

RTW Matters Seminar Series:

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

Seminar 2:

“Psychosocial Assessment”

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Research overview



- Complexity of personal injury in the RTW context requires implementation of a system-wide, structured BPS Approach. (Loisel 2005, Pransky 2005, Pincus 2013, Beales 2016, Collie 2018, Iles 2018, Safe Work Aust 2018, Collie 2019).
- My PhD research (Garton 2019).
 - Identified essential components of a scientific BPS Approach.
 - 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.

Psychosocial Risk Triage

- Case triage must include psychosocial questions to rate psychosocial risk.
- Clear distinction between risk rating triage and risk factor assessment.
- Purpose is to identify ALL who should be referred for psychosocial assessment.
- An effective risk rating triage program is complex to implement, requires BPS training and system-wide adjustments.




Why Psychosocial Assessment

Psychosocial factors are the best predictors of, and predominant contributors to, ongoing disability (Waddell 2003, Linton 2011, Nicholas 2011).

For example...

- Beliefs about pain.
- Fears that activity will increase damage.
- Belief that recovery is dependent on a treatment cure.
- Expectation that workplace will not offer ongoing support.
- Fears for own and family's future.
- Distress in response to beliefs and fears.
- Activity avoidance and treatment seeking behaviour.



Beliefs
Fears
Expectations
Behaviours

Biopsychosocial Approach

Psychosocial responses generate neurobiological processes that increase pain, distress & disability.

By identifying and measuring these **psychosocial responses** we can tailor self-help coaching to reduce the impact of **neurobiological processes**.

Psychosocial barriers require Biopsychosocial intervention.

(Gatchel 2007, Moseley 2015, Edwards 2016)

Psychosocial Assessment in MSKD

- Fear-avoidance - *predicts long-term work disability.*
- Passive coping - *predicts disabling pain.*
- Emotional distress - *predicts pain intensity and disability.*
- Catastrophising - *predicts long-term pain intensity.*
- Low Pain Self-Efficacy - *predicts medication usage.*
- Perceived injustice - *predicts delayed recovery and RTW.*
- Work perceptions – *predict work disability.*

(Nicholas 2011, Fink 2020, Wideman 2011, Mercado 2005, Brett & Gatchel, 2019, Hulla 2019)

Psychosocial Assessment in Psych Injury

- Perceptions about workplace
- Level of emotional distress
- Self-efficacy, problem-solving ability, adaptability
- Self-identity and self-confidence
- Perceived injustice
- Poor general health
- Personal circumstance, support, financial stress
- Exposure to traumatic event.

(Safe Work Australia 2019, Wyatt 2017, Iles 2018, Collie, Sheehan et al 2019)

How to do Psychosocial Assessment

- Structured interview is often chosen.
- Clinical assessment may not correctly identify psychosocial risk, and judgment bias is based on ‘trustworthiness’.
- Self-report questionnaire - gold standard for perceptions.
 - Identification
 - Measurement
 - Completed independently
 - Respondent ownership
 - Standardisation
 - Repeatable

(Corbiere, 2017, Stratil & Swincer 2012, Schafer 2016, Waddell 2003, Nicholas 2011)

Single PS construct questionnaires

- Fear Avoidance: Fear Avoidance Beliefs Q, Tampa scale
- Coping: Coping Strategies Q, Chronic Pain Coping Index
- Self-Efficacy: Pain Self-Efficacy Q
- Catastrophising: Pain Catastrophising S, Coping Strategies Q (rev)
(Sleijser-Koehorst 2019)
- Emotional distress: Depression, Anxiety & Stress Scale
- Perceived injustice: Injustice Experience Q
- Work perceptions: HSE (UK) Indicator Tool, Absenteeism S Q
(Guest 2018, Sullivan 2008, Comcare 2008, Truchon 2012)

