Psychosocial Determinants Influencing Recovery

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The Disability Conundrum

At least 5% of work injuries end up badly

- Permanently disabled
- Loss of career, benefits, retirement
- Frequently with dissolution of families, marriages

The Biggest Tragedy…

- Almost all of these cases begin as simple, non-catastrophic musculoskeletal injuries
  - e.g., low back pain, carpal tunnel syndrome
- But early on, they look the same as the 95% that do just fine…

What if we could figure out who they were before they get there?
Disability prevention happens within first 3 months

Improvement Goal: Right interventions at right time to help reduce disability

What would you want your doctor to do?

You start to have

– Chest pain, shortness of breath, nausea, left arm pain
– And your dad and aunt had heart attacks before they turned 55 and your grandmother died of a stroke at 62…
• Wait a month to see if it goes a way?
• Two weeks of arm and shoulder work by a PT?
• Prescribe some morphine for the pain?
• Certify a few weeks off work?
Pain >> Chronicity >> Disability…

Pain usually provides protection for healing
Almost everyone has acute back pain in their lifetime
Over 90% recover within days or weeks
When good pain turns bad:
  – A few go on to chronic pain, notoriously refractory to treatment

Why?
Why does acute pain become chronic?

Pain persists, annoys, inhibits, prevents…
Why does acute pain become chronic?

- Central nervous system (brain and spinal cord pathways) becomes “sensitized” to pain pathway stimulation
Why does acute pain become chronic?

- Pain experience may persist after injury itself heals
Sensitized pathways affected by…

Brain’s active role in processing pain
  – fMRI studies show effects of attention to pain, catastrophizing on brain areas involved in pain

Social and environmental contingencies shape pain and disability behaviors
  – family and employer responses
  – workplace factors
  – financial consequences
Hard-wiring

Not just to physical stimulation

Mental patterns (thoughts, beliefs, feelings, attitudes, emotions) may also contribute
It’s Not Psych!

- Psychological diagnoses associated with problematic claims (e.g., duration, disability, multiple problems, lack of resolution)
- Mental Health (MH) conditions usually are due to more than a particular work exposure
  - Exception – PTSD
  - Better considered as barrier to recovery?
- Claims due to work stress limited by law
D-RISC Study – Washington Workers

- Injury severity is an important risk factor
- Other factors significantly predict chronic work disability
- Patients with similar clinical findings vary in disability outcomes
  - * Likely due to factors other than biological ones*

D-RISC Study – Washington Workers

• **Higher disability risks**
  - *Vocational connection: No accommodation*
  - *Activity avoidance: Fear of work activity worsening injury*
  - *Low recovery expectations*

• **Lower disability risks**
  - *No opioid prescriptions*
  - *DC as first physician*


Characteristics associated with disability


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**OCCUPATIONAL HEALTH BEST PRACTICES**

**WORKING TOGETHER TO KEEP PEOPLE WORKING**

Washington State Department of Labor & Industries
Strategic Focus in WA State:
Reduce Preventable Disability

- Use best evidence to pay for services shown to improve outcomes and reduce harms
- Identify workers at risk for long term disability as soon as possible
- Target best interventions at appropriate times to achieve early functional improvement
- Incentivize collaborative delivery of occupational health best practice care sufficient to prevent disability
What are PDIRs?

Workers’ Compensation Perspective of Injury

Adapted with permission from Michael D. Harris, PhD
Worker’s Perspective of Injury

Parent-teacher conf on Wed
Can’t wait to retire
Jill’s 12th birthday is next week
Mortgage due
Just can’t get a good night’s

Who’s getting Mom to the dentist?
How do the kids get to school?

Sure is cold today
What if I lose my insurance?
The boss is really upset now
Gutters need cleaning
Out of milk...

Really should be happy but I’m bummed instead
Car needs tires
I really need to lose a few pounds
BBQ’s leg busted

What if this doesn’t get better?
Sheesh! Neighbor’s burning again!

Why can’t I get a cushy job?
Spaced on credit card bill

L&I: What a hassle!
PDIRs

Psychosocial Determinants Influencing Recovery:

Those non-biological factors most associated with impacting recovery from work injuries...
“It’s 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
PDIR Resource

Algorithms, Tips, Useful Resources, & Evidence Summaries

Screen → Assess → Intervene
Psychosocial History
Special Attention for injured workers

- How much is going on in your life?
- How is the new injury impacting it?
- How is your job going?
  - coworkers, employer, work activities
- What support do you need working through the injury?
Algorithm 1
Attending Provider Routine Screening for PDIRs(C) with All New Injured Workers

1. New injured worker off work due to non-catastrophic musculoskeletal injury
   Conduct standard workup; During psychosocial history, ask:

2. Is everything OK? (A)
   - Yes: Check with them again in a visit or two
   - Uncertain/No: Explore / identify their concerns (e.g., injury, work, home, family concerns), then ask:

3. Think all will be OK in 6 months? (B)
   - Probably/Yes: Back to work?
   - Uncertain/No: Administer WHODAS(C) 2 or more focused PDIR/MH scale to identify underlying contributors. Answers inform additional care options or further screening to consider. Assess for additional barriers (D)

4. Back to work?
   - Yes: Monitor functional improvement emphasizing self-efficacy. Assess and manage PDIR (C) factors if needed
   - No: Administer FRQ (C)

5. FRQ + Positive?
   - Yes: Assess for additional barriers (B) and address as needed. If RTW is not eminent, consider referral for PGAP, CBT, etc. (C)
   - No: Implement FRI (C) best practices for any identified PDIRs (See Algorithm 3)

6. Consider a WHODAS(C) 2 or more focused scale to identify PDIRs needing specialized attention (C)

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) CBT = Cognitive Behavioral Therapy
FRQ = Functional Recovery Questionnaire
FRI = Functional Recovery Interventions
RTW = Return To Work
PDIR = Psychosocial Determinants Influencing Recovery
PGAP = Progressive Goal Attainment Program
WHODAS = World Health Organization Disability Assessment Schedule
(D) Additional Barriers: poor response; low tolerance to interventions; stalled functional progress; anxious about RTW disproportionate to condition; Hx of multiple claims; complaints inconsistent with findings; concurrent workload increases; adjudication or consultation delays.
Can you handle everything that’s going on?

