profound difference that a skilled, trauma-informed Rehabilitation Case Manager and a supportive insurer can make. Their clarity, boundaries, language, and human-centred approach were the turning points in my recovery and safe return to work.

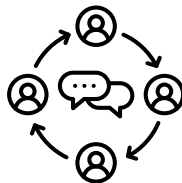
I now share their strategies, insights, and real-world language so RCMs can feel more confident navigating the complex, emotionally charged pathways of psychological injury and return to work — and so workers can be supported with dignity, safety, and hope.

This resource offers language, empathy-based strategies, and trauma-informed approaches that worked for me throughout my return-to-work journey.

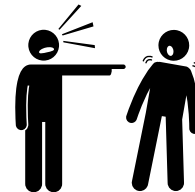
LEARNING OUTCOMES



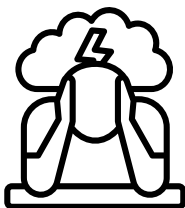
Communicate safely when trust and relationships are broken.



Keep communication within your professional role and boundaries.



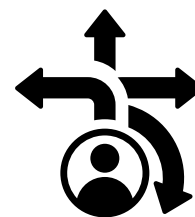
Find perspective in morality, blame, and fairness.



Build clarity and safety in the RTW process using trauma-informed strategies



Use empathy as a facilitation tool for recovery and connection



Apply practical, trauma-informed tools for safe RTW pathways

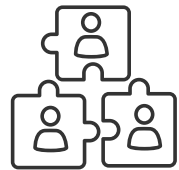
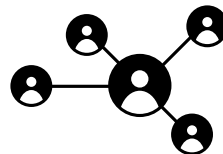
TRUST AND RELATIONSHIP BREAKDOWN

Overview

After my injury trust was damaged and relationships had broken down, returning to the same workplace was one of the most challenging aspects of my return to work. After my first injury I returned to work after 6 weeks, at which time the incident that caused the initial injury was repeated. 1 injury took 6 weeks to heal BUT 1 injury + 1 injury took nearly 2 years to heal.

Key message:

Trust repair is not a checklist — it's a process built on safety, empathy, and consistency.



1. RETURNING TO THE SAME WORKPLACE AND TEAM

The Challenge:

Reintegrating into the same environment where the harm occurred triggered anxiety, fear, and loss of confidence. Even with a medical clearance, my emotional safety still felt very fragile. I was not confident my colleagues would not harm me again.

Language for RCM's to Use

- "Let's explore what safety looks like for you in this return."
- "You don't need to rush — trust grows through small, consistent steps."
- "We'll take this at a pace that supports your wellbeing."
- "I can tell this has been a tough week for you and it is understandable that you feel anxious and afraid.' (instead of saying 'I understand why you feel anxious and afraid'- because no one can truly understand what someone else is feeling)
- "Your GP knows you very well. Your safety and return to work are being guided by a process and your GP's knowledge of you. We have a plan"

Strategies that worked for me.

My RCM Focused on written communication rather than verbal communication until I was able to understand verbal communication (my pre-frontal cortex- thinking part of my brain- was asleep.) For 9 months I was easily confused, unable to concentrate, found it difficult to take part in conversations or understand speech. e.g One day my husband, asked, 'Jenny, hand him the milk', something I did often when he made tea. I understood the word 'milk' but I could not follow the instruction. I was very unwell.

Written communication had:

- HUGE 60 font heading 'RECOVERY AT WORK PLAN NUMBER 10 ' I remember seeing the numbers as each month went by- it proved to me there was progress. I could not understand the rest of the document but the numbers, the 10, reassured me. IT WAS VERY IMPORTANT. (see picture below)
- tables written out in full for the month like a calendar- I could see we were at week 5 and had 4 more weeks of stage 2. It was easier to understand my progress as the numbers went up. (see picture below)
- every person that was present at medical conferences either on the phones or in person was listed: there name, contact details, role, organisation and what they would be required to do before the next medical conference. VERY REASSURING.
- gentle language: proposed return to work, possible days, predicted return date, intended increase to 3 days a week.
- graded exposure — began with one day a week and worked up gradually through to 3,4,5 days a week at a pace that suited my recovery. This was not linear. Some weeks I attended fewer days if my recovery regressed.