Comprehensive questionnaires

- Örebro Musculoskeletal Pain Screening Questionnaire
(Boersma & Linton, 2005)
- ÖMPSQ-SF
(Linton et al 2011, Nicholas 2019)
- STarT Back Tool
(Hill et al 2008, Wideman 2012)
- PRICE (Pain Recovery Inventory of Concerns & Expectations)
(Shaw 2013)
- OSPRO (Optim Screen for Prediction of Ref and Outcome)
(Lentz et al 2016)

Comprehensive, risk profiling assessment

- **ARI.MSI**
 - multiple psychosocial for MSKD / pain
 - ÖMPSQ and PSEQ
 - Reports responses in BPS domains
- **ARI.PI**
 - multiple psychosocial for psychological injury / illness
 - DASS21, HSE screen, PTSD screen
 - Reports responses in BPS domains

(Garton et al 2016)

Assessment informed BPS intervention

Requires psychosocial tools to provide risk profile, enabling Matched Care with intervention tailored to key risk factors.

Evidence-based BPS interventions:

- Behaviour change techniques tailored to key beliefs and behaviours, and work-focused.
- Self-management skill development
 - understanding pain neuroscience
 - increase protective factors – resilience
 - use valued goals, build self-efficacy and RTW readiness.
- Graded activity, match work upgrades with stage of readiness.
- Multi-domain – health focus, coordinated, work accommodation

(Pincus 2013, Linton 2018, Mosely & Butler 2015, Flink 2020, Franche & Krause 2005, Cullen 2018)

Who can provide BPS Coaching?

Health or rehabilitation qualification

- Additional training in behaviour change therapies, BPS neuroscience and self-help coaching strategies.
- Involved in RTW recommendations at the workplace.

HWCA:

- *“Self-management strategies – May be taught to the worker by the treating practitioner or workplace rehabilitation provider to assist in identifying needs and actions to maximise recovery and independence.”*

(HWCA, 2019)

