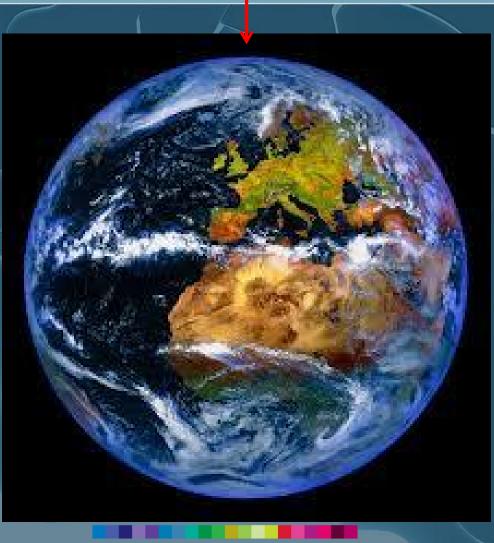


Assessment & Management of Psychosocial Factors

Dr Heather Gray ProfD MSc BSc MCSP FHEA Senior Lecturer in Physiotherapy

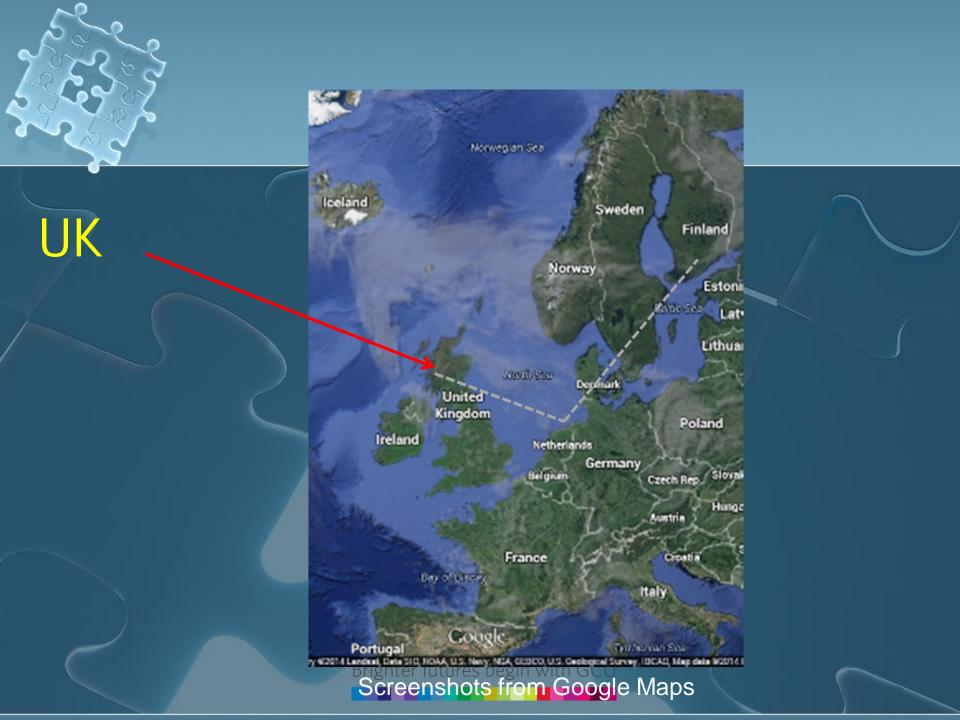


Where I work











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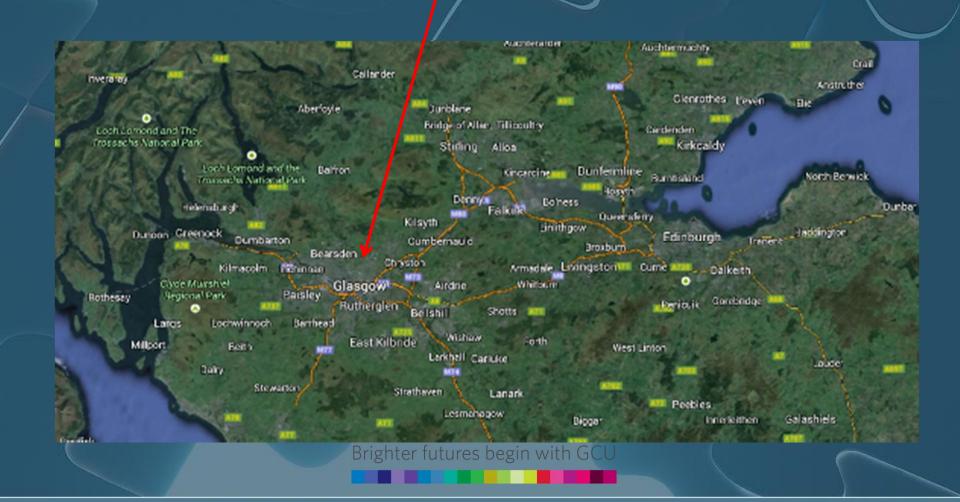
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