L&I internal training for claim managers on psychosocial barriers: Disability Prevention and Management (DPAM)

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1. What are Psychosocial Barriers?

Everyone experiences psychosocial barriers in their life. They affect psychological and social aspects of a person’s life and influence:

- Thoughts
- Feelings
- Behavior
- Health
- Function
- Well-being
- Quality of life

NOTE: A worker’s expectations can be positive or negative and are the most robust predictor of future outcomes.

<table>
<thead>
<tr>
<th>Psychological components include:</th>
<th></th>
<th>Social factors include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Perceptions</td>
<td>• Socioeconomic status</td>
<td>• Education</td>
</tr>
<tr>
<td>• Emotions</td>
<td>• Religion</td>
<td>• Support system</td>
</tr>
<tr>
<td>• Personality</td>
<td>• Culture</td>
<td>• Job status</td>
</tr>
<tr>
<td>• Behaviors</td>
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</table>

Psychosocial barriers can negatively affect a worker’s recovery. Examples include:

- Low recovery expectations (e.g., concerned that they will not get better)
- Catastrophic thinking (e.g., worried they could become paralyzed from a low back sprain)
- Fear and avoidance of activity (e.g., concerned activity could make their injury worse)
- Inadequate or conflicting support systems (e.g., dysfunctional family, marital stress)
- Stress and anxiousness (e.g., trouble sleeping)
- Poor interpersonal relationships (e.g., belligerent, argumentative)
- Social isolation and loneliness (e.g., incarceration, going through a divorce)
- Financial issues (e.g., loss of transportation, housing, lifestyle change)
- Insurance and benefits (e.g., loss of medical coverage)
- Substance abuse / opioid use
- Perceived injustice (e.g., their doctor, employer, or claim manager doesn’t understand how bad they are impacted from their injury)

Ability to cope depends on:

- Number of psychosocial barriers present
- Severity of the barriers
- Individual capacity, resilience, skill, and support system

Any provider can address a psychosocial barrier, but some workers may need concurrent care from a specialist. Treatment for a psychosocial barrier does not need a DSM diagnosis.
### How to identify psychosocial barriers on claims

#### Talking with the worker

**Note:** Listen to the worker as they make various statements about their recovery, return to work, and future for signs of psychosocial barriers.

<table>
<thead>
<tr>
<th>Listen for:</th>
<th>Example(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signs of catastrophic thinking</td>
<td>• Worst case scenario</td>
</tr>
<tr>
<td>Expectations</td>
<td>• “I’ll never return to my job.”</td>
</tr>
<tr>
<td></td>
<td>• “I don’t think I will be able to go back to that job.”</td>
</tr>
<tr>
<td>Fear/avoidance behavior</td>
<td>• “I can’t do my job because I’ll injure myself again.”</td>
</tr>
<tr>
<td></td>
<td>• “I’ll be labeled as an injured worker.”</td>
</tr>
<tr>
<td></td>
<td>• Fear of retaliation</td>
</tr>
<tr>
<td>Financial Concerns</td>
<td>• Unable to pay bills</td>
</tr>
<tr>
<td></td>
<td>• Unable to provide for family</td>
</tr>
<tr>
<td>Not okay with the unknown</td>
<td>• Scared</td>
</tr>
<tr>
<td></td>
<td>• Nervous</td>
</tr>
<tr>
<td>Defined by the job</td>
<td>• “This is the only job I’ve known. I can’t do anything else.”</td>
</tr>
<tr>
<td></td>
<td>• No other skills</td>
</tr>
<tr>
<td></td>
<td>• Loss of self worth</td>
</tr>
<tr>
<td></td>
<td>• Worker requesting/demanding retraining</td>
</tr>
<tr>
<td>Type of social support</td>
<td>• Living situation</td>
</tr>
<tr>
<td></td>
<td>o Single</td>
</tr>
<tr>
<td></td>
<td>o Married</td>
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<tr>
<td></td>
<td>o Significant other</td>
</tr>
<tr>
<td></td>
<td>• Family in the area</td>
</tr>
<tr>
<td></td>
<td>• Maintaining relationship with the employer and co-workers</td>
</tr>
<tr>
<td></td>
<td>• Other claimants</td>
</tr>
<tr>
<td>Feeling anxious, stressed, or sad</td>
<td>• Tone of voice (e.g., monotone, flat)</td>
</tr>
<tr>
<td></td>
<td>• Talk of sadness or hopeless feelings</td>
</tr>
<tr>
<td></td>
<td>• Feeling down or out of sorts</td>
</tr>
<tr>
<td>Perceived injustice</td>
<td>• “Why did this happen to me?”</td>
</tr>
<tr>
<td></td>
<td>• “Nothing will make up for what I’ve been through.”</td>
</tr>
<tr>
<td>Demographics</td>
<td>• English not worker’s primary language</td>
</tr>
<tr>
<td></td>
<td>• Location of worker</td>
</tr>
</tbody>
</table>
### Reviewing documents

