

Reducing Disability:
Psychosocial Determinants
Influencing Recovery

Robert D. Mootz, DC
ACHIEV July 2016

Increasing Awareness of Psychosocial Factors' Role in Recovery

- **Everyone has them**
- **Strongly associated with long term disability**
- **Better understanding of chronicity**
 - Individual coping capacity
 - Individual adaptive behavior
 - Not simply chronological
- **Better understanding of interventions**
- **Emerging evidence for preventing chronicity**



"Its Not Psych..."

Mental Health (MH) Conditions

- Psychological or psychiatric diagnosis (DSM-5)
- WAC 296-20-330(a): "Mental illness means malfunction of the psychic apparatus that significantly interferes with ordinary living."



Psychosocial Determinants Influencing Recovery (PDIR)

- Psychosocial factors identified to be associated with chronicity and disability
- Need not be a psychiatric diagnosis



L&Is Current Psychosocial Efforts

- Functional Recovery Questionnaire and Interventions
- Vocational Recovery Strategies
- Progressive Goal Attainment Program
- Collaborative Care for Chronic Pain (Healthy Worker 2020)
- Claims Psychosocial Initiative
- Mental Health Services Stakeholders Workgroup
- Psychosocial Determinants Influencing Recovery (PDIR) Best Practices Resource)



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

Occupational Health Best Practices Educational Resource Psychosocial Determinants Influencing Recovery (PDIR)

- Best Practices Resource (aimed primarily for Attending Providers)
- Jointly developed by IICAC & IIMAC
 - Psychiatrist, psychologist, chiropractors, PMR, plus content reviewers
- Evidence-based: comprehensive review of what's effective
- Educational resource – not a coverage guideline
- IIMAC & IICAC final review July 2016
- Establishes a “firewall” between psychosocial factors intrinsic to work injuries vs. mental health conditions
- Delineates screening and interventions for
 - AP-administered PDIRs
 - Specialist-administered PDIRs



Reducing Disability: Psychosocial Determinants Influencing Recovery

Summary Information

- Psychosocial Determinants of Recovery Overview
- Key Recovery Messages
- PDIR Assessment Algorithms

Clinical Resources

- WHODAS 2.0 Disability Scale
- Functional Recovery Questionnaire
- Validated PDIR Scales Summary

PDIR Screening Evidence Summaries

- Psychosocial Determinants Concepts
- PDIR Assessment
- PDIR Screening Tools
- Workers Compensation Issues

General Intervention Summaries By Situation

- Situation Specific Considerations

PDIR Interventions Evidence Summaries

- AP-Provided PDIR Interventions
- Specialist-Provided PDIR Interventions
- Specialist-Provided Mental Health Interventions

Additional Materials

- Terminology Glossary
- Additional Resources
- Support Systems Assessment and Conversations
- Addressing Signs for Self-Harm/Suicide
- Managing Hostility, Anger, Disruptive Behavior
- Interpersonal Conflict Management and Resolution
- PDIR and MH Screening and Tracking Scales
- Evidence Methodology
- Citations



