

## RTW Matters Seminar Series:

“Systematic approaches to identifying and addressing biopsychosocial barriers – the missing policy in RTW”

*Seminar 3:*

# “Biopsychosocial Injury Management”

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# Webinar Series



- Complexity of personal injury and RTW (Pransky 2005, Beales 2016, Collie 2018)
- Increasing costs and work disability (Safe Work Aust. 2019).
- BPS Approach is evidence-based best practice (Pincus 2013)
- My PhD research (Garton 2019).
  - Identified essential components of a scientific BPS Approach for Injury Management.
  - Evaluated a structured BPS Approach in Workplace Rehabilitation.

# Three Webinar sessions

## 1. Identification of Psychosocial Risk

- Implementing effective psychosocial triage.

## 2. Psychosocial Assessment

- Linking psychosocial assessment to Biopsychosocial intervention.

## 3. Biopsychosocial Injury Management

- Implementing a system-wide structured BPS Approach.

# Injury Management Best Practice

- Best practice = targeting client needs, psychosocial screening, reformed for BPS injury management within a customised framework (Beales 2016, Iles 2018, Safe Work Aust 2018, Collie 2019, Iles 2020).
- Individuals' perspectives, beliefs, context are best predictors, and predominant contributors to ongoing disability (Waddell 2003, Linton 2011, Beales 2016).
- BPS management leads to quicker RTW at less cost (Nicholas 2019).
- BPS must be integrated into a system at all levels (Beales 2016, Garton 2019).

# Triage

- **Risk rating triage** is to identify ALL with potential for delayed recovery.

Clear distinction between risk rating triage and risk factor assessment (Waddell 2003).



# Assessment

- **Risk assessment** to identify specific psychosocial constructs contributing to that delay in order to tailor biopsychosocial intervention.





# Why is Psychosocial Assessment important?

- Fear-avoidance
- Passive coping
- Emotional distress
- Low self-efficacy
- Loss of self identity
- Perceived injustice
- Unhelpful work perceptions.



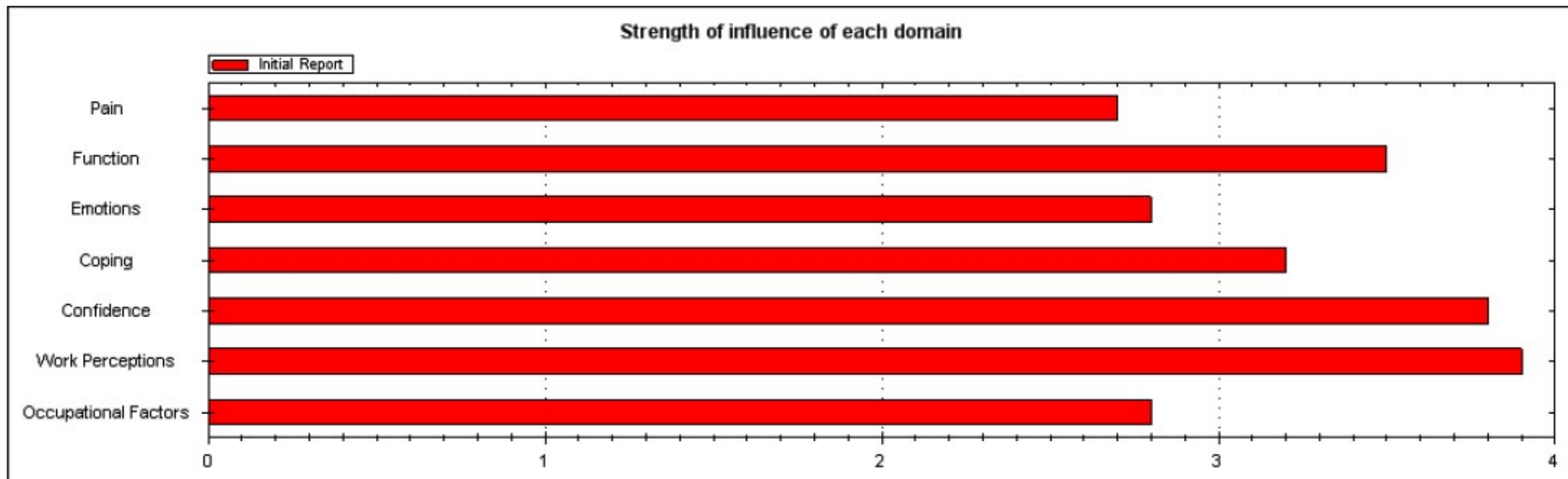
Cartoon used with permission from Michael Leunig

# Engage and Motivate

- BPS domains facilitate claimant insight - ownership of responses.
- BPS domains guide tailored self-management coaching.