Developed a psychological safety plan in consultation with me, my GP and psychologist to sit alongside the RTW plan

My psychological safety plan included:

- The manager cannot scream at me
- I would return 1 day a week at first and check in each week with my GP
- My safe person was a lady named Kathy.
- I was not to be alone with my manager including meetings or at my desk,
- I was allowed a support person if ever I was to speak with my manager until further notice from my GP

NOTE: my employer agreed to none of this. My employer replied: 'We have a code of conduct that protects you so we will not agree to these conditions.' My RCM protected me from my hostile employer by doing all the negotiating and not reporting comments back to me.

Tip:

Focus on readiness and relational safety, not just medical capacity

RECOVERY AT WORK PLAN NUMBER 10

The **Recovery at Work Plan** also known as a Return to Work Plan (**RTW Plan**) must be completed for all injured or ill employees when their condition requires modification to their normal duties in order to resume work. It shall be developed in consultation with all relevant parties and must be consistent with the employee's current medical information. **A new Recovery at Work Plan is to be completed with any change to the employee's medical status and must be in line with their most recent medical certificate or certificate of capacity.** Suitable duties that are provided under a Recovery at Work Plan are intended to be of a temporary nature and designed to support the injured employee to recover in the workplace. The duties must be reviewed throughout the recovery in the workplace and at the end date of the plan.

EMPLOYEE DETAILS

Employee Name: Ms Jennifer Chate	Employee Number: 87611
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STAGE 2

RTW Plan objective: Return to Work to Pre-Injury Duties in a graded capacity						Start Date: 27.01.2021	End Date: 07.05.2021
Duties identified within the worker's capacity to be performed: Full Duties							
Duties to be avoided: Nil identified							
Location 1:							
Location D:							
Week 5 Full Time 4 days per week	Monday: Full Time	Tuesday: Full Time	Wednesday: N/A	Thursday: Full Time	Friday: Full Time		
Week 6 Full Time 4 days per week	Monday: Full Time	Tuesday: Full Time	Wednesday: N/A	Thursday: Full Time	Friday: Full Time		
Week 7 Full Time 4 days per week	Monday: Full Time	Tuesday: N/A	Wednesday: Full Time	Thursday: Full Time	Friday: Full Time		
Week 8 Full Time 4 days per week	Monday: Full Time	Tuesday: Full Time	Wednesday: N/A	Thursday: Full Time	Friday: Full Time		
Week 9 Full Time 4 days per week	Monday: Full Time	Tuesday: Full Time	Wednesday: N/A	Thursday: Full Time	Friday: Full Time		

2. WHEN FEAR AND MISTRUST ARE STILL PRESENT

The Challenge:

Fear and mistrust lingered because I had managed to return to work after a significant trauma response within 6 weeks only to have the exact same incident repeat. So no one had spoken to my manager about her behaviour or the consequences for me. She had no compassion empathy or competence to deal with what she had done. I felt unsafe and afraid in her company.

Language to Use

"It makes sense you feel cautious — trust comes back through actions, not words."

"Let's keep checking in and adjusting this plan together."

"We'll move forward at a pace that feels manageable."

"Trust in yourself that you have the strength to get through this."

"Focus on what you are doing and the joy you get from being with the supportive students."

Redirect: "Your students obviously really miss you."

"You will not be returned to an unsafe environment- your safety is my priority."



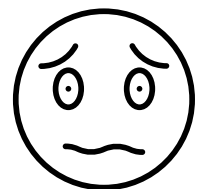
Strategies that worked for me

My RCM:

- **Provided predictable communication** (no surprises; always followed through). "I will follow up with how you are going tomorrow at 10am- is that okay?"
- Avoided forced optimism — **validated my emotions** and focused on practical reassurance. "I can see this has affected you greatly - we will work through this process together, one step at a time."
- Encouraged my manager to try to show **visible empathy** and genuine care. "What can I do to help you feel more reassured right now?"
- **Reinforced boundaries** and choices — by giving me a sense of control. "Would you like to start by returning one day a week and we will see how that goes? Let's work out some strategies for support together so you feel safe."

Tip:

Safety before progress — consistency builds confidence.



Remember my emotions "exploded" subconsciously and in a split second. My heart raced, I felt faint, cold and dizzy. I leaned down. I wish any one of my colleagues had supported me and said, 'I am here for you, let's go and sit in the other room.' Instead my symptoms were judged and ignored causing unimagined loneliness and harm to me.