**Note:** Documents include medical reports, chart notes, physical therapy reports, functional capacity exam reports, and vocational reports.

<table>
<thead>
<tr>
<th>Look for:</th>
<th>Example(s)</th>
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</thead>
<tbody>
<tr>
<td>Expectations</td>
<td>• “I’ll never return to my job.”</td>
</tr>
<tr>
<td>Mention of psychological components</td>
<td>• Anxiousness</td>
</tr>
<tr>
<td></td>
<td>• Stress</td>
</tr>
<tr>
<td></td>
<td>• Sadness</td>
</tr>
<tr>
<td></td>
<td>• Feeling blue</td>
</tr>
<tr>
<td>Subjective complaints outweighing objective</td>
<td>• Ongoing pain complaints with no objective findings</td>
</tr>
<tr>
<td>findings</td>
<td></td>
</tr>
<tr>
<td>Increased complaints with changes on claim</td>
<td>• Pain gets worse around the time provider discusses concluding treatment or release for work</td>
</tr>
<tr>
<td>Employer/employee relationship</td>
<td>• No job for the worker to return to</td>
</tr>
<tr>
<td></td>
<td>• Poor relationship with employer/worker</td>
</tr>
<tr>
<td></td>
<td>• Lack of contact with the employer</td>
</tr>
<tr>
<td></td>
<td>• Poor relationship with co-workers</td>
</tr>
<tr>
<td>Work history</td>
<td>• Singular work history</td>
</tr>
<tr>
<td></td>
<td>• Lack of skills or experience</td>
</tr>
<tr>
<td></td>
<td>• Defined by job</td>
</tr>
<tr>
<td>Medical barriers</td>
<td>• Delay in treatment causes excessive pain complaints</td>
</tr>
<tr>
<td></td>
<td>• Not putting forth full effort due to pain</td>
</tr>
<tr>
<td>Type of support system</td>
<td>• Living situation</td>
</tr>
<tr>
<td></td>
<td>o Single</td>
</tr>
<tr>
<td></td>
<td>o Married</td>
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<td>Demographics</td>
<td>• Location of worker</td>
</tr>
<tr>
<td></td>
<td>• Limited labor market</td>
</tr>
</tbody>
</table>
There are services available that can help a worker through their recovery.

- Interventions such as:
  - Critical conversations between the worker and the L&I Claims Manager regarding next steps, solution focused problem solving
  - Critical conversations between the worker and provider regarding care and fear avoidance
  - Critical conversations between the worker and their vocational rehabilitation counselor
  - PT/OT or work conditioning/hardening
  - Early conversations regarding vocational services
  - Activity conversations between the worker and provider and/or use of activity diaries

- Progressive Goal Attainment Program (PGAP) is a structured program. The worker meets weekly with an activity coach for a maximum of 10 sessions and sets their own goals.
  - What’s in it for the worker:
    - Provides tools to cope with psychosocial barriers
    - Helps them get back to life’s activities
    - Increases quality of life
    - Helps with return to work

- Behavioral health interventions meant to assist the worker with removing psychosocial barriers include emotion management / behavioral training, acceptance interventions, and targeted brief interventions. A few visits (2 to 6 sessions depending on severity) may help the worker through this tough time. Physicians, psychologists, and psychiatric advanced registered nurse practitioners are most likely to provide these services.

