



# Assessment & Management of Psychosocial Factors

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Me



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# Where I work





# Europe

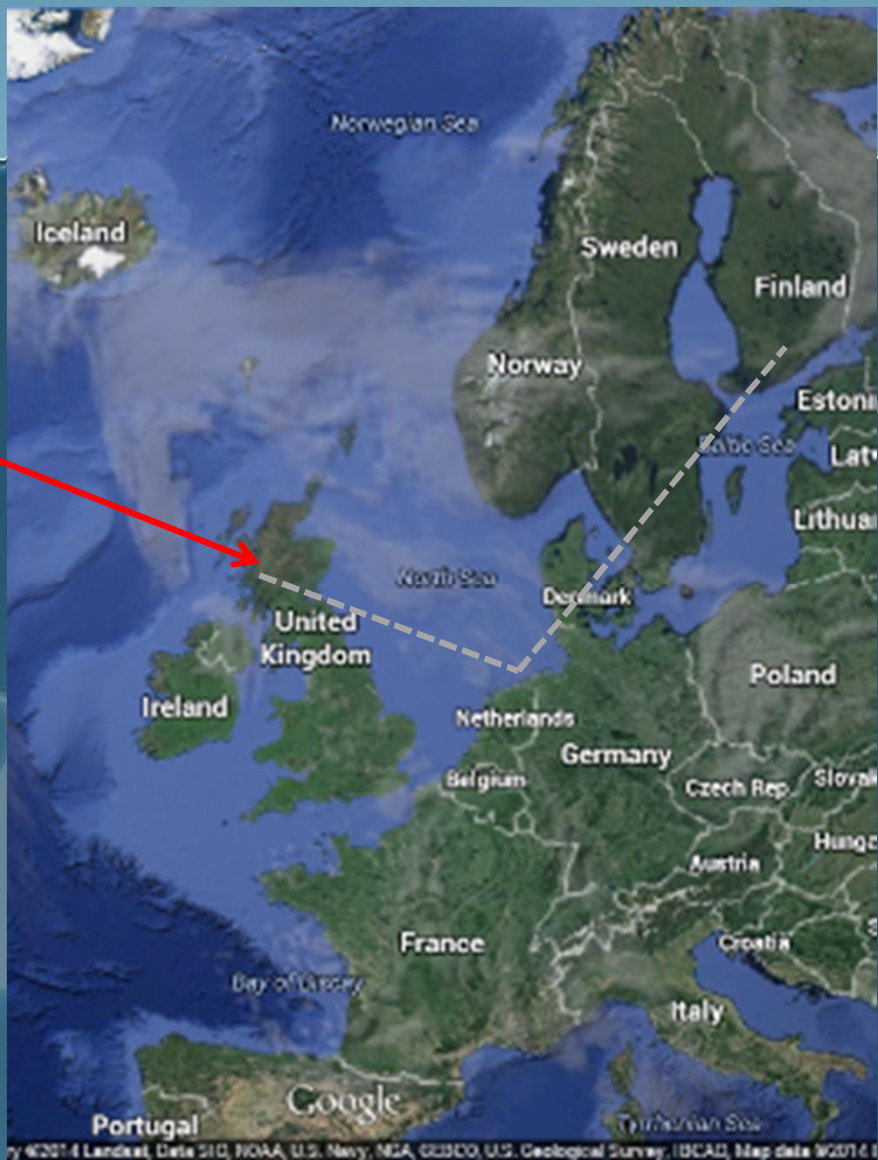