3. WHEN THE WORKER WANTS AN APOLOGY, VALIDATION, OR JUSTICE

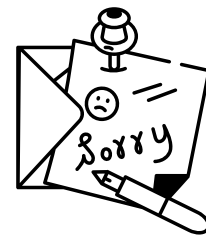
The Challenge:

I did not seek an apology or validation. For 2 reasons:

1. I knew my manager and senior manager had no idea what they had done and an apology would never come. In fact they both thought I should apologise to them.
2. Many years ago I had to go to court, after an assault on me. The case went to trial and the person was acquitted. I did all I could to stop him assaulting anyone else, but sadly a week after he was acquitted of the crime on me, he did reoffend by assaulting another woman. I had done my very best to stop this from happening, I failed, but I still felt peace and pride for myself. I speak up now to protect other people from the same bullying and psychological injury I suffered and that is enough for me. I try my very best. My colleagues never spoke to me again after the injury- just more bullying. Now I focus on: protecting others and creating change.

Language to Use

- “It’s understandable that you want your experience recognised.”
- “Let’s talk about what meaningful repair could look like for you.”
- “An apology is powerful when it’s genuine and acknowledges impact.”



APOLOGY

Strategies that worked for me

My RCM:

- considered restorative and facilitated conversations.
- educated my manager that validation \neq liability — it’s recognition of impact (“I can see how this affected you”)
- changed my focus to symbolic repair — changes to policy, new laws in the future, raising awareness, focusing on my own internal recovery, focusing on my work and grieving/acknowledging the disconnection. Working in the new normal.
- supporting me to raise awareness because formal justice wasn’t possible. e.g. to stop this happening to anyone else. Although my workplace immediately admitted liability, nothing changed.

In 2023 Psychosocial Laws under Work Health and Safety came into effect to protect the workers against psychosocial hazards. There are 17 categories including: bullying, harassment including sexual harassment, conflict or poor workplace relationships and interactions, poor support and traumatic events or material.

Tip:

Validation is not about blame — it’s about being heard.



4. WHEN COLLEAGUES OR MANAGERS SHOW AVOIDANCE, DISENGAGEMENT, OR MINIMISATION

The Challenge:

My employer immediately admitted liability but had no idea what to do next and offered no support. There was no conversation when I returned to work and my colleagues and manager never spoke to me again after the injury.

I felt unsafe and uncertain about my colleagues 'intentions'. They ignored me, walked out of the room if I walked in, did not answer my questions or inquiries, walked past me in the corridors, talked loudly 'behind my back', and demanded my medical records because they collectively felt 'unsafe'.

Language to Use (for leaders and teams)

- "You don't need to have the perfect words — showing up matters most."
- "Avoidance feels safer for us but isolating for others."
- "Let's focus on listening and curiosity, not fixing."
- 'Teams work best when everyone is building each other up.'
- "How is the state of the team right now working for you?"
- "Are you aware of new psychosocial laws that came in in 2023, they require employers to manage hazards like bullying, abuse, conflict and poor workplace relationships and interactions. We are here to help you."

Strategies that could have been used

Provide brief stigma-reduction or mental health awareness sessions.

Use guided re-engagement plans with structured check-ins and facilitated dialogue. e.g

Encourage leaders to name the difficulty sensitively: "I know this situation has been hard, but we're committed to moving forward with care."

Model empathic leadership: calm tone, genuine curiosity, consistency.

Tip:

Discomfort is part of repair — silence is not.



5. WHEN RELATIONSHIPS FEEL FRACTURED BEYOND REPAIR

The Challenge:

My workplace relationships never returned to what they were. Myself and my colleagues were never forced to reconnect. I did return to the same workplace but left 6 months later on my own terms

Language to Use

- “It’s okay to acknowledge that things have changed.”
- “Let’s find a way forward that protects everyone’s wellbeing.”
- “Repair doesn’t always mean reconciliation — sometimes it means respectful distance.”

Strategies that worked for me

- I sat in a different space and worked remotely for some of the time because of Covid lockdowns. I staggered the number of days I returned to work.
- The support and close contact to my GP and specialist during my recovery process. I checked in with both weekly and whenever I needed support.
- I practiced self-compassion and recovery rather than forced forgiveness.
- Recognised that healing continues beyond the RTW process — connected to ongoing medical support services.