- Structured Intensive Multidisciplinary Program (SIMP) is a structured chronic pain management program to assist in the worker’s recovery.

*Note: Only offer if the worker has unresolved chronic pain for longer than three months.*

*Return to beginning of document*
2. Talking to a Worker About Psychosocial Barriers

The impact of some psychosocial barriers may be identified:

- **During a First Call**
  - The First Call is our opportunity to build a relationship with the worker by setting the tone of the claim and building trust. It’s an opportunity to identify any fears or concerns the worker might have.
  - Assess the worker’s expectations, both positive and negative, around their recovery. Ask the worker if they think they will be able to return to work, or, what are their expectations about returning to work.
  - Uncover return to work risk factors. Ask the worker what concerns them the most about returning to work.
  - The worker may no longer need assistance if you can talk through their concerns and reassure them AND discuss next steps with them.

- **When communicating with the worker on subsequent phone calls or secure messages**
  - Review any unaddressed and persistent return to work risk factors. Ask the worker what concerns them the most about returning to work. Assess the worker’s expectations, both positive and negative, around their recovery.
  - The worker may no longer need assistance if you can talk through their concerns and reassure them AND discuss next steps with them.

- **When reviewing the file**

Call the worker to discuss resources available (e.g., early conversations regarding vocational services, work conditioning/hardening, etc.). Focusing on the worker’s engagement and their experience with the department is necessary in order to build the rapport that is required to effectively serve their needs.

**Reminder:** Your interactions with the worker can have a significant impact on preventing work disability by:

- Preventing unnecessary delays,
- Preventing a confusing process,
- Preventing unnecessary duration, and
- Preventing unclear return to work expectations/plan.

Mindful interactions with workers can also uncover invisible barriers and may reduce unnecessary suffering and claim costs. This is why it’s important to have a conversation rather than send a letter.
Start the conversation.
“Hi, I’m calling to check in and see how you’re doing and if you have any questions I can answer.”

- Show care and compassion by asking how they’re doing.
- Ask the worker if they need anything from you. Some examples are:
  - “What’s the most important thing to you right now?”
    - Follow up with “What do you want/need to do about this?”
  - “What needs to happen in order for you to return to work successfully?” Look for an action not an outcome.
  - “How can I help?”

Advise what prompted your call.
- Information from worker
  - Phone call
    - “While we were talking I heard you say you may feel _____. Can you tell me more about that?”
    - “From our conversations it sounds like you may have concerns about _____. Can you tell me more about that?”
  - Letter
    - “I read your letter and it sounds like you may feel _____. Can you tell me more about that?”
    - “I read your letter saying you have concerns about _____. Can you tell me more about that?”
- Information from provider or documents in claim
  - “In reviewing your file, I see you may be concerned about _____. Can you tell me more about that?”
  - “I talked to your provider who mentioned _____. Can you tell me more about that?”

Ask if the worker has talked with their provider about how they’re feeling. Be inquisitive.
“Have you talked to your doctor about how you’re feeling?”
- If yes:
  - “Did your doctor suggest any services that might help you through this?”
    - If yes:
      - “What services did you discuss? Do you have any concerns about these services?”
      - “What are your next steps?”
    - If no:
      - See below to “Offer ways to help.”
- If no:
  - Move to the next step to talk with the worker about services available.
Offer ways to help.

“We have services available that may help.”

- Interventions “Your provider may recommend interventions such as….”
  - Critical conversations with your provider regarding care and fear avoidance
  - PT/OT or work conditioning/hardening
  - Early conversations regarding vocational services
  - Activity conversations with your provider and/or use of activity diaries
  - Behavioral health interventions meant to assist the worker with removing psychosocial barriers include emotion management / behavioral training, acceptance interventions, and targeted brief interventions. A few visits (2 to 6 sessions depending on severity) may help the worker through this tough time. Physicians, psychologists, and psychiatric advanced registered nurse practitioners are most likely to provide these services.
    - “Some resources in the community such as psychologists can provide brief behavioral health interventions for a few visits which may help you through this tough time.”
- “Progressive Goal Attainment Program (PGAP) is a structured program that assists you with setting and achieving goals for your recovery. Are you interested in meeting with a trained professional who can help address your concerns with _____?”