*Domain chart from ARI.MSI Initial Report:*

*(high domain ratings indicate a greater unhelpful influence of responses)*

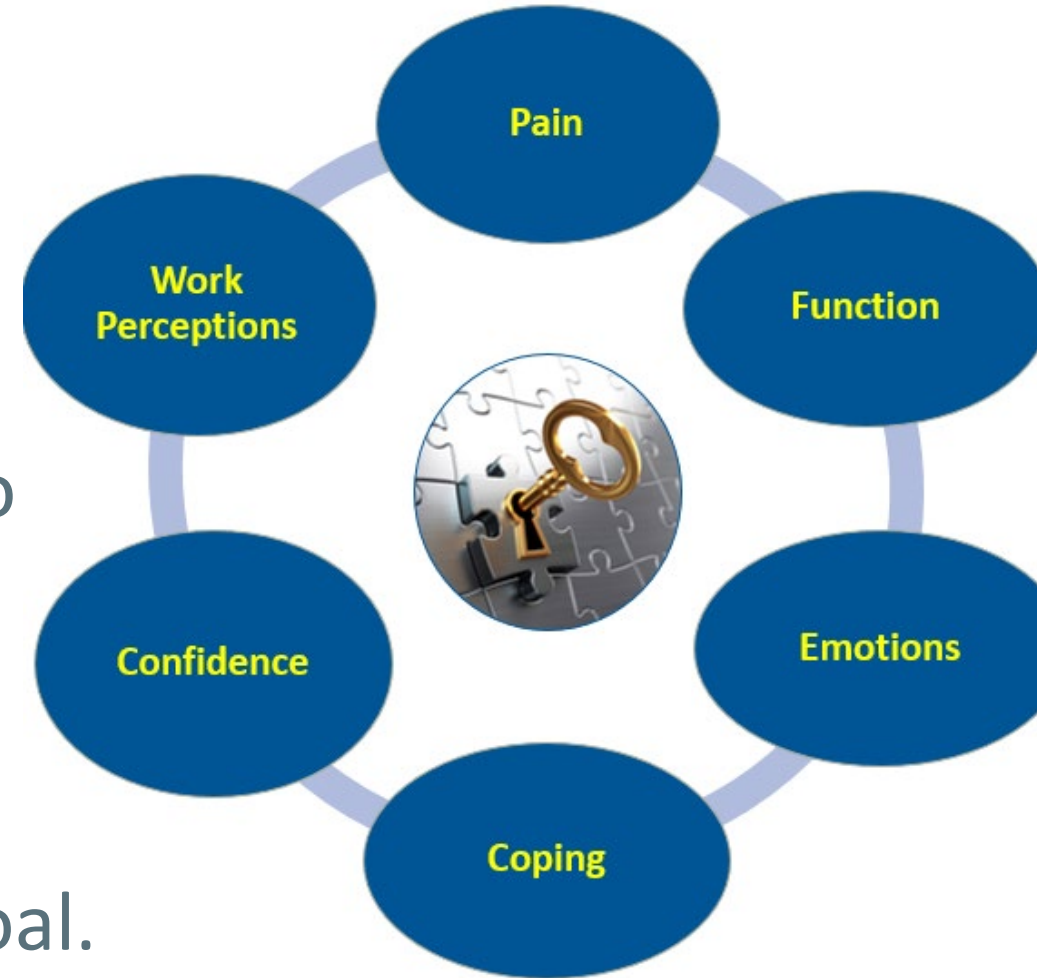


(Garton, Murphy, O'Halloran (2016) *A practical tool to improve outcomes in Work Injury Management*. Work 53)

# Case Manager decisions

- Health and function focused client-centred models (Collie 2019)
- BPS domains highlight barriers to recovery and RTW, and guide intervention planning.