Tip:

Not every story ends in repair — but every story can end with dignity.

RESPECTFUL ACKNOWLEDGMENT WITHOUT RECONCILIATION



1. ACKNOWLEDGMENT OF IMPACT WITHOUT FORCING RELATIONSHIP REPAIR



Recommendation RCMs Can Give to Workplaces:

“Your role is to acknowledge the reality and impact of the worker’s psychological injury — without requiring the team to ‘repair’ the relationship or forcing conversations that may retraumatise.”

Practical Example:

RCM suggests employer language:

- “We acknowledge that this worker has sustained a psychological injury connected to experiences within the workplace. They are entitled to a safe and respectful environment on return. You are not required to reconcile or agree on past events, but you are required to maintain professional, respectful behaviour at all times.”

Why this works:

It validates the worker and sets behavioural expectations for colleagues without asking for emotional agreement, forgiveness, or discussion of contested events.

2. PROCEDURAL ACKNOWLEDGMENT WHEN COLLEAGUES REFUSE EMOTIONAL ACCOUNTABILITY



Recommendation RCMs Can Give to Workplaces:

“When the team remains hostile or blaming, acknowledgment can occur through process, not emotion. This protects the worker without needing colleagues to personally agree, apologise, or validate.” (This was the case for me.)

Practical Example:

RCM suggests employer action and language:

- “We acknowledge that there were failures in how this situation was managed, including confidentiality breaches, lack of support, or procedural delays. We have taken steps to strengthen our processes so this does not occur again.”
- “Regardless of differing personal perspectives, all staff are reminded that the worker’s medical information is private, and no one is entitled to access it.”

Why this works:

The organisation takes responsibility where it can and sets boundaries where colleagues are refusing to behave safely.

3. ACKNOWLEDGMENT THROUGH SAFE STRUCTURES WHEN INTERPERSONAL SPACE IS UNSAFE



Recommendation RCMs Can Give to Workplaces:

“Sometimes the most respectful acknowledgment is structural, not verbal — ensuring the worker is not forced back into contact with unsafe individuals.”

Practical Example:

RCM suggests employer action and language:

- “We acknowledge that returning the worker to the same individuals who contributed to the harm is unsafe at this time. We will implement structural safeguards such as separate work areas, adjusted reporting lines, alternative duties, or supervised interactions only.”
- “This is not punishment or taking sides — it is a safety measure based on risk and responsibility.”

Why this works:

It recognises the reality of the injury and protects the worker even when the team refuses to behave safely. The RTW process protected me when there was no empathy from my workplace.

REFLECTION: THE ROLE OF EMPATHY

Empathy rebuilds connection where procedures can’t.



The most powerful tool RCMs have is empathetic presence — staying calm, consistent, and human.

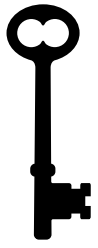
“It is understandable to feel afraid after what you have been through’
Use a gentle voice and open hands.
“What is something we can do to help you feel safer working in this team?”

I wish my workplace responded to fear with care, to avoidance with curiosity, and to pain with acknowledgment, we create the conditions for healing — not just for the worker, but for the workplace as a whole.

CONVERSATION STARTERS



Situation	Example Language
Worker anxious about return	“What would help this feel safer for you?”
Team unsure what to say	“It’s okay to feel awkward — your presence means more than perfect words.”
Manager feels defensive	“You don’t have to fix this; listening is enough for now.”
Mistrust between parties	“Let’s focus on what safety and respect look like for each of you.”



KEY TAKEAWAYS

- Trust repair requires time, transparency, and empathy.
- Psychological safety must be built — not assumed.
- Validation is healing; avoidance is harmful.
- Recovery is relational — it happens between people, not just in policy.



BOUNDARY CLARITY IN COMPLEX RETURN TO WORK CASES

Overview

In my complex psychological injury case, people kept trying to pull my RCM into spaces that were completely outside their role — HR expectations, fairness debates, and conflict resolution. What protected me most was that my RCM stayed clear, steady, and firm about their purpose. Their boundaries, language, and consistency made the process feel safer for me, especially when everything around me felt chaotic and overwhelming.