What’s in it for the worker:
- Helps them get back to life’s activities
- Increases quality of life
- Helps with return to work

Sample conversation:
CM: “What are your next steps?”
Worker: “Well, my doctor wants me to keep doing PT and nothing’s changing.”
CM: “If you’re not noticing a change with PT, sometimes workers see progress when they’re also going through a program called PGAP because it helps with setting and achieving goals for your recovery.”

- “More intensive programs may also be available for complex chronic pain situations, particularly if these other things do not help. Structured Intensive Multidisciplinary Program (SIMP) is a more structured chronic pain management program to assist in your recovery.”

Note: Only offer if the worker has unresolved chronic pain for longer than three months.
“Has your doctor discussed any of these options with you?”

- Yes:
  - “What did you discuss?”
    - Drill down to what option was discussed.
    - Talk about the benefits of each option.
    - If the worker mentions they don’t want to move forward with an option, talk about why they choose not to pursue it.

- No:
  - “Are you comfortable discussing this with your doctor at your next visit?”
    - Yes:
      - “When’s your next appointment? I will follow up with you afterwards. Have your doctor contact me if they have questions.”
    - No:
      - “I’ll contact your doctor before your next visit. When is it?”

End the conversation.

- “What questions or concerns do you have about the next steps?”
- “What other questions do you have?”
- “What else can I do for you?”

Thank them for taking the time to talk about their concerns.

- Assure them you are here for them.
- Encourage them to talk to their provider about the opportunities discussed.

If the worker is represented, you must contact the attorney.

- Ask the attorney if you can contact the worker directly regarding these barriers.
  - If yes, call the worker and follow the talking points above.
  - If no, ask the attorney if you can do a conference call with the worker and attorney regarding these barriers.
    - If yes, follow the talking points above.
    - If no, call the AP to discuss the barriers.

Document the conversation.

- RLOG conversation.
- Update Action with identified barrier and worker’s agreement on how to resolve it.
  - Example:
    - Action: Identified potential barrier per MED imaged MM/DD/YYYY. Called worker. Discussed services available. Worker agreed to discuss with provider on the next visit of MM/DD/YYYY.
  - Update Strategy with how you’re going to follow up on agreed plan.
    - Example:
      - Strategy: Review chart notes of MM/DD/YYYY to confirm barriers were discussed with provider. What’s the plan? If chart notes aren’t there or barriers not discussed, contact provider’s office.
  - Document in Issues “Possible psychosocial barrier of _____.”
3. Talking to an Attending Provider (AP) About Psychosocial Barriers

If psychosocial barriers are identified, call the AP to staff the claim. Never send a letter.

- **If they’re immediately unavailable**, never send a letter.
  - Ask to schedule a telephone conference with the AP, their assistant, or nurse.
  - Update Claim Remarks
    - “Phone Conf 9/12 @ 10am w/AP”
  - Let your supervisor and lead know of the scheduled conversation and keep your commitment. As a best practice, make yourself an appointment in Outlook.
  - Call the provider back at the scheduled time and let them know they can bill for the phone conversation

- **If the number in ORION is the billing office**, ask for the phone number to the front desk of the AP’s office, never send a letter. As a best practice, add this number to the Claim Contacts in Claim Details.

Here’s an example of a conversation with the AP:

“Hi, Dr. ______. Thanks for taking the time to speak with me today regarding Mr./Ms. _____’s claim. I recently had a conversation with Mr./Ms. ____ and he/she shared some struggles they are facing (inability to sleep, financial concerns, feelings of significant loss, frustration, fears about returning to work). I let him/her know about some resources available and told him/her I would contact you to talk about them. There are interventions available that may help your patient heal and return to work. They include PT/OT, early conversations regarding vocational services, a structured activity coaching program or brief behavioral health interventions. Did you know you can refer your patient to these services? What recommendations do you have? Do you think we can move forward with one of these options?

**Note:** Clarify which intervention the provider recommends, whether it’s activity coaching or other interventions (e.g., critical conversations with the worker regarding care and fear avoidance, PT/OT or work conditioning/hardening, early conversations regarding vocational services, or activity conversations with the worker and/or use of activity diaries).