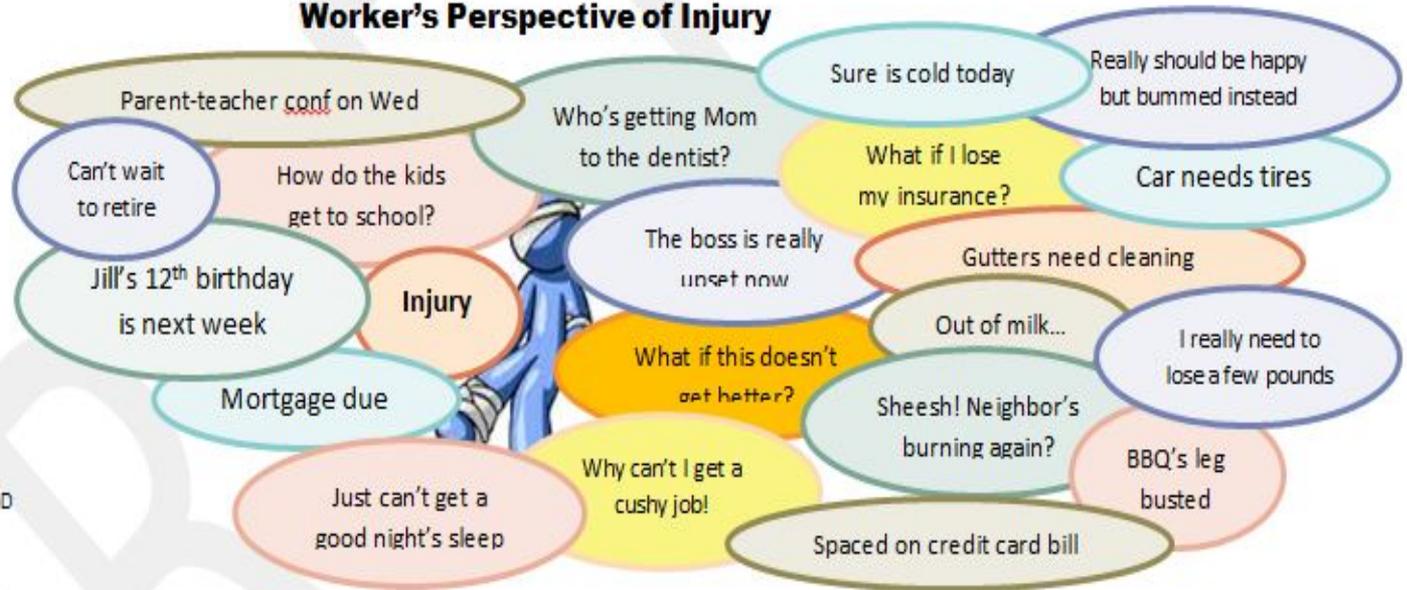
PDIR: Vantage Point

Worker's Compensation Perspective of Injury



Adapted with permission from Michael D. Harris, PhD