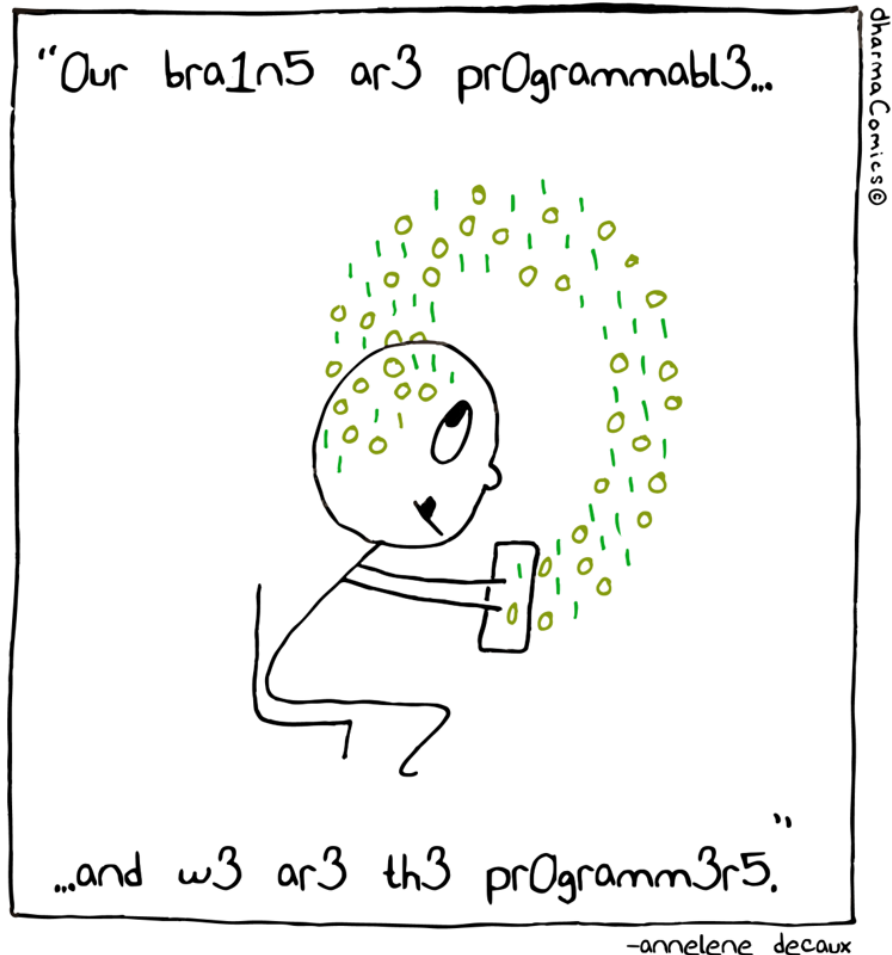
Empowerment – the ultimate goal.





# Understanding BPS processing in body

Pain and distress are 'whole of body' responses.



Our brain is the control centre.

What we **do, think and feel** will dampen or enhance our pain and/or distress.

Learning requires:

- Adult learning
- Consistent message

Cartoon used with permission from Dharma Comics

# Work Readiness

- Interpersonal context and interaction with workplace, healthcare and insurance systems.  
(Franche & Krause 2005)
- Increased Self-efficacy and increased Work Readiness lead to improved RTW outcomes.  
(Abma 2013, Black 2017)
- Requires high Importance (why) and high Confidence (how) (Rollnick, 2008)
- And tailored self-help coaching.
- Match RTW actions to Work Readiness.

# Integration into System

- Science-based policy is required.
- Complex – multiple legal, administrative, social, political and cultural challenges (Loisel et al 2005).
- Sector-specific solutions not enough in isolation.
- System wide at all levels, phases and players (Beales et al 2016).
- Review incentives within scheme design (Lane, 2018).
- Management commitment for transformative change (Kotter 2007).

# Structured Program

- Misunderstandings and restrictive application of BPS Model (Pincus 2013).
- Best practice requires a structured framework (Main 2016, Safe Work Australia 2018, Iles 2018, Collie 2019, Nicholas 2019, Iles 2020)
- BPS resources for each phase, clear process pathways and defined outcome expectations.
- Quantitative study – Structured BPS Rehabilitation Model
- BPS coaching led to reduction in psychosocial score which was associated with increased work capacity.