**Provider resource note:** The Psychosocial Determinants Influencing Recovery (PDIR) is a great resource to point a provider to if they have questions.

(http://www.lni.wa.gov/ClaimsIns/Files/OMD/MedTreat/2016PDIRResourceFinal.pdf)

Let’s break it down.

**Before the call.**

- Determine what you want from the conversation.
- Identify which psychosocial barriers possibly exist. See “What Are Psychosocial Barriers” document.
- **NOTE:** If specific mental health diagnoses have been contended – STOP. Follow the mental health-REVAMP process.
Start the conversation.
- Thank who you’re speaking with (the provider, their assistant, or nurse) for taking the time to talk with you.
- Advise who you are calling about.
- Tell them why you are calling.
  
  “Hi, Dr. ____. Thanks for taking the time to speak with me today regarding Mr./Ms. ____’s claim.”

Advise what prompted your call.
- Information from the worker (e.g., First Call, phone call, letter, etc.)
  
  “I was speaking with Mr./Ms. _____ today and he/she was distraught and mentioned he/she had no idea how he/she was going to return to his/her former life/activity.”

  OR

  “I recently had a conversation with Mr./Ms. ____ and he/she shared some struggles they are facing (e.g. inability to sleep, financial concerns, significant loss, fears about returning to work, etc.). I let him/her know about some resources available and told him/her I would contact you to talk about them.”

- Reviewing documents in the claim
  
  “I was reviewing the medical report of February 2, 2016 and noted Mr./Ms. _____ was concerned about how he/she was going to recover from this.”

Offer ways to help and listen for concerns.
  
  “There are services available that may help your patient heal and return to work. They include PT/OT, early conversations regarding vocational services, a structured activity coaching program, or brief behavioral health interventions. Did you know you can refer your patient to these services?”

- Additional points to share if the AP asks:
  - Interventions may include:
    - Critical conversations with your patient regarding care and fear avoidance
    - PT/OT or work conditioning/hardening
    - Early conversations regarding vocational services
    - Activity conversations with your patient and/or use of activity diaries

Note: The PDIR is a great resource to point a provider to if they have questions regarding psychosocial barriers. ([http://www.Lni.wa.gov/ClaimsIns/Files/OMD/MedTreat/2016PDIRResourceFinal.pdf](http://www.Lni.wa.gov/ClaimsIns/Files/OMD/MedTreat/2016PDIRResourceFinal.pdf))
“Progressive Goal Attainment Program (PGAP) is a structured program of goal setting and achievement tracking. It’s designed to help workers resume activities and can increase quality of life, facilitate return to work, and prevent long term disability. It is effective for workers who exhibit fear of re-injury, avoidance of increased activity, catastrophic thinking, and perceived injustice. Workers meet weekly with an activity coach for a maximum of 10 sessions and set their own goals. If you’d like more information about the program, contact our internal PGAP coordinator at 360-902-6261.”

Note: Follow the PGAP process. Here’s a link to the form: http://www.lni.wa.gov/IPUB/280-061-000.pdf

Behavioral health interventions meant to assist the worker with removing psychosocial barriers include emotion management / behavioral training, acceptance interventions, and targeted brief interventions.

- “Behavioral health interventions are meant to assist the worker with removing psychosocial barriers (2 to 6 sessions depending on severity). The goal is to change patterns of thinking or behavior. A few visits with a psychologist may help Mr./Ms. _____ through this tough time. The psychologist can bill under the health and behavior codes 96150, 96151, and 96152.”
- Note: If a provider wants more information about behavioral health interventions or who can potentially provide these services, consider staffing with your ONC for further details.

NOTE: Only offer SIMP if the worker has unresolved chronic pain for longer than three months.

“The Structured Intensive Multidisciplinary Program (SIMP) is a chronic pain management program. The goals are to help workers recover their function, reduce or eliminate disability, and improve quality of life by helping them cope effectively with chronic non-cancer pain. This program is appropriate after 3 months of chronic pain. Refer to a Commission on Accreditation of Rehabilitation Facilities (CARF) accredited pain program for the initial evaluation.”

End the conversation.