Key message:

RCM's support recovery — they don't investigate, arbitrate, or assign blame.



1. WHEN YOU'RE BEING PULLED INTO HR OR INVESTIGATION SPACE

The Challenge:

My RCM had to negotiate with a hostile employer who did not want to comply with RTW guidelines and just wanted me to return to work. She protected me with processes and conversations between the two of us, about my RTW. This protected me from further harm.

Language to Use

- “That sounds like an HR matter. My role is to support recovery and facilitate a safe and sustainable return.”
- “I’ll make sure the right person in HR is aware, but I’ll stay focused on the return to work plan.”
- “I can help you navigate the process, but I’m not involved in investigating what happened.”

Strategies that worked for me

My RCM:

- was explicit early about role boundaries — outline the do’s and don’ts of the RCM role.
- used separate communication channels for HR and rehab updates.
- documented and redirected — “This issue sits with HR, not the RTW plan.”
- offered neutral support to both the worker and the workplace without becoming part of the investigations. I knew the workplace was being supported but never knew any details. This saved me from further harm.

Tip:

Role clarity builds trust and protects impartiality.

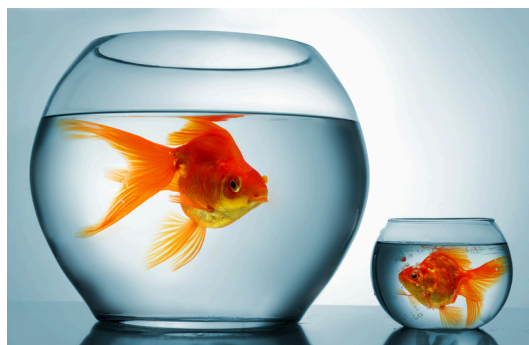
2. WHEN THE CASE SHIFTS INTO MORALITY, BLAME, OR FAIRNESS

The Challenge:

My manager wanted my case manager to confirm who was “right” or “wrong.” My RCM stayed completely neutral. She did not report back or comment on anything my employer discussed with her.

Language to Use

- “I hear this has felt unfair — fairness matters deeply, but my focus is your wellbeing and recovery.”
- “It sounds like you haven’t felt heard. Let’s talk about what repair might look like for you.”
- “My role isn’t to judge what happened, but to help make sure you’re supported now.”



Strategies that worked for me

My RCM:

- acknowledged my emotions without judgement.
- reinforce her process role — supporting recovery, not adjudicating fairness.
- encourage restorative or HR avenues for fairness concerns. e.g changed my work duties and assigned other people to my roles.
- stayed values-based: “I care about fairness, but I need to stay in the recovery space.”

Tip:

Validation is not agreement — it’s acknowledgment.

3. WHEN YOU’RE BEING POSITIONED AS A REFEREE (“WHO WAS RIGHT OR WRONG”)

The Challenge:

The RCM is the neutral party that is facilitating the return to work process. In the beginning I wanted my manager to admit she had caused my injury. My RCM was trying to work me through a process I did not understand, while I was unable to process simple thoughts. Whenever I tried to move her to the role of referee, she gently moved me back to process. “I hear you. My role is to help you recover and get you back to meaningful work. Let’s keep working through this together. Let’s focus on your future. Maybe a different job is the answer for you.”

Language to Use

- “It’s not my role to decide who’s right or wrong — I’m here to help find a way forward.”
- “You both experienced this differently; my focus is on safety and recovery, not verdicts.”
- “I can hold space for both perspectives without needing to resolve the past.”

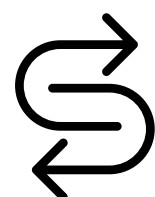
Strategies in this situation

- Use neutral summarising: “I can hear you felt unsupported,
- and the manager was trying to follow process.”
- Focus on future function, not past fault.
- Redirect discussions to shared goals — e.g., “What would make returning possible for you?”
- If tension escalates, bring in an external facilitator or EAP for mediation.



Tip:

Neutrality is not silence — it’s skilled redirection.



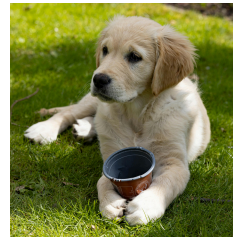
4. WHEN COMPLAINTS ARE UNSUBSTANTIATED

The Challenge:

My workplace immediately admitted liability- there were 7 other colleagues present at the time of the abuse, BUT, because no one else was affected in the same way, all refused to believe I had been injured. This deepened trauma and mistrust.