# Education and Training

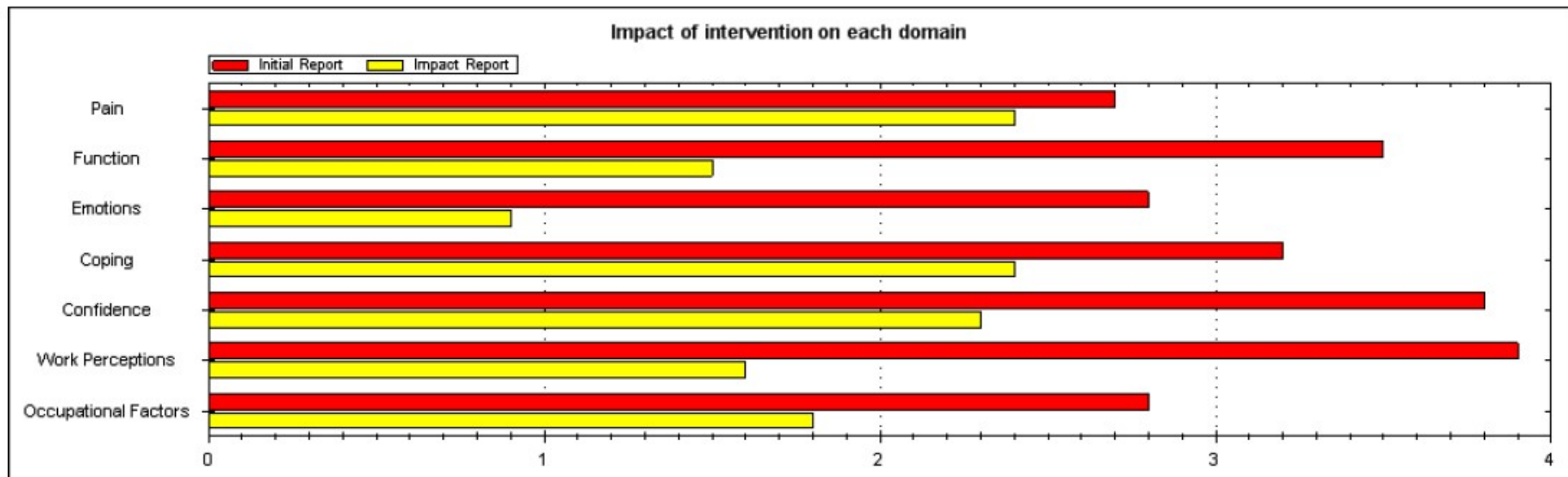
- BPS literacy at all levels, phases and players to ensure consistent message to claimants (Beales 2016a&b).
- Qualitative study - gaps in university training, misunderstanding by claims personnel, health and medical practitioners.
- Competencies to deliver standardized psychosocial interventions (Sullivan et al 2005).
- Build community BPS and Pain literacy! (Buchbinder 2008)



# Digital Database

- Improved claims information management systems and data analysis capability (Collie 2019)
- Standardised BPS provides predictability.

Domain chart from ARI.MSI Impact Report:



(Garton, Murphy, O'Halloran (2016) *A practical tool to improve outcomes in Work Injury Management*. Work 53)

# Ten requirements for BPS implementation

1. Psychosocial Risk Triage
2. Psychosocial Risk Assessment
3. Claimant engagement
4. Tailored BPS skills coaching
5. Understanding BPS processing

# Ten requirements for BPS implementation

6. RTW actions to match Work Readiness
7. Integration into System
8. Structured program with BPS resources
9. BPS training and public education
10. Digital database

# Who benefits?

- **Case Manager** – resources to guide decisions and measure outcomes. Predictable costs, greater satisfaction.
- **Employer** – quicker return of injured workers, less costs.
- **Medical** – psychosocial reports support decisions.
- **Health and Rehab** – tools to deliver scientific BPS assessment and coaching, better results, satisfaction.
- **Regulator and Insurers** – best-practice, client-centred, predictable, data driven, financially viable scheme.
- **Claimant** - validated, supported, empowered, quicker recovery & RTW, less distress and cost for self and family.

## *Next Steps*

Recognition of the need for systemised BPS Approach,  
and adoption by ...

- Scheme Regulators
- Universities, and industry training
- Insurer and employer Pilot projects
- Public health education.



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## Seminar 3: “Biopsychosocial Injury Management”

*Thank you!*

**Q & A**

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