

## 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

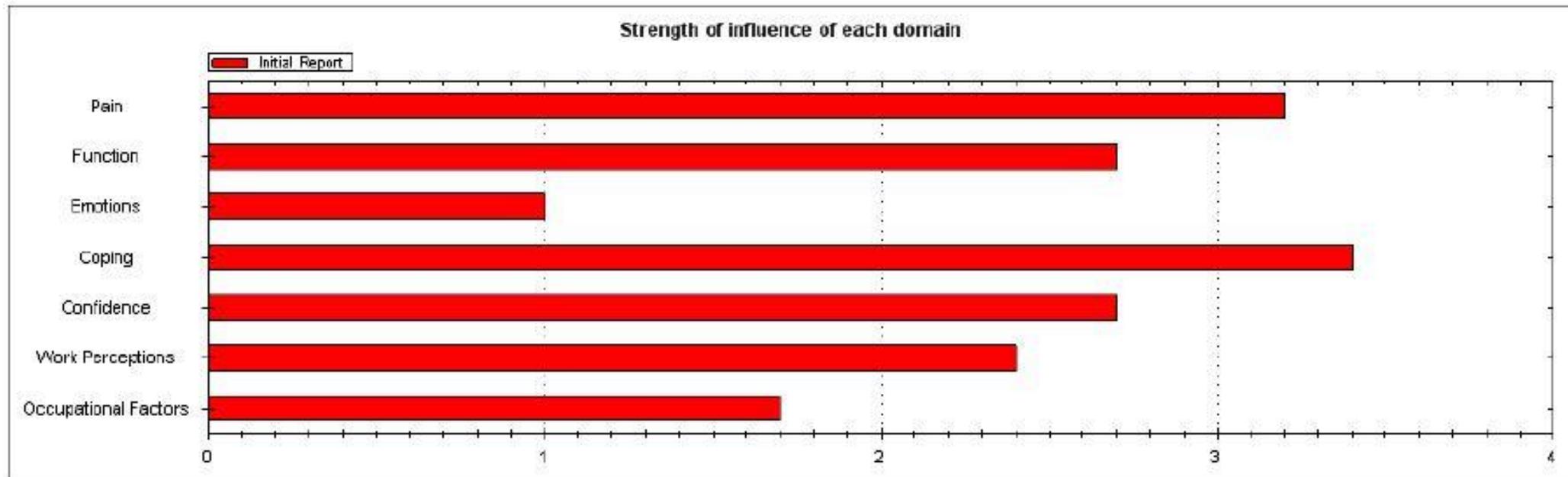
AB-5 rating = high

**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:

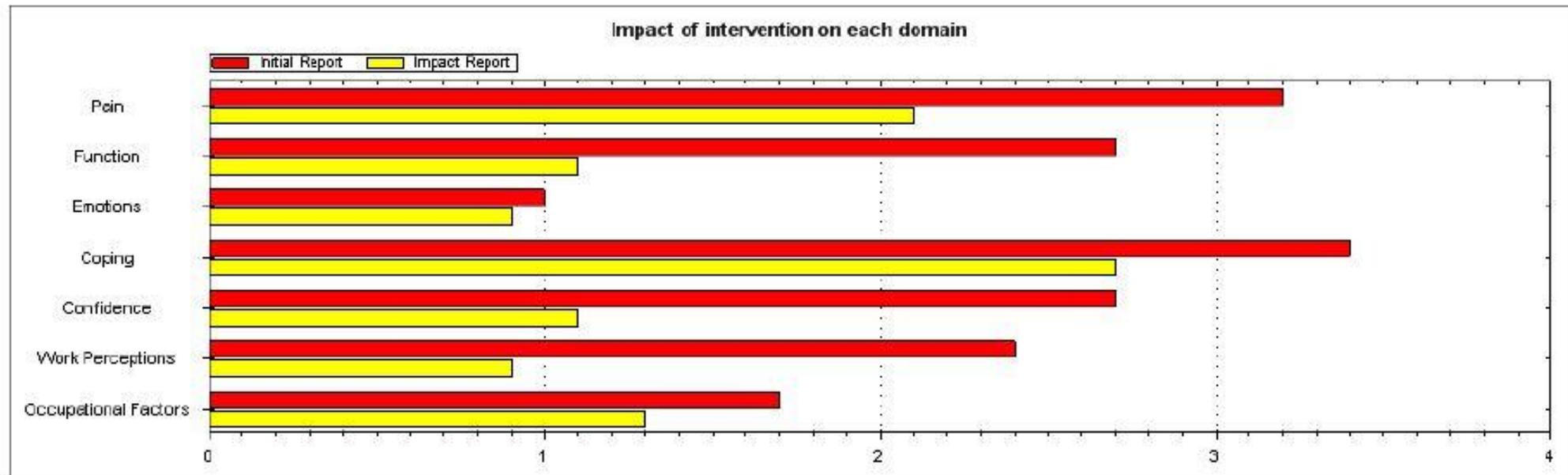
ARI.MSI 76/200 (42% shift)

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.

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## Seminar 2: “Psychosocial Assessment”

*Thank you!*

**Q & A**

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