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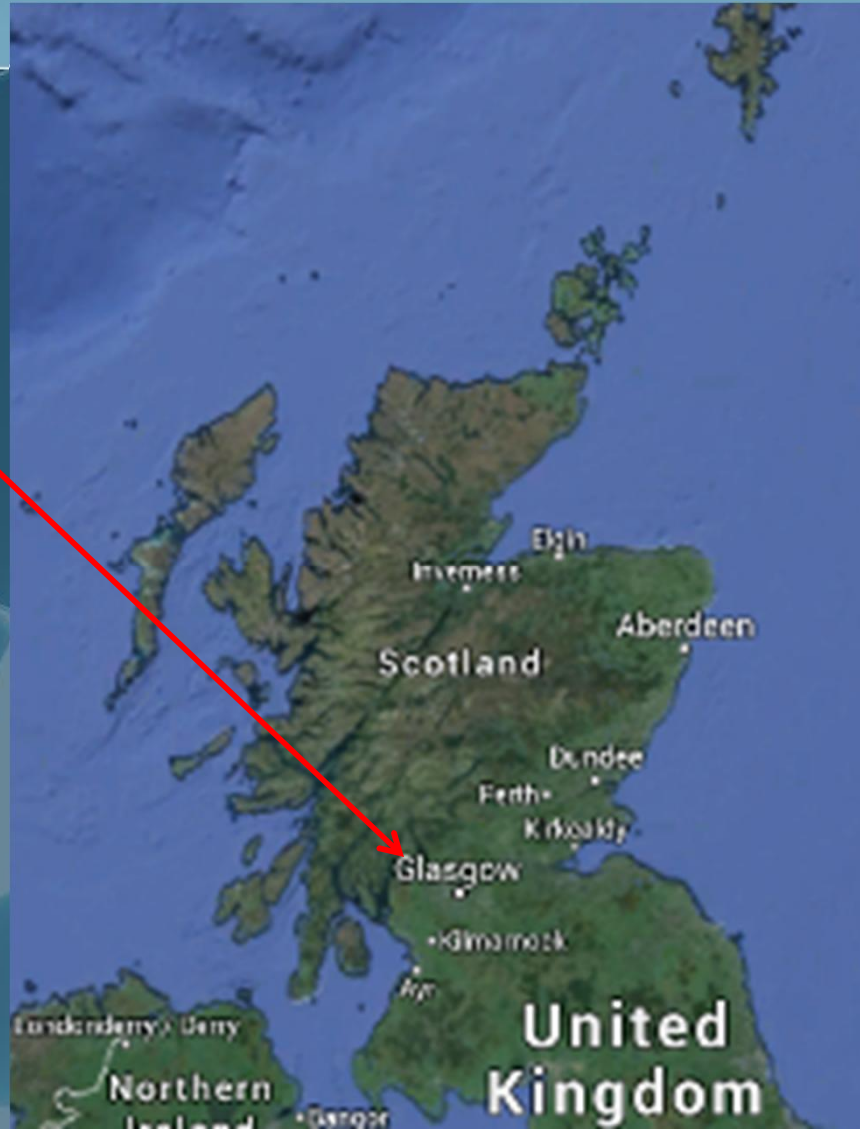
UK



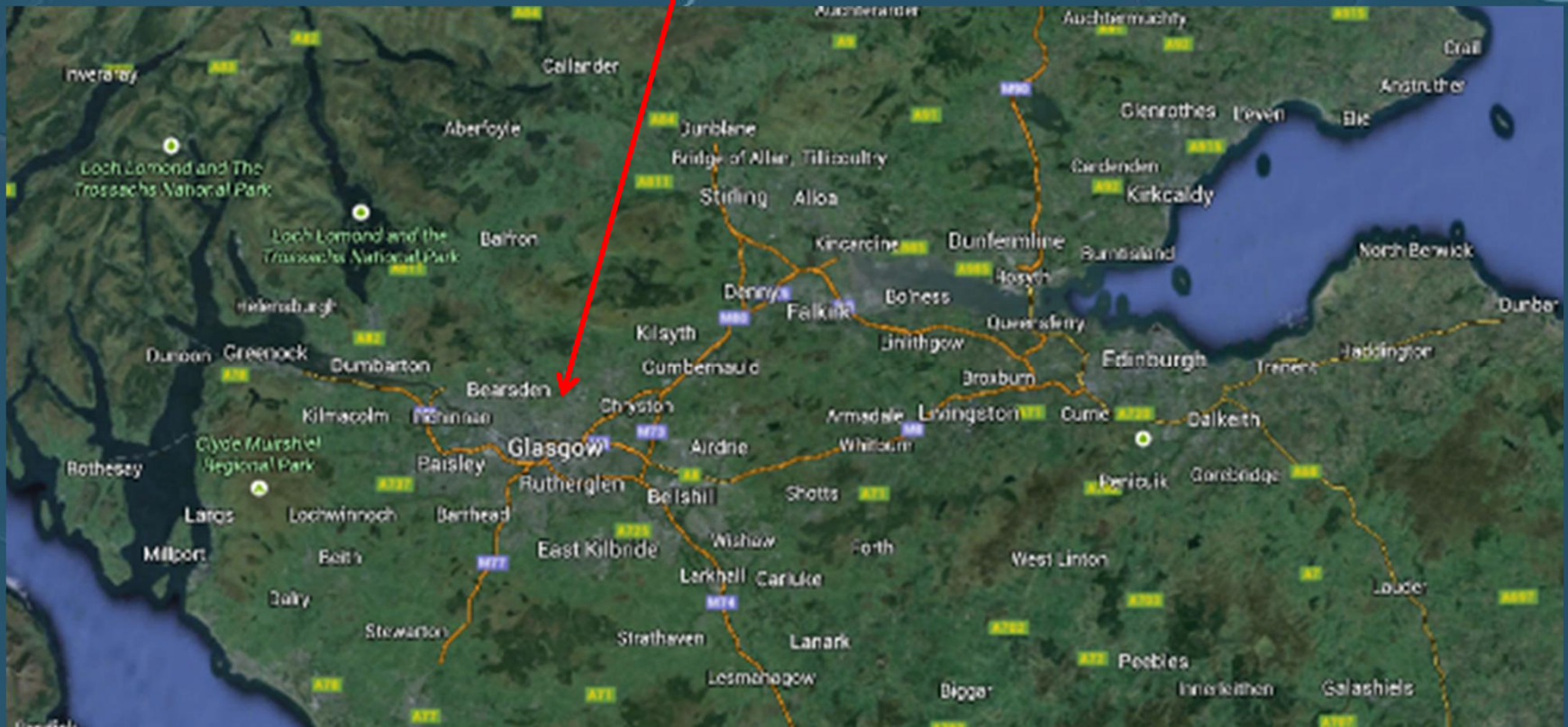
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Screenshots from Google Maps