Linda: ARI Initial Report

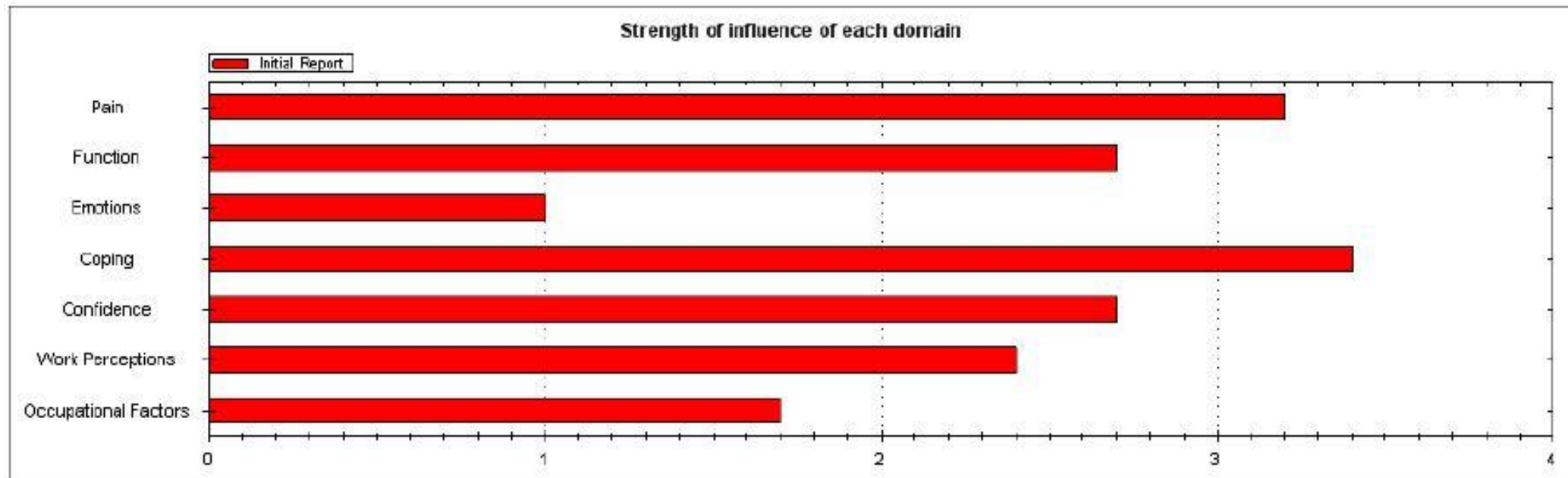
AB-5 rating = high

ARI.MSI score 130/200

ÖMPSQ score 140/210 PSEQ score 18/60

Work: 25 hours restricted duties

Domain chart from ARI.MSI Initial Report:



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

Linda: ARI Profile Report

- Generated with Initial Report
- Additional response detail
- Reveals psychosocial enablers and barriers
- Supports tailored intervention planning and BPS coaching.

3. Function:

<i>Exercise:</i>	May be limiting exercise for fear of symptom exacerbation.
<i>Daily Activities:</i>	Reports moderately reduced capacity to undertake daily activities.
<i>Transport:</i>	Pain or disability is restricting travel independence.

4. General Health:

<i>Lifestyle:</i>	*
<i>Sleep:</i>	Moderate sleep disturbance will impact function.

5. Emotions:

<i>Distress:</i>	Level of distress is likely to be causing mild interference.
<i>Attention to pain:</i>	Demonstrating hypervigilance to pain.
<i>Blame:</i>	*

6. Coping:

<i>Coping style:</i>	Indicating very limited use of self-management strategies.
<i>Relationship with pain:</i>	Low confidence to reduce pain independently.
<i>Self Efficacy:</i>	PSEQ score indicates moderately low self-efficacy in performance of daily activities despite pain.

7. Confidence:

<i>Sense of control:</i>	Indications of a moderate sense of being overwhelmed.
<i>Optimism:</i>	Moderately low sense of optimism.
<i>Self-blame:</i>	*
<i>Self-identity:</i>	Has maintained sense of self-identity.

8. Relationships:

<i>Family Support:</i>	Perceives good understanding and support from family.
<i>Socialising:</i>	Usual social activity has reduced.

Linda: ARI Impact Report

Initial scores:

ARI.MSI 130/200

ÖMPSQ 140/210

PSEQ 18/60

Work: 25 hours restricted duties

Impact scores:

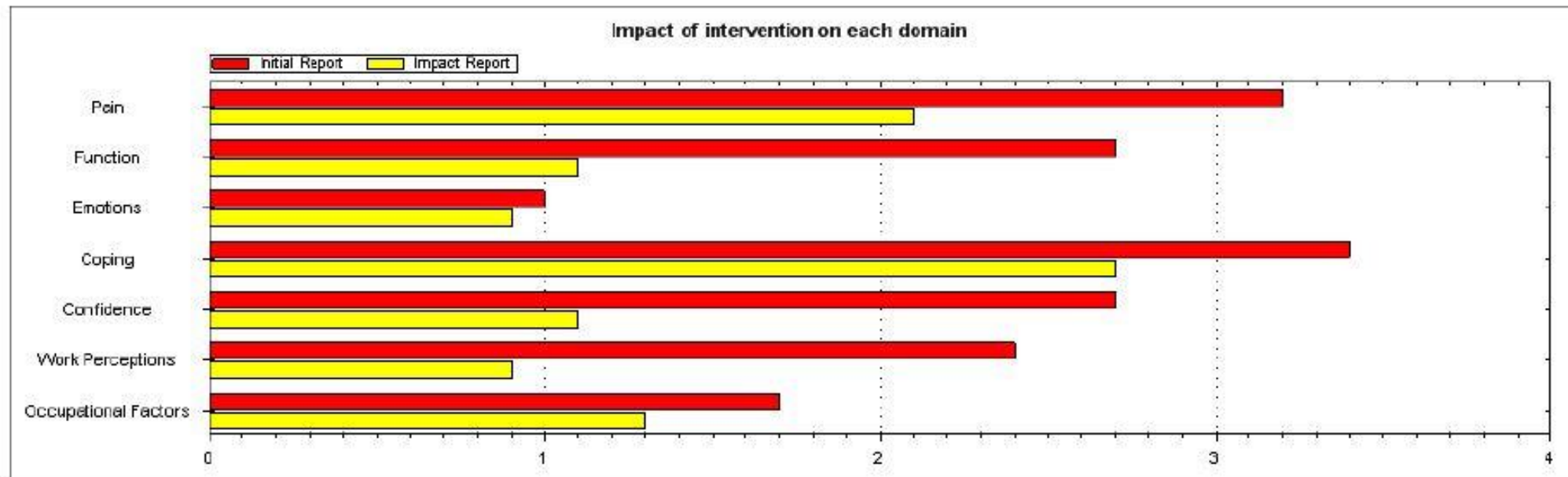
ARI.MSI 76/200 (42% shift)