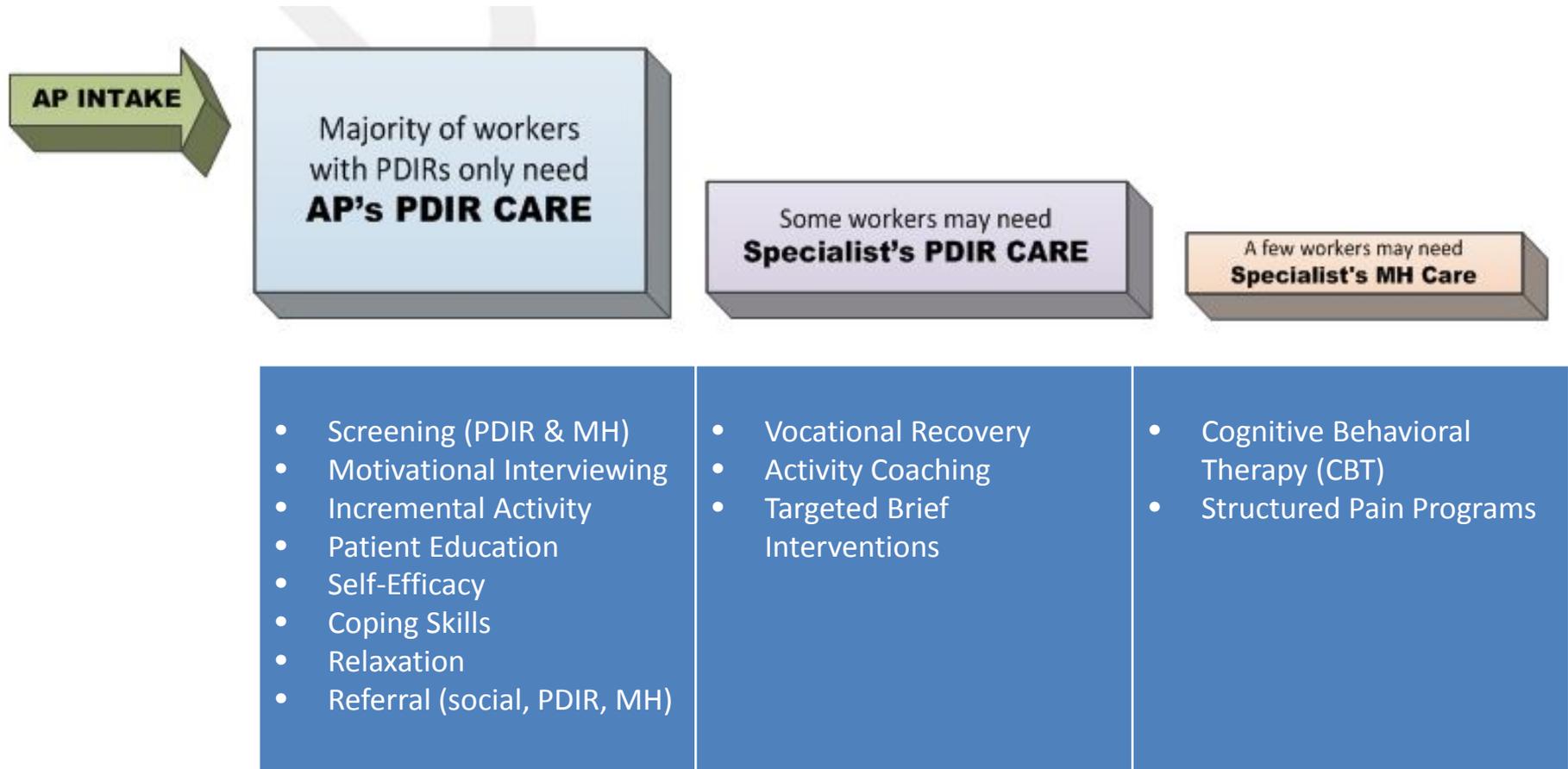
Worker's Perspective of Injury



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PDIR - Stepped Approach to Care