Language to Use

- “I understand that hearing “well none of us were affected “ can feel invalidating — it doesn’t mean your experience didn’t impact you.”
- “My focus is on your recovery and what support you need now, regardless of the investigation outcome or colleagues opinions.”
- “We can still acknowledge how this affected you while respecting the investigation process.”



Strategies that worked for me

My RCM:

- separated outcome from impact — support both realities.
- stayed PROCESS focused when emotions ran high: “Let’s move on from colleague opinions to the next step”
- keep the return plan trauma-informed, not outcome-dependent.”Your plan will keep pace with your recovery”

Tip:

Validation and accountability can coexist with HR neutrality.

5. WHEN THE WORKER IS STILL TRAUMATISED

The Challenge:

I was medically cleared but emotionally overwhelmed — anxious, mistrusting, or fearful of returning. The organisation was focused on operational return.

Language to Use

- “It sounds like you’re still carrying a lot from what happened — that’s a normal trauma response.”
- “Let’s check what supports are still in place before taking this next step.”
- “You don’t have to do this alone — recovery isn’t linear.”



Strategies that worked for me

My RCM:

- collaborated with treating practitioners to assess psychological readiness.
- used graded, flexible return plans and set clear support boundaries.
- reiterate that RCMs are facilitators, not therapists — ensure clinical supports remain involved.
- coached the organisation to focus on capacity and safety, not pressure for speed.
- did nothing to interfere with specialist treatments from prior to the injury. This important relationship was protected.



Tip:

Trauma needs pacing, not pushing.

6. WHEN THE ORGANISATION SAYS “JUST RETURN”



The Challenge:

Pressure from management to “get the worker back” can place the RCM in conflict between organisational expectations and worker safety. I was a competent employee and they just wanted me back. My absence was very inconvenient.

Language to Use

- “I share your goal of a return, but we need to ensure it’s sustainable.”
- “A rushed return can increase risk — a supported one builds long-term capacity.”
- “Let’s plan this in stages so we protect both the worker and the workplace.”

Strategies that worked for me

My RCM:

- showed me the data and evidence for RTW in the later months — (Comcare RCM’s could cite Comcare guidelines on sustainable RTW. e.g. Supporting Return to work PDF, Return to work information sheet PDF, Return to work: an overview for employees : all available online
- reframed the goal from “return” to “safe re-engagement.” to “maybe it’s time for a new job”
- document the rationale for staggered.
- support leadership to see the long-term cost of premature return (re-injury, resignation, further claims). I did resign 6 months after my return.

Tip:

Sustainable return protects both people and productivity.



BOUNDARY LANGUAGE QUICK REFERENCE

Situation

Boundary Statement

Pulled into HR issue

"That sits with HR — my role is recovery support."

Asked to decide who's right

"I can hold both perspectives, but I don't make determinations."

Worker wants validation

"Your feelings are valid — we can support you without re-investigating."

Manager pushes for return

"We'll move when it's clinically and psychologically safe."

Organisation blames worker

"My focus is on recovery, not responsibility."

Final Reflection

"Holding boundaries isn't cold — it's compassionate clarity."

Boundaries create safety and trust.

When RCMs stay anchored in their role — calm, consistent, and clear — both the worker and the workplace know what to expect.

That stability is what turns confusion into confidence and chaos into care.

Key Takeaways



- Role clarity prevents re-traumatisation and organisational confusion.
- Empathy and neutrality can coexist.
- It's okay to say no to being drawn into moral or HR spaces.
- Boundaries are acts of care — for the worker, the workplace, and you.



PRACTICAL TOOLS FOR SAFE RETURN TO WORK AFTER PSYCHOLOGICAL INJURY FROM BULLYING

Overview

Returning to work after a bullying-related psychological injury took far more than process — it took people who showed up with presence, steadiness, and genuine care. Safety wasn't a form for me; it was something I felt through trust, pacing, and the trauma-informed support my RCM provided.

Key Message:

A safe return is not fast — it's consistent, predictable, and co-created.



1. TRAUMA-INFORMED STRATEGIES FOR RTW AFTER BULLYING

The Challenge:

Bullying erodes trust and control — two foundations of psychological safety. Traditional return pathways that focus on compliance can re-traumatise rather than restore.