# Scotland



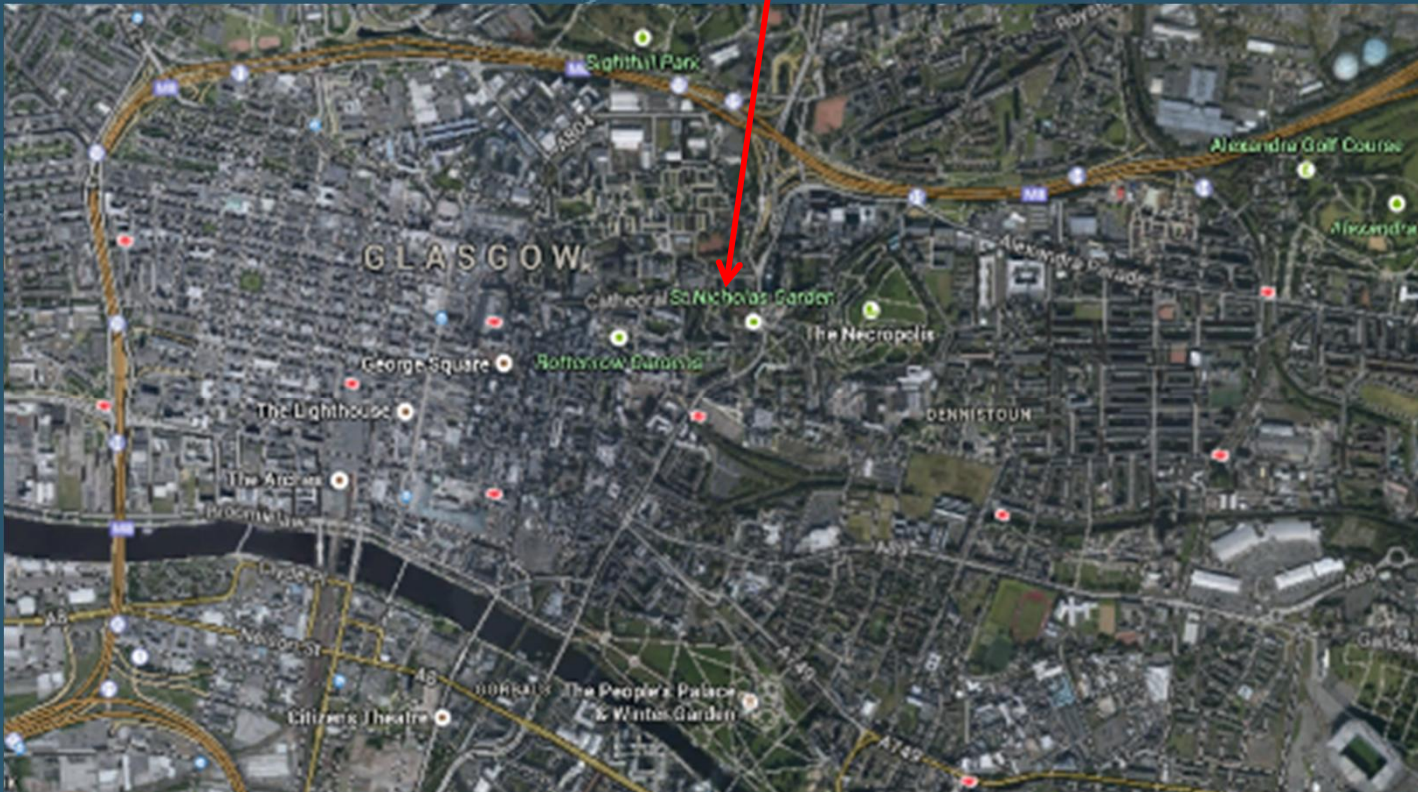
# Central Belt of Scotland



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# Glasgow



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# Glasgow Caledonian University