YES

• Care as usual
• Functional Recovery Questionnaire (FRQ) if no RTW in 2 weeks
• Double down on any psychosocial factors

NO / UNCERTAIN

• Additional Psychosocial Screening
  • WHODAS 2
  • PHQ 4
  • PHQ 9
• Address any concurrent behavioral health concerns
Key Flags
For Emphasizing Psychosocial Interventions

No RTW within 2 weeks (all reasons, including awaiting surgery)

• Screen for recovery barriers (e.g., activity avoidance, low recovery expectation, no employer accommodation)
• Aggressively address incremental activity, self efficacy strategies within patient’s physical capabilities
• Attend to deconditioning

Challenges if coping with multiple factors during injury

• Further screen for psychosocial issues, anxiety, depression
• Address and/or triage for appropriate interventions concurrent with injury recovery
## Functional Recovery Questionnaire

**self-administered version**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| **1.** During the past week have you worked for pay?                      | □ Yes **STOP here. You are done – thank you**  
 □ No **Please continue**                                                 |
| **2.** In the past week how much has pain interfered with your ability to work, including housework? | □ 0 1 2 3 4 5 6 7 8 9 10 **Unable to carry on any activities**  
 **No interference**                                                     |
| **3.** Do you have persistent, bothersome pain?                          | □ No **Please go to question 4 below**  
 □ Yes **In the next column to the right, please indicate where you have pain** |
| **4.** Since your injury, has your employer offered you light duty, part time work, a flexible schedule, special equipment, or other job modifications if needed to allow you to work? | □ Yes  
 □ No                                                                 |
| **5.** How certain are you that you will be working in six months?        | □ 0 1 2 3 4 5 6 7 8 9 10 **Extremely certain**  
 **Not at all certain**                                                   |
| **6.** Are you concerned that your work will make your injury or pain worse? | □ Yes  
 □ No                                                                 |
In the past 30 days, how much difficulty did you have in:
(circle number that best describes your difficulty)

<table>
<thead>
<tr>
<th>Question</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme/Cannot Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1  Standing for long periods such as 30 minutes?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q2  Taking care of your household responsibilities?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q3  Learning a new task, for example, learning how to get to a new place</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q4  How much of a problem did you have joining in community activities?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q5  How much have you been emotionally affected by your health problems?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q6  Concentrating on doing something for ten minutes?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q7  Walking a long distance such as a kilometer or half mile?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q8  Washing your whole body?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q9  Getting dressed?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q10 Dealing with people you do not know?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q11 Maintaining a friendship?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q12 Your day-to-day work?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Screening (PDIR & MH)  
Motivational Interviewing  
Incremental Activity  
Patient Education  
Self-Efficacy  
Coping Skills  
Relaxation  
Referral (social, PDIR, MH)

Vocational Recovery  
Activity Coaching  
Targeted Brief Interventions

Cognitive Behavioral Therapy (CBT)  
Structured Pain Programs
KEY RECOVERY MESSAGES FOR CLINICIANS TO CONVEY

About Pain
- Pain does not mean your body is being injured. Examples:
  - Putting a jalapeño on your tongue or exercising a body part enough for a muscle to start to hurt.

Dealing with Stress
- Everybody has stress – it’s normal. You can learn to handle stress and bounce back from difficult situations.
- There are many effective ways to relax your body and to cope with emotions.

Also...

Staying Active
Getting Better
Taking Baby Steps
Dealing with Stress
Enhancing Sleep
### 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

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* 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.
Motivational Interviewing
- It's just good doctoring - ask the right questions:
  - What's important about getting back to work?
  - What things have you found to help deal with your pain?

Physical Activation
- Incremental increases in activities they want/need to do; “Baby steps”
- Use an Activity Diary
- Utilize rehabilitation that emphasizes active intervention

Patient Education
- Normal recovery
- Understanding pain
- Pacing, relaxation, coping strategies

Triage For Additional Support
- Vocational recovery, Activity coaching, CBT
PDIRs concurrently provided by specialists

**Activity Coaching Programs**
- Systematic programs to train self-reliance, goal setting
- Overcoming unrealistic fears, catastrophic thinking
- e.g., Progressive Goal Attainment Program ®

**Vocational Recovery Services**
- Early Return To Work programs, employer assistance

**Targeted Brief Interventions**
- CBT for specific maladaptive behaviors
- Resilience programs
- Emotion and behavior training programs

*Typically addressed with behavioral health services for non-psych conditions*
Mental Health interventions

- CBT for more intense anxiety or depression issues
- Structured chronic pain programs

Mental Health services for psych conditions

- Challenges common regarding work-relatedness
- Specific requirements for barriers to recovery
- Requirements for documentation and reporting by mental health specialists
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Links

Psychosocial Determinants Influencing Recovery (PDIR) Resource:

Progressive Goal Attainment Program (PGAP):
http://www.lni.wa.gov/ClaimsIns/Files/Providers/ohs/FY14-61ActivityCoachingFlyerProviders_Print.pdf

Early Return to Work:

Authorization and Reporting Requirements for Mental Health Specialists:
http://lni.wa.gov/mentalhealth