CORE TRAUMA-INFORMED PRINCIPLES

Principle	What It Means in RTW	Practical Example
Safety	Emotional and relational safety first.	Check in before talking about work tasks. Ask, "How are you feeling about today's contact?"
Choice	Offer agency wherever possible.	"Would you prefer a phone call or an email follow-up?"
Collaboration	Plan together, not for.	"Let's build this plan side-by-side — you know your limits best."
Trustworthiness	Follow through, no surprises.	"I'll call you at 10 am — and I will."
Empowerment	Reinforce strengths, not deficits.	"You've already shown so much courage getting to this point."

PRACTICAL TRAUMA-INFORMED STRATEGIES

- **Start small** – introduce short, controlled interactions with clear beginnings and endings.
- **Predict the next step** – always explain what's coming and why.
- **Use grounding tools** – normalise physical and emotional reactions ("It's okay if this feels hard — that's your body remembering a tough experience").
- **Avoid 'should' language** – replace with choice ("You could try..." instead of "You should...").
- **Balance accountability with care** – "We'll move forward, but not at the cost of your wellbeing."

Tip:

The nervous system must feel safe before the worker can perform safely.

2. SEQUENCING: WHAT TO DO FIRST, SECOND, AND THIRD

The Challenge:

My return-to-work process was complicated and far from linear. My RCM was exceptional, but even then, they had to carefully negotiate where to begin so the process felt safe for me. Finding that starting point — gently, deliberately, and with trauma-informed pacing — was what allowed the rest of the journey to unfold without overwhelming me.

Step 1 – Stabilise Safety

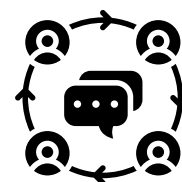


Goal: Reduce threat, increase predictability. My limbic system (emotional part of the brain) was in overload, starving the prefrontal cortex (thinking part of the brain) of oxygen so I literally could not think or process information.

Actions my RCM used:

- Validate the worker's experience ("What happened to you matters").
- Confirm clinical and psychological supports are active.
- Map triggers and coping strategies in collaboration with the worker.
- Pause any contact with former bullies until readiness is assessed.

Step 2 – Reconnect and Rebuild Trust



Goal: Restore connection to self and purpose before performance. No process to rebuild workplace relationships from organisation.

Actions my RCM used:

- Facilitate safe communication channels (neutral contact person, structured emails).
- Support leadership to demonstrate empathy and consistency.
- Hold pre-return meetings focusing on safety expectations, not productivity.
- Use predictable micro-steps — e.g., short visits, team introductions, structured feedback loops.

Step 3 – Restore Function and Meaning

Goal: Building sustainable re-engagement meant returning at a pace my nervous system could handle, with supports that made each step feel doable rather than destabilising.

Actions:

- Move toward meaningful work and achievable tasks.
- Check in regularly on emotional load, not just work hours.
- Reflect progress — “What feels easier now than when we started?”
- Plan for setbacks — name them, normalise them, prepare for them.



Tip:

Function follows safety — never the other way around.

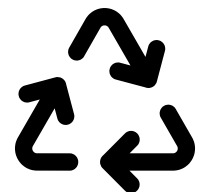
3. LANGUAGE FOR WHEN SOMEONE IS STUCK IN HARM OR INJUSTICE LOOPS

The Challenge:

In my return-to-work journey, I moved through the emotions quickly, but the impact of what happened still sat in my body — and I learned that even when the feelings settle, the nervous system can take longer to recover and regain a sense of safety. While these needs are real, they can stall recovery.

What to Avoid

- Arguing facts or defending the organisation.
- Forcing forgiveness or closure.
- Suggesting “moving on” before they’re ready.



Helpful Language

- “You’ve been through something that’s left deep marks — it makes sense that you’re still trying to make sense of it.”
- “We can’t change what happened, but we can make sure what happens next supports your wellbeing.”
- “It sounds like fairness is really important to you. Let’s explore what fairness might look like now, in the recovery process.”
- “I can’t give you justice, but I can make sure you’re not alone in this part of the journey.”
- “Would you like to talk about what a safe step forward could be — even if small?”