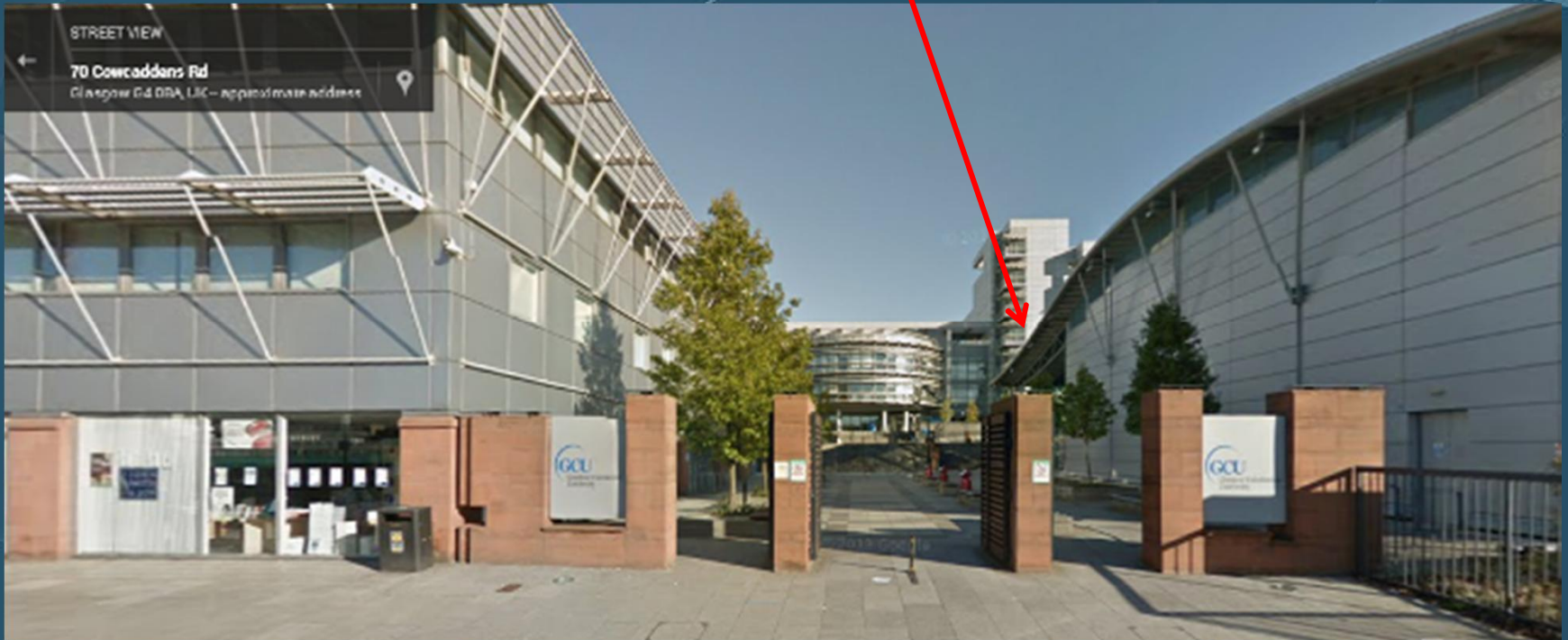


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# Entrance to School of Health & Life Sciences



Screenshots from Google Maps, Street View

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# School of Health & Life Sciences

## 3 Departments:

- **The Department of Psychology, Social Work and Allied Health Sciences**
- The Department of Nursing and Community Health
- The Department of Life Sciences

- **Physiotherapy**
- Biomedical Science
- Human Nutrition and Dietetics
- Occupational Therapy
- Operating Department Practice
- Physiology & Pharmacology
- Podiatry
- Vision Sciences
- Radiotherapy and Oncology
- Diagnostic Imaging
- Nursing
- Psychology
- **Social Work**





# Session Outline

At the end of this session you will be able to:

- Explain the importance of assessing for psychosocial risk factors
- Define the concepts of Flags & the Flags Framework
- Discuss the assessment & management of a patient who presents with psychosocial Flags





# Psychosocial Factors Definition

- Term used to describe the multiple interactions between the **person** and their **social environment** and the influences on his/ her thinking & behaviour.
  - Social environment includes family, friends, work environment, healthcare system, etc.