ÖMPSQ 86/210

PSEQ 42/60

Work: 40 hours usual duties

Domain chart from ARI.MSI Impact Report:



(Garton, 2019)

Summary

Claims Management needs psychosocial triage.

Cases with medium and high rated risk then need a comprehensive, psychosocial profiling assessment.

BPS coaching assists person gain insight, motivation and engagement to build self-help skills and work readiness.

These are core components of an evidence-based, scientific BPS Approach.

References

- Beales et al (2016) *Management of musculoskeletal pain in a compensable environment: Implementation of helpful and unhelpful models of care in supporting recovery and return to work*. Clin Rheum, 30(3).
- Boersma & Linton (2005) *Profiles of psychological risk factors for early intervention*. Clin J Pain 21.
- Brecht & Gatchel (2019) *An overview of a biopsychosocial model or epigenetics and pain catastrophizing* J. App Biobehav Res.
- Collie, A. (2019). *The Mental Health Impacts of Compensation Claim Assessment Process*.
- Collie et al (2019) *Psychological Distress in Workers' Compensation Claimants: Prevalence, Predictors and Mental Health Service Use*. JOR
- Comcare (2008) *Working Well: An organisational approach to preventing psychological injury*.
- Corbiere et al (2017) *Validation of the ROSES with workers suffering common mental health or MSKD*. Quebec
- Cullen et al (2018) *Effectiveness of workplace interventions in RTW for MSKD, pain-related and mental health conditions*. JOR 28
- Edwards et al (2016). *The Role of Psychosocial Processes in the Development and Maintenance of Chronic Pain*. J Pain, 17(9 Suppl).
- Flink et al (2020) *Pain psychology in the 21st century: lessons learned and moving forward*. Scand J Pain.
- Franche & Krause (2005) *Readiness for RTW following injury or illness*. Chapter in Schultz & Gatchel, Boston
- Gatchel et al (2007) *The biopsychosocial approach to chronic pain: scientific advances and future directions*. Psychological Bulletin, 133(4).
- Garton, P., Murphy, G., & O'Halloran, P. (2016). *A practical tool to improve outcomes in Work Injury Management*. Work, 53(4).
- Garton, P. (2019) *Benefits of a structured Biopsychosocial Approach to Workplace Rehabilitation for Musculoskeletal Injury*, LaTrobe University <http://hdl.handle.net/1959.9/570494>
- Guest et al (2018) *Prevalence and psychometric screening for the detection of major depressive disorder and post-traumatic stress disorder in adults injured in a motor vehicle crash who are engaged in compensation*. BMC Psychol, 6:1