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Evaluation

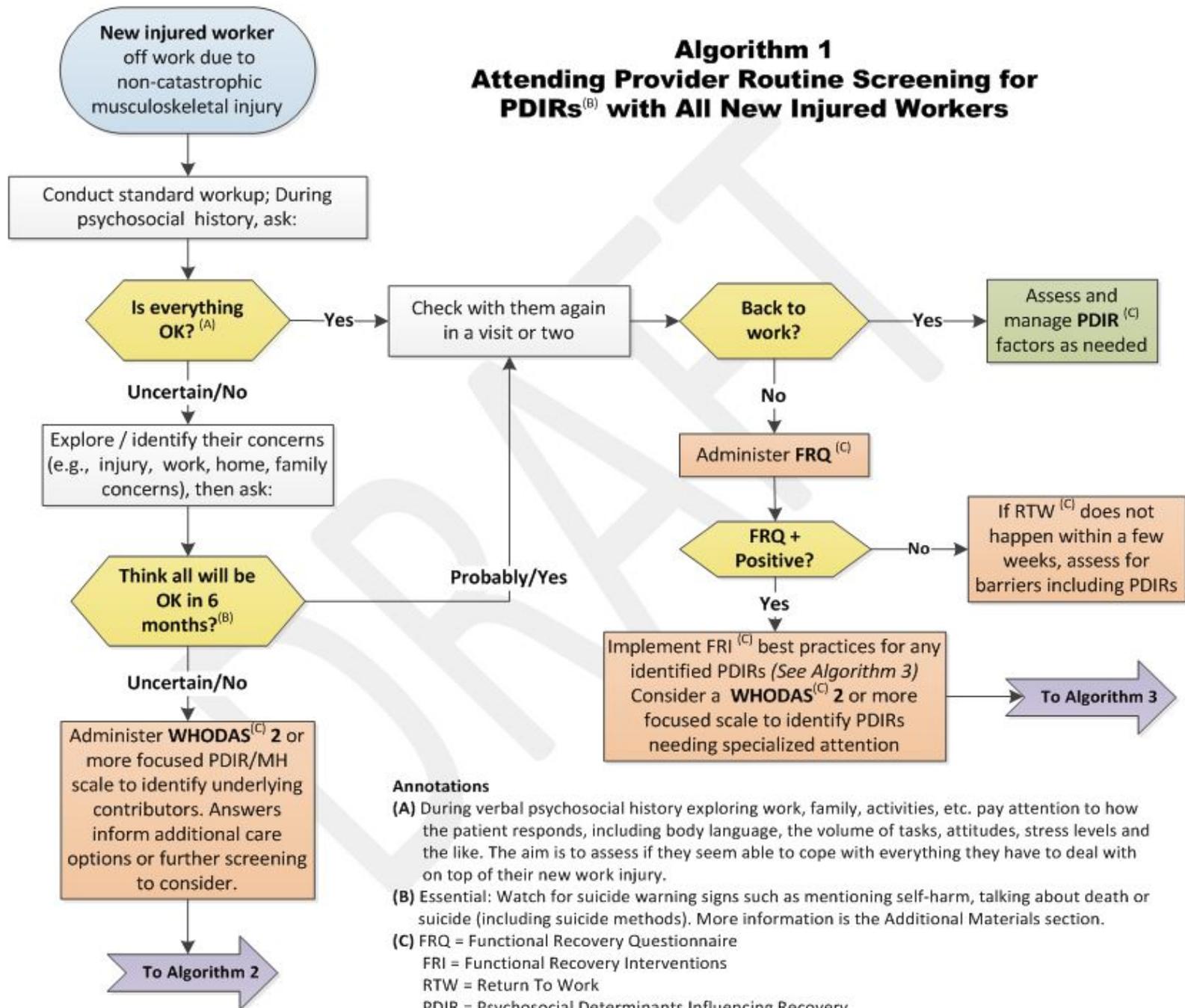
- Psychosocial History
 - Minimum components for injured workers
 - Ask about coping
- Screening Tools
 - Situation specific
 - Simpler to more complex
- Monitoring and follow-up
 - Targeted, stepped approach
 - Functional improvement monitoring path vs. target screening path



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Algorithm 1 Attending Provider Routine Screening for PDIRs^(B) with All New Injured Workers



Annotations

(A) During verbal psychosocial history exploring work, family, activities, etc. pay attention to how the patient responds, including body language, the volume of tasks, attitudes, stress levels and the like. The aim is to assess if they seem able to cope with everything they have to deal with on top of their new work injury.

(B) Essential: Watch for suicide warning signs such as mentioning self-harm, talking about death or suicide (including suicide methods). More information is the Additional Materials section.