# Psychosocial Factors & Recovery

In terms of recovery and return to work  
**psychosocial factors** are more powerful predictors  
than either biomedical or ergonomic factors

(Waddell et al 2003; Heitz et al, 2009; Chou & Shekelle, 2010)





# Shift in Focus

- Focus has shifted from identification of abnormality to detection of **obstacles to recovery**
- **Perceptual factors** are often more important than objective characteristics
- Clinical Practice Guidelines advocate assessment of psychosocial factors
  - E.g. European acute & chronic low back pain guidelines





What are the implications of this shift in focus for Physiotherapists?

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# The 'Flags Framework'

- In the field of MSDs the concept of risk has been explained in terms of 'Flags'
- Flags can be various colours, such as:

0

0

0

0

0

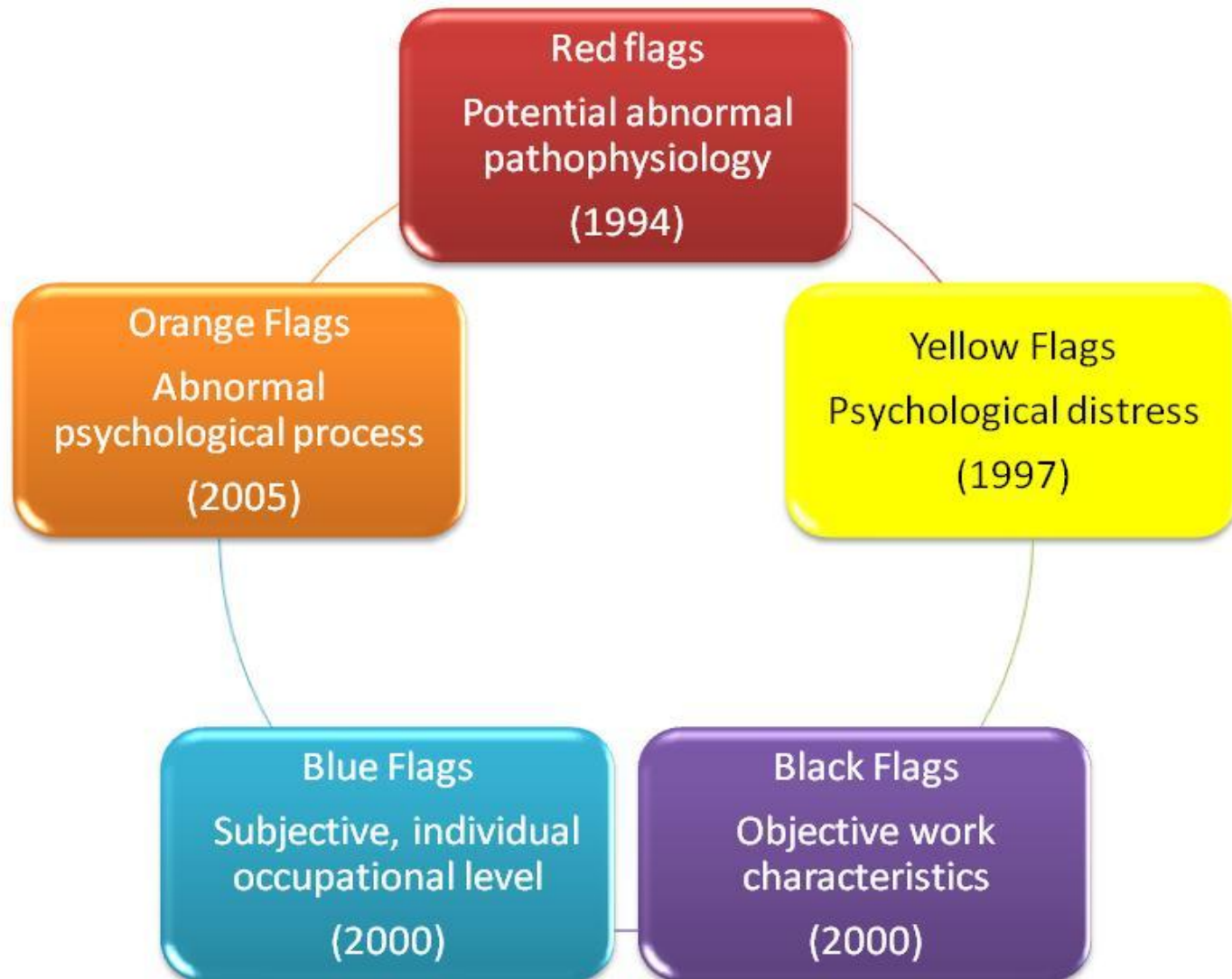


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# Flags Framework





# Red Flags

(Carter et al [RCGP] 1999)