References

- Heads of Workers' Compensation Authorities (2019) Principles of practice for workplace rehabilitation providers.
- Hill et al (2008) *A primary care screening tool: identifying patient subgroups for initial treatment*. Arthrit and Rheum 59
- Hulla et al (2019) *the biopsychosocial approach and considerations involved in chronic pain*. Healthy Ageing Res. 8
- Iles, R., Long, D., Ellis, N., & Collie, N. (2018). *Risk Factor identification for delayed return to work: best practice statement*. Monash Uni
- Lentz et al (2016) *Development of a yellow flag assessment tool OSPRO*. J Orth and Sports PT 46
- Linton, S., Nicholas, M., & Shaw, W. (2018). *Why wait to address high-risk cases of acute low back pain? A comparison of stepped, stratified, and matched care*. Pain.
- Linton, S., & Shaw, W. (2011). *Impact of Psychological Factors in the Experience of Pain*. Physical Therapy, 91.
- Loisel et al (2005) *Prevention of work disability due to MSKD: the challenge of implementing the evidence*. JOR 15
- Mercado et al (2005) *Passive coping is a risk factor for disabling neck and low back pain*. Pain 117
- Moseley, G., & Butler, D. (2015). *Fifteen Years of Explaining Pain: The Past, Present, and Future*. Journal of Pain, 16(9).
- Nicholas, M., Linton, S., Watson, P., & Main, C. (2011). *Early identification and management of psychological risk factors (Yellow Flags) in patients with low back pain: A reappraisal*. Physical Therapy, 91(5).
- Nicholas et al (2018). *Predicting Return to Work in a Heterogeneous Sample of Recently Injured Workers Using the Brief OMPSQ-SF*. JOR.
- Pincus, T., Kent, P., Bronfort, G., Loisel, P., Pransky, G., & Hartvigsen, J. (2013). *Twenty-five years with the biopsychosocial model of low back pain-is it time to celebrate? A report from the twelfth international forum for primary care research on low back pain*. Spine, 38(24).
- Pransky, G., Gatchel, R., Linton, S., Loisel, P. (2005) *Improving Return to Work Research*. J Occup Rehabil, 15(4).

References

- Safe Work Australia. (2018). *Taking Action: A best practice framework for the management of psychological claims in the Australian workers' compensation sector*. Canberra: Safe Work Australia.
- Safe Work Australia (2019) *Work-related psychological health and safety. A systematic approach to meeting your duties*. Nat guid material
- Schafer et al (2016) *Health care providers' judgments in chronic pain: The influence of gender and trustworthiness*. Pain, 157(8),
- Shaw et al (2013) *The pain recovery inventory of concerns and expectations: A psychosocial screening instrument to identify intervention needs among patients at elevated risk of back disability*. J.Occup and Environ Med, 55
- Sleijser-Koehorst et al (2019). *Preferred self-administered questionnaires to assess fear of movement, coping, self-efficacy and catastrophizing in patients with musculoskeletal pain— A modified Delphi study*. Pain, 160
- Stratil & Swincer (2012) *Work-related back pain study: measuring biopsychosocial risk factors*. WorkCover Corp of S.A.
- Sullivan et al (2008) *The role of perceived injustice in the experience of chronic pain and disability*: JOR, 18(3),
- Truchon et al (2012) *Absenteeism screening questionnaire (ASQ): A new tool for predicting long-term absenteeism among workers with low back pain*. JOR 22
- Waddell, G., Burton, K., & Main, C. (2003). *Identifying People at Risk of Long-term Incapacity for Work*. UK: Royal Soc of Med Press.
- Wideman & Sullivan (2011). *Differential predictors of the long-term levels of pain intensity, work disability, healthcare use, and medication use in a sample of workers' compensation claimants*. Pain, 152(2),
- Wideman et al (2012) *Comparing the responsiveness of a brief, multidimensional risk screening tool for back pain to its unidimensional reference standards: The whole is greater than the sum of its parts*. Pain, 153
- Wyatt, M., Cotton, P., Lane, T. (2017). *Return to work in psychological injury claims*. Canberra, Safe Work Australia.

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Thank you!

Q & A

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