(C) FRQ = Functional Recovery Questionnaire

FRI = Functional Recovery Interventions

RTW = Return To Work

PDIR = Psychosocial Determinants Influencing Recovery

WHODAS = World Health Organization Disability Assessment Schedule

Evidence Summaries - Evaluation

Initial Screening	What it Measures	Validation	Availability	Time	Scoring
FRQ Functional Recovery Questionnaire Link: FRQ	Screens for long-term disability risk from work injury. Administered at about 2 weeks of time loss due to work injury. Includes: Do you have persistent bothersome pain? In the past week how much has pain interfered with your ability to work, including housework? Domains: Generic Screening, Disability Similar Scales: STarTBack	injured workers in Washington State [1]	<ul style="list-style-type: none"> No cost or licensing 	< 5 minutes	Items 1-3 determine positive risk: FRQ + means person has not worked for pay due to injury and pain interference \geq 5/10, and pain in 2 or more body areas. Items 4-6 identify vocational connection, fear-avoidance, and recovery expectations which strongly correlate with risk.
WHODAS 2.0 -12 item World Health Organization Disability Assessment Scale Link: WHODAS 2.0	Informally assesses self-reported health status and disability. Administered at baseline suspicion of psychosocial or mental health issues and periodic follow-up for progress. Includes: How much have you been emotionally affected by your health problems? In the past 30 days, how much difficulty did you have in: Concentrating on doing something for ten minutes; Getting dressed Domains: Generic Screening, Disability Similar Scales: SF-36MH	Australian general health population [2, 3]	<ul style="list-style-type: none"> No cost Registration requested 	~ 5 minutes	12 items each scored 0 (none) to 4 (severe) then summed. Total score suggests: No disability risk (0-5) Mild risk (6-10); Moderate risk (over 10).

MH Scales	What it Measures	Validation	Availability	Time	Scoring
CAGE-AID Cut down, Annoyed, Guilty, Eye opener - Adapted to Include Drugs Link: CAGE-AID	Screens for alcohol and drug problems conjointly, regarding response to 4 questions. Includes: Have you ever felt that you ought to cut down on your drinking or drug use? And Have you ever felt bad or guilty about your drinking or drug use? Domains: Addiction and Substance Abuse Similar Scales: AUDIT (new HVMC trauma)	North America Adults and Adolescents [4]	<ul style="list-style-type: none"> No cost No restrictions 	< 5 minutes	One or more positive responses is considered a positive screen.
PHQ-4 Patient Health Questionnaire 4 Link: PHQ-4	Consists of first 2 items of PHQ-9 and first 2 items of GAD-7. Ultra-brief depression and anxiety screener. Includes: Over the last 2 weeks: I have been feeling nervous, anxious or on edge; I have little interest or pleasure in doing things Domains: Mental Health, Depression, Anxiety, Screening Similar Scales: PHQ-9, GAD-7, SF-36MH	Validated in general European population for anxiety and depression screening [5]	<ul style="list-style-type: none"> No cost No restrictions 	< 5 minutes	Consists of 4 items scored 0 to 3 based on how often patient has experienced problems in the last 2 weeks. Scores are rated as normal (0-2), mild (3-5), moderate (6-8), and severe (9-12)

Evidence Summaries - Interventions

AP-Provided PDIR Options

- Motivational Interviewing
- Physical Activation
 - Activity Diary
 - Rehabilitation / Exercise
- Patient Education
 - Positive workplace connection
 - Understanding pain
 - Overcoming unrealistic fear
 - Pacing oneself
 - Problem solving
 - Goal setting
 - Coping with emotions / mindfulness*
- Self-Efficacy
- Pain Coping (tailored to patient)*
- Support Systems
 - Patient obligations (time, finances, child care, etc.)
 - Support resources (personal, community)
- Relaxation Training and Techniques*
- Sleep Hygiene & Management*
- Referral to PDIR and MH specialists**
 - Vocational Recovery Services
 - Activity Coaching
 - Targeted Brief Interventions
 - Cognitive Behavioral Therapy (CBT)
 - Structured Chronic Pain Programs
 - Substance Abuse Treatment

Specialist-Provided PDIR Options (Brief Interventions)

- Vocational Recovery and Rehabilitation
- Activity Coaching
- Emotion Management / Behavioral Training
- Acceptance Interventions
- Resilience Training
- Targeted Brief Interventions (e.g., CBT by psychologist, collaborative care support)

Specialist-Provided Mental Health Interventions

- Cognitive Behavioral Therapy
- Structured Chronic Pain Programs
- Other Psychotherapies

Medication Management

- Opioids
- Psychotropics
- Sleep Medications
- Substance Abuse Treatment

* Straightforward consultation / counseling in these areas may be within AP's capabilities and skill sets, but alternatively may be addressed by referral for more intense specialist-provided PDIR approaches/brief interventions