- Age of onset < 20 or > 55 years
- Violent trauma, e.g. fall from a height, RTA
- Constant, progressive, non-mechanical pain
- PMH carcinoma, systemic steroids, HIV
- Systemically unwell, weight loss
- Widespread weakness or paraesthesia/ anaesthesia
- Serious bladder dysfunction
- 'Band-like' thoracic pain

**\*\*Focus is clinical rather than occupational\*\***

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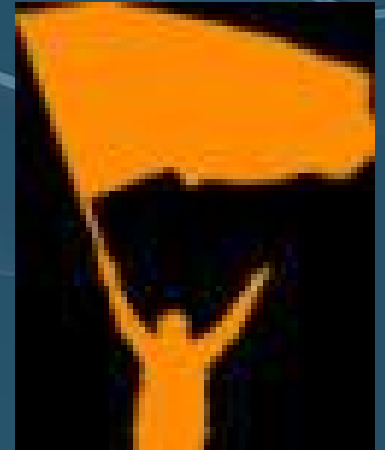




# Orange Flags

(Main 2004)

- Clinical depression
- Excessively high levels of distress
- Drug/ alcohol abuse
- Major personality disorder
- Declared suicidal attempt



**\*\*Focus is clinical rather than occupational\*\***





# Flags Framework Guide

(Kendall, et al., 2009)



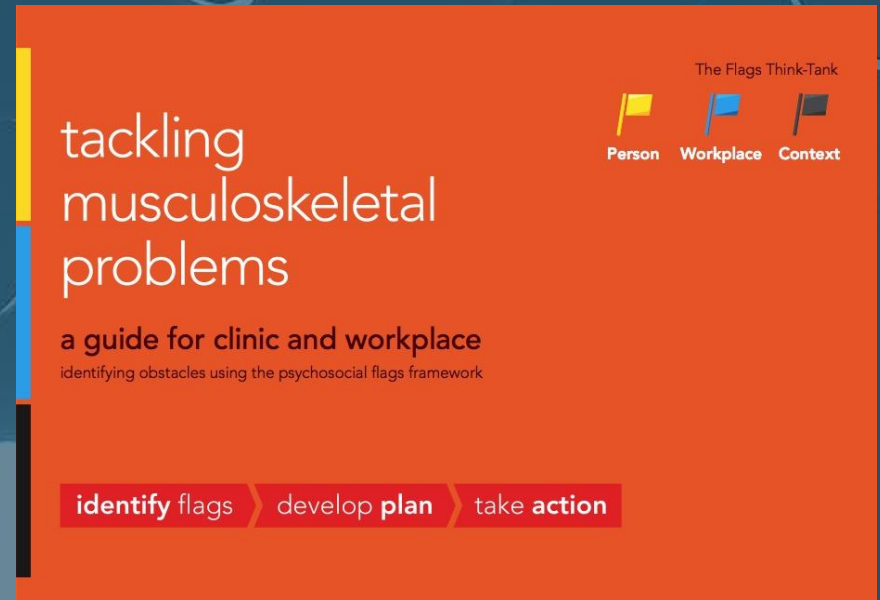
Person



Workplace



Context



➔ Flags are about identifying obstacles to being active & working





applying the

**identify flags**

**develop plan**

**take action**



# Stepped Approach

(Kendall, et al., 2009)

Initial (acute) Phase  
( < 2 weeks)

Early (sub-acute) Phase  
(2-12 weeks)

Persistent (chronic) Phase  
( > 12 weeks)

Always:

- Provide advice to stay active
- Reassure & give rational explanation
- Advise person on symptom relief, & employer on work
- Set realistic expectations
- Dispel myths
- Provide evidence-based diagnosis & treatment

Then add:

- Select cases for psychosocial management
- Use cognitive-behavioural principles
- Provide a 'fit note', emphasise ability not disability
- Reassure & explain typical pattern of discomfort
- Liaise with employer
- Suggest suitable modifications to enable RTW to begin
- Cease ineffective therapy

Then add:

- Maintain communication with workplace
- Multi-disciplinary programme that delivers cognitive-behavioural pain management & Vocational Rehabilitation
- Avoid serial ineffective therapy
- Emphasise self-efficacy



# Yellow Flags - the Person

(Kendall et al 1997; Main 2003)



These factors consistently predict poor outcomes:

- Belief that personal health is controlled by others rather than self
- Belief that the pain is harmful or potentially severely disabling - catastrophising
- Belief that passive treatment(s) rather than active self-management will help
- Emotions oriented to low mood & withdrawal from social interaction
- Fear-avoidance behaviour & reduced activity levels

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# Yellow Flags Acronym (Gatchel 2004)

A2F & W:

- A -
- B -
- C -
- D -
- E -
- F -
- W -

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# Yellow Flags Acronym

(Gatchel 2004)

A2F & W:

- Attitudes & beliefs about pain
- Behaviours (activity avoidance)
- Compensation issues
- Diagnosis & Rx (inaccurate messages)
- Emotions (hopelessness, anxiety, depression)
- Family (overprotective, lack of support)
- Work (belief that it is harmful) - blue/ black flags

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# Blue Flags Definition

An individual's **perception** of a stressful, unsupportive, unfulfilling, or highly demanding work environment

(Shaw, et al., 2009).





# Blue Flags Examples

(Main & Williams 2000; Main 2003; Shaw, et al., 2009)

- Stress at work
- Job (dis)satisfaction
- Poor relationships with peers or supervisors
- Belief that work is harmful
- Fear of re-injury
- Poor recovery/ RTW expectations
- Lack of role clarity
- High job demands

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# What Blue Flags Questions could you ask?





# Suggested Blue Flags Questions

(Shaw, et al., 2009)

- Are you concerned that the physical demands of your job might delay your RTW?
- Do you expect your work could be modified temporarily so you could return to work sooner?
- Are there stressful elements to your job that might be difficult when you first return to work?
- What kind of response do you expect from co-workers & supervisors when you return to work?
- How satisfied are you with your job?
- Is this a job you'd recommend to a friend?
- In your estimation, what are the chances that you will be working in 4 weeks/ 6 months?





# Recovery Expectations

Ask patient:

*“How certain are you that you will return to your all of your usual activities one month from today?”*

- Score on a scale from 0 (not certain at all) to 10 (completely certain)
- A score of 7 or less indicating low to moderate recovery expectations (Iles et al, 2011).





# Evidence Based Blue Flags

(Shaw, et al., 2009)

What level of evidence? (0 +++ ++ +/-)

1. RTW/ recovery expectations
2. Physical job demands
3. Job dissatisfaction
4. Low social support at work
5. Job stress







# Evidence Based Blue Flags

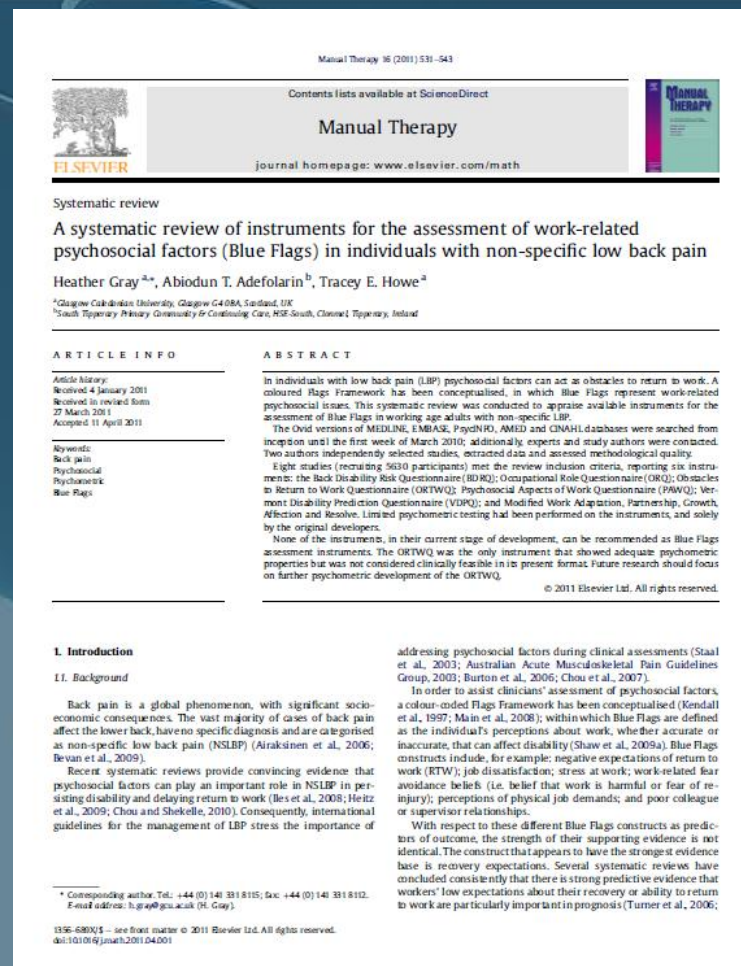
1. Recovery expectations - strong predictor of future work outcome (+++)
2. Physical job demands - moderate to strong predictor of chronic disability (++)
3. Job dissatisfaction - moderate to strong predictor of chronic disability (++)
4. Low social support at work - conflicting evidence (+/-)
5. Job stress - moderate evidence for NOT being a predictor of work outcome (++)