Strategies

- Name the stuckness gently: “I can see how much this is still affecting you.”
- Offer grounding questions: “What would help you feel just 5% safer today?”
- Shift focus to agency: “What’s one thing within your control this week?”
- Connect to meaning and purpose, not just resolution.



Tip:
Validation opens movement — argument closes it.

4. WHAT “SAFE” ACTUALLY LOOKS LIKE IN THE REAL WORLD

The Challenge:

“Safety” can sound abstract. For me, the worker, it’s not paperwork — it’s how I feel in contact with the workplace.

REAL-WORLD INDICATORS OF PSYCHOLOGICAL SAFETY

Domain	What Safety Looks Like	Example
Communication	Predictable, transparent, calm.	The worker receives updates exactly as agreed — no surprise meetings or emails.
Environment	The physical and social space feels controllable.	Desk relocated, safe contact person assigned, no unplanned contact with previous bully.
Leadership Behaviour	Consistent empathy, accountability, and respect.	Manager opens with “How are you feeling about being here today?” before discussing tasks.
Workload & Pacing	Gradual, flexible, co-designed.	Start at 2 hours × 2 days; review weekly based on capacity, not assumption.
Cultural Signals	No gossip, exclusion, or silence.	Team briefed on respect expectations; leadership reinforces inclusion and privacy.



Language of Safety

“You’ll always know what’s next — no surprises.”
 “We’ll move at a pace that protects you.”
 “You have choice and voice in every step.”
 “If something feels unsafe, you can pause — that’s okay.”



Tip: Safety is not just the absence of threat; it's the presence of predictability, respect, and voice

CONVERSATION STARTERS FOR RCMS

Situation	Helpful Language
Worker fearful of returning	“What would make this step feel safe enough to try?”
Organisation pushing for quick return	“Safety and stability first — that’s what makes returns last.”
Worker stuck in injustice loop	“What would healing look like for you, even without a full apology
Manager minimising harm	“Even if intent wasn’t to harm, impact matters — how can we support that now?”

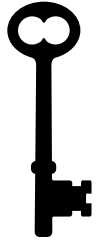


FINAL REFLECTION

“Safety isn’t built in policy; it’s built in presence.”

A trauma-informed RTW pathway after bullying is an act of repair — not just for the worker, but for the culture itself.

When RCMs slow down, stay grounded, and model empathy with clarity, they create the bridge between harm and healing.



KEY TAKEAWAYS

- Safety, trust, and pacing are the foundations of return.
- Start with stabilisation, then reconnection, then restoration.
- Validation and agency help workers move out of harm loops.
- “Safe” is tangible: predictability, respect, and genuine care.



Truths about me and my injury

Personal Note from Jennifer,

I live with a lifelong mental illness and excellent mental health at the same time. Over 17 years in my role, across several locations, I was never disciplined or questioned about my performance or conduct. During my workers' compensation process, two independent psychiatrists confirmed that **my lifelong mental illness had no impact on my ability to perform my full workplace duties.**

The bullying I experienced at work triggered a trauma response linked to early childhood adversity – a reminder that psychological injuries can activate parts of the nervous system that even we are not aware still exist. Throughout my recovery and return-to-work, one of the most protective factors was that no one interfered with the long-term therapeutic relationship I have with my treating psychiatrist. That continuity, trust, and stability were essential to my safety and recovery.

I share this to normalise conversations about mental health, trauma, and psychological injury. When we speak openly and without shame, we reduce stigma and make it safer for others to come forward. My hope is that these insights support RCMs as you continue your vital work guiding injured workers through some of the most vulnerable moments of their lives.

Jennifer Chate

About This Resource

This resource is a recount of my psychological injury and the lessons I learned throughout my recovery. I am grateful to Comcare for the opportunity to share my story, and I hope these insights support and strengthen the vital work you do every day.

About the Author

Jennifer Chate is a workplace psychological safety advocate, speaker, and consultant with lived experience of recovering from a severe psychological injury caused by workplace bullying. Drawing on her professional expertise and personal journey, Jennifer supports organisations, RCMs, and leaders to create trauma-informed, safe, and sustainable return-to-work pathways.

I grant Comcare permission to distribute this resource in its original form to attendees of the Comcare Forum on 25 November 2025. This permission is limited to this single event and does not include rights to edit, reproduce, or share the material beyond this purpose.

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