** In collaborative care settings, referral, or consult with trained PDIR specialists may be available.



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Intervention Summary

Strongest Evidence

- No Magic Bullets

AP-Provided

- Incremental Activity
- Recovery Expectations
- Relaxation
- Self-efficacy (goal setting, coping)

Specialist-Provided

- Structured programs (e.g., PGAP)
- Resilience
- Cognitive Behavioral Therapy
 - Maladaptive behaviors
 - Catastrophic thinking



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Additional Resources

MANAGING HOSTILITY, ANGER, DISRUPTIVE BEHAVIOR

Stresses associated with difficult events, including work injuries, job loss, or difficult clinical decisions occasionally may place an attending provider in a situation with disruptive behavior from an injured worker. Some basic strategies to recognize, prevent and de-escalate such situations should be in the toolkit of every provider and staff member. Understanding sources and triggers for hostility, as well as assessment and intervention strategies can help re-direct a challenging interaction toward a positive outcome.

Assessment	Actions
<p>Common Sources and Triggers</p> <ul style="list-style-type: none"> • Frustration or anger – inability to cope with things out of their control, negative experience with services (e.g., office staff, long waits, claims issues), disoriented in an unfamiliar environment (building or traffic), administrative hassle (paperwork, run-arounds) • Fear – uncertainty, confusion, anxiety about their condition • Injustice – being dealt with unfairly, wrongly blamed, no-one understood or empathized with • Intimidation – pressured about decisions, railroaded into something they're not ready for • Physical or emotional pain – from the injury or clinical procedure, bad news about their job, benefits or results of a diagnostic test • Significant health problems – aging, memory loss, neurologic problems, vision, mobility <p>Predisposing Factors – be aware of:</p> <ul style="list-style-type: none"> • Number/magnitude of problems being confronted • Personality traits (easily agitated, closed body language, avoiding eye contact) • Clinical history (psychological, medical problems – severity and number) • Environmental (noise level, privacy, inconveniences, loss of control or dignity, parking, staffing change – e.g., lunch hour, transporting, shift changes) • Current events (economy, organizational changes, divorce, layoffs, natural disasters) <p>Stress Levels</p> <ul style="list-style-type: none"> • Normal – alert and engaged; normal reaction to verbal and environmental stimuli • Moderate – more focused on themselves, missing conversation, environmental stimuli • High – unable to think about anything other than what they are focused on, muscle tension discernable, impairment of complex verbal or motor activity • Panic – essentially unable to process any external stimuli, physical changes (e.g., clenched fists, quivering lips, curt speech, exaggerated responses), may be harmful to themselves or others 	<p>Safety</p> <ul style="list-style-type: none"> • Consider work setting and reacting to violence (exits, objects that could be potential weapons, arrangement of furniture) • Arrange rooms so patients are never between others and a door • Have plan to group staff together, remove others (patients, staff) from situation <p>Demeanor and Communication</p> <ul style="list-style-type: none"> • If agitation observed, request/offer to relocate to quieter environment, more convenient time, etc. • Speak calmly, never raising voice, always non-confrontationally • Respect personal space, always ask permission before palpating, examining, explain what will happen, where they will be touched or contacted, ask if they are tolerating a procedure OK • Be judicious with humor, never laugh at the worker or their problem, or use sarcasm • Frame conversations around solutions, assisting, being non-judgmental; Never patronize, or debate, or threaten <p>Reducing Stress and Tension</p> <ul style="list-style-type: none"> • Be aware for signs of increasing stress (change in demeanor/behavior, glazing over/staring into space, not grasping information, fidgeting,/pacing) • Give undivided attention to them, allow silence, use appropriate facial expressions • Remain calm, maintain eye contact, listen empathetically, speak in plain, simple language with an even rhythm • Remain outside of their personal space (2-3 feet away) • Allow ranting or venting • Convey your understanding by paraphrasing what they have said • Convey willingness to help and your confidence that they can handle the situation or problem