# Blue Flags Assessment Tools

- Obstacles to RTW (Marhold, et al., 2002)
- Back Disability Risk Q'aire (Shaw, et al., 2005/ 2009)
- Psychosocial Aspects of Work Q'aire (Symonds, et al., 1996)
- Worker Role Interview (Braveman, 2005; Forsyth, et al., 2006; Velozo, et al., 1999)
- Occupational Role Q'aire (Kopec & Esdaile 1998)





# Other Work-Related Stress Tools

- Stress Indicator Tool (Edwards, et al., 2008)
- Work Organisational Assessment Q'aire (Griffiths, et al., 2006)
- Job Content Q'aire (Karasek, et al., 1998)





What actions could you take if you identify Blue Flags?





# Management of Someone 'At Risk'

(Shaw, et al., 2009)

- Assemble list of problem job tasks
- Clarify nature of concerns
- Identify temporary sources of help
- Modified or alternate duties
- 'Brainstorm' with injured worker
- Assess job flexibility
- Modify speed or time pressures
- Recognise stressful job elements
- Establish more contact with & involve trusted co-workers
- Encourage employer communication
- Clarify worker options and responsibilities
- Motivational interviewing
- Stress management & coping techniques
- Increase confidence
- Assertiveness training to cope with work conflict
- Ensure realistic messages conveyed by all medical providers
- Counter belief that activity is dangerous
- Employer encouragement and reassurance
- Develop action plan if symptoms recur
- Plan for a more gradual return to work
- Conduct work site walk-through







# Physios & Psychosocial Factors

- General acceptance that it was important to assess psychosocial factors

BUT reluctance for several reasons:

- not their professional role to do so;
- unsure how to use and interpret the results from psychosocial screening tools;
- lacked confidence.





# Physios & Psychosocial Factors

- Addressing work issues is a 'bolt on' following the treatment of impairments, rather than an integral part of treatment
- Work-related rehabilitation seen as secondary to pain reduction and increasing mobility
- Role is to listen to patients' work-related concerns, but not necessarily to provide explicit psychological support or advice
  - Seen as outside their remit and expertise







# Physios & Psychosocial Factors

2 other points of concern:

1. Physiotherapists tended to over-identify psychosocial factors  
and/ or
2. Use the presence of psychosocial factors to advise restrictions in work and activity





# What are Black Flags?

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# Black Flags

(Main & Williams 2000; Main 2003)

- These have **objective** characteristics
- **Organisational/ societal** obstacles to recovery
- Unmodifiable through treatment
- Include national influences & local conditions related to employment



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# Black Flags

(Main & Williams 2000; Main 2003)

## National influences:

- o Rates of pay
- o Benefits system
- o Nationally negotiated entitlements

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# Black Flags

(Main & Williams 2000; Main 2003)

## Local Conditions:

- o Sickness policies, systems & management
- o Occ Health requirements for 'full fitness'
- o Trade union involvement
- o Organisational size & structure
- o Ability to modify job
- o Working hours/ shift patterns



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What are your CPD needs in  
relation  
to this topic area?  
What is your action plan to  
address them?





# Bedtime Reading

- Gray, H. et al. (2013) Physiotherapists' assessment & management of psychosocial factors in individuals with back pain, *Physical Therapy Reviews*, 18, 5, 379-389.
- Gray, H. , et al. (2011) A systematic review of instruments for the assessment of work-related psychosocial factors (Blue Flags) in individuals with non-specific low back pain. *Manual Therapy*; 16 (6), 531-543.
- Kendall, N. A. S., et al. (2009) *Tackling Musculoskeletal Problems – A guide for clinic and workplace: identifying obstacles using the psychosocial flags framework.* London: TSO.
- Shaw W, et al. (2011) Occupational factors in the management of Low Back Pain: Implications for Physical Therapist Practice. *Physical Therapy*; 91(5), 777-789.
- Shaw, W. S., et al. (2009) Early patient screening and intervention to address individual-level occupational factors ("Blue Flags") in back disability. *J Occupational Rehabilitation*, 19(1), 64-80.



# International Classification of Functioning Biopsychosocial Model of Disability

(WHO, 2002)