- “What do you recommend moving forward with?”
- “Do you need anything from me to help Mr./Ms. _____ in his/her recovery?”
- “Thank you again for taking the time to speak with me.”
Document the conversation.

- RLOG conversation.
- Update Action with identified barrier and provider’s agreement on how to resolve it.
  - Example:
    - Action: Identified potential barrier per MED imaged MM/DD/YYYY. Called provider. Discussed services available. Provider agreed to offer ______ service to worker.
- Update Strategy with how you’re going to follow up on agreed plan.
  - Example:
    - Strategy: Review chart notes of next appointment date to confirm barrier was discussed and service offered. What’s the plan? If chart notes aren’t there or barrier not discussed, contact provider’s office.

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4. Responding to Employers About Psychosocial Barriers

If you receive a call from an employer, keep these things in mind while having a conversation:

- Engage with the employer. Ask them what their concerns are with the services moving forward.
- Emphasize the benefits to keeping a worker on the job, including Stay at Work, job modifications, and potential Preferred Worker benefits.
- The earlier we address psychosocial barriers the more likely we avoid a mental health condition developing later.
- Efforts are to prevent long-term disability and help workers return to work.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Why didn’t I see authorization for Progressive Goal Attainment Program (PGAP) treatment or behavioral health interventions?</td>
<td>While health and behavior codes don’t require pre-authorization, barriers have been identified and support the need for treatment. It’s important to offer these services early in the claim as they should help your worker become engaged and active, return to work, and prevent long-term disability.</td>
</tr>
<tr>
<td>What if I disagree with the need for PGAP or behavioral health interventions?</td>
<td>Emphasize to the employer these are short-term services.</td>
</tr>
<tr>
<td>How will this affect light duty?</td>
<td>This won’t affect light duty. In fact, it should have a positive effect. The intent of these services is to make light duty successful. As with all other appointments, the worker should make an effort to schedule them around their light-duty schedule.</td>
</tr>
<tr>
<td>There aren’t any objective medical findings (OMF) in the file to support PGAP or behavioral health interventions.</td>
<td>Psychosocial barriers likely won’t have any OMF and aren’t required for these services. The services are to provide additional assistance to increase function, prevent long-term disability, and help the worker return to work.</td>
</tr>
</tbody>
</table>
| I see bills for services but I don’t see the reports in the file. What’s going on? | For the following services, reports are required:  
  - For PGAP, a report is expected at the end of service.  
  - For behavioral health interventions, you should expect goals, progress, and interventions noted in chart notes for each session. A final session progress note including self management recommendations will be submitted.  
  - For SIMP, a report is required following each phase.  
  NOTE: If you as the CM notice a required report is missing, let the employer know you’ll request those reports.                                                                                                                                                                                                                     |
<p>| Why am I being billed for these services when my employee has returned to work? | They are still able to participate in PGAP or behavioral health interventions to ensure a successful transition back to regular work.                                                                                                                                                                                                                                                                              |</p>
<table>
<thead>
<tr>
<th>Does participation in PGAP or behavioral health interventions mean there is also a mental health condition or that the worker is likely to develop a mental health condition?</th>
<th>No. Participation in these services doesn’t mean there is a mental health condition. We don’t treat these claims as automatic mental health claims. In fact, providing these services earlier in a claim gives greater opportunity to provide prompt, appropriate care for the worker, possibly preventing a future contention of a mental health condition.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why is mental health treatment being covered under the claim?</td>
<td>This isn’t for mental health treatment. It’s to assist your employee in coping with the effects of their injury so they can successfully return to work.</td>
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### 5. Frequently Asked Questions for Claims Managers

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
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</table>
| How do I know if a worker has a psychosocial barrier?                    | Look and listen for:  
  - Fear of the unknown.  
  - Lack of support network.  
  - Catastrophic thinking.  
  - Stress.  
  - Feeling blue.  
  - Injustice.  
  Refer to the “What are Psychosocial Barriers” document.                  |
| When might I see a psychosocial barrier in a claim?                      | Any time. Pay close attention around claim milestones:  
  - Immediately after acute injury.  
  - Surgery.  
  - Assignment or change of vocational services.  
  - Nearing claim closure.  
  - Employer provided benefits end.  
  - Independent Medical Examination is scheduled.  
  - Light duty job offer made.  
  - Loss of employee/employer relationship.  
  - Medication or treatment denial. |
<p>| When is the optimal time to offer psychosocial services?                 | The earlier the better. Addressing psychosocial barriers promptly may prevent a claim from becoming complex. Efforts are to reduce long-term disability and help workers return to regular work. The sooner we provide these services, the more likely we prevent a mental health condition developing later. |
| Can a worker receive services from both Progressive Goal Attainment Program (PGAP) and behavioral health interventions? | Yes. It’s possible to see a transition between these two services. Make sure providers are coordinating which services the worker is participating in.                                                                 |
| Can a worker receive behavioral health services multiple times throughout a claim? | Yes. It’s possible to see psychosocial barriers at different times throughout the claim. Pay close attention around claim milestones (see above).                                                                 |
| What if there aren’t objective medical findings (OMF) to support PGAP or behavioral health interventions? | Psychosocial barriers probably won’t have any OMF and aren’t required for these services. The services are to provide additional assistance to increase function, reduce long-term disability, and help the worker return to regular work. Consider making a vocational referral if vocational services aren’t already assigned. |
| What if the worker has returned to work?                                | They are still able to participate in PGAP or behavioral health interventions.                                                                                                                          |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>What if the worker hasn’t returned to work?</td>
<td>This doesn’t stop them from participating in PGAP or behavioral health interventions. Consider making a vocational referral if vocational services aren’t already assigned.</td>
</tr>
<tr>
<td>What if a claim party is requesting an order?</td>
<td>Explain that orders are only issued to accept or deny conditions. The psychosocial services provided are voluntary and available to workers regardless of the accepted conditions on the claim.</td>
</tr>
<tr>
<td>I see bills for services but I don’t see the reports in the file.</td>
<td>For the following services, reports are required:</td>
</tr>
<tr>
<td>What’s going on?</td>
<td>- For PGAP, a report is expected at the end of service.</td>
</tr>
<tr>
<td></td>
<td>- For behavioral health interventions, you should expect goals, progress, and interventions noted in chart notes for each session. A final session progress note including self management recommendations will be submitted.</td>
</tr>
<tr>
<td></td>
<td>- For SIMP, a report is required following each phase.</td>
</tr>
<tr>
<td>NOTE: If you as the CM notice a required report is missing, let the employer know you’ll request those reports.</td>
<td></td>
</tr>
<tr>
<td>What happens if behavioral health interventions go on for longer than usual?</td>
<td>Review the chart notes for indications of why services have gone on longer than typically expected. If you’re unclear, call the provider to discuss it further.</td>
</tr>
<tr>
<td></td>
<td>Remember: Ask yourself if these services are helping in return to work efforts.</td>
</tr>
<tr>
<td>What happens when the claim is ready to close and psychosocial barriers are mentioned?</td>
<td>Review the file and evaluate if it’s a contention of mental health.</td>
</tr>
<tr>
<td></td>
<td>- If yes, follow the mental health-REVAMAP process to address the contended mental health condition.</td>
</tr>
<tr>
<td></td>
<td>- If no, don’t delay claim closure for psychosocial factors alone.</td>
</tr>
<tr>
<td>Does participation in PGAP or behavioral health interventions mean there is also a mental health condition or that the worker is likely to develop a mental health condition?</td>
<td>No. Participation in these services doesn’t mean there is a mental health condition. Don’t treat these claims as automatic mental health claims.</td>
</tr>
<tr>
<td></td>
<td>Providing these services earlier in a claim may cause mental health conditions to be identified sooner and gives greater opportunity to provide prompt, appropriate care for the worker.</td>
</tr>
<tr>
<td>If the worker has a prior mental health condition or treatment, do I request the records before they start PGAP or behavioral health interventions?</td>
<td>No. Records are only requested if a mental health condition is contended under the claim.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>The worker is contending a mental health condition and previously participated in PGAP or behavioral health interventions. If a diagnosed mental health condition meets our guidelines, should I allow it?</td>
<td>Receiving PGAP or behavioral health services is not treating a mental health condition. If a mental health diagnosis is being contended, follow the mental health-REVAMP process prior to allowance.</td>
</tr>
<tr>
<td>If the worker is participating in PGAP or behavioral health interventions, and the AP advises the department the worker is depressed, should I wait to address the contention until after the worker finishes the services?</td>
<td>No. Follow the mental health-REVAMP process to address the contended mental health condition.</td>
</tr>
<tr>
<td>When do I consider it contention of a mental health condition?</td>
<td>When the AP requests an evaluation for diagnosis and treatment of a mental health condition.</td>
</tr>
<tr>
<td>What should I do if mental health condition is being contended, but the evaluation didn’t provide a mental health diagnosis?</td>
<td>You can still offer psychosocial services to help the worker.</td>
</tr>
<tr>
<td>What should I do if a mental health diagnosis is being contended?</td>
<td>You don’t need to stop the psychosocial initiation process or services; however, you <strong>must</strong> address the contended mental health condition.</td>
</tr>
</tbody>
</table>

*Return to beginning of document*
6. Scenarios

Scenario: The medical report shows the worker is tearful or having a hard time adjusting because of the injury.

Past Practice: CMs might have requested an IME or started the process for a formal mental health evaluation.

Current Practice: Contact the worker and discuss alternative options (some examples are: critical conversations with the worker regarding care and fear avoidance, PT/OT or work conditioning/hardening, early conversations regarding vocational services, activity conversations with the worker and/or use of activity diaries, Progressive Goal Attainment Program (PGAP), or behavioral health interventions).

Scenario: A worker went through a recent divorce resulting in financial issues. The industrial injury caused further stress.

Past Practice: A CM might not have addressed these barriers because the situation was unrelated to the industrial injury.

Current Practice: Be proactive and talk with the worker about available services (some examples are: critical conversations with the worker regarding care and fear avoidance, PT/OT or work conditioning/hardening, early conversations regarding vocational services, activity conversations with the worker and/or use of activity diaries, PGAP, or behavioral health interventions). Follow up with the attending provider to discuss possible referral. Remember that we can pay for services to help the worker through this difficult time.
**Scenario:** A worker is minimally cooperative and missed their appointments because they were too tired or didn’t feel well.

**Past Practice:** A CM might have issued a non-coop letter.

**Current Practice:** Talk to the worker and determine if it’s truly a non-coop situation or if psychosocial barriers are preventing the worker from fully cooperating. If it’s psychosocial barriers, talk to the worker about available services (some examples are: critical conversations with the worker regarding care and fear avoidance, PT/OT or work conditioning/hardening, early conversations regarding vocational services, activity conversations with the worker and/or use of activity diaries, PGAP, or behavioral health interventions) and the importance of attending their appointments.

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**Scenario:** The CM notes continued chronic pain complaints without objective medical documentation to support the continued disability. Concerns for long-term disability grew as time passed.

**Past Practice:** SIMP was eventually approved as a last effort, but may not have been as effective.

**Current Practice:** If the worker has unresolved chronic pain for longer than three months, consider SIMP earlier in the claim. If the guidelines are met, discuss this option with the provider.

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Scenario: During a significant transition (e.g., returning to work after a long period or beginning a transitional job), the worker has concerns they are unable to continue.

Past Practice: A CM might have only discussed the impact on the worker’s claim.

Current Practice: Be proactive and talk with the worker about available services (some examples are: critical conversations with the worker regarding care and fear avoidance, PT/OT or work conditioning/hardening, early conversations regarding vocational services, activity conversations with the worker and/or use of activity diaries, PGAP, or behavioral health interventions) that will help with the transition back to work. Follow up with the attending provider to discuss possible referral. Remember that we can pay for services to help the worker through this difficult time.

Scenario: A worker transitions into a retraining program and expresses concerns.

Past Practice: The CM might not have authorized any further treatment that wasn’t curative. Or, the CM may have asked the AP to refer out for a mental health evaluation.

Current Practice: Ask the worker what support they feel they need to continue to move forward with their recovery. Work with the vocational provider to ensure accommodations and support are being provided before determining whether behavioral health interventions will be helpful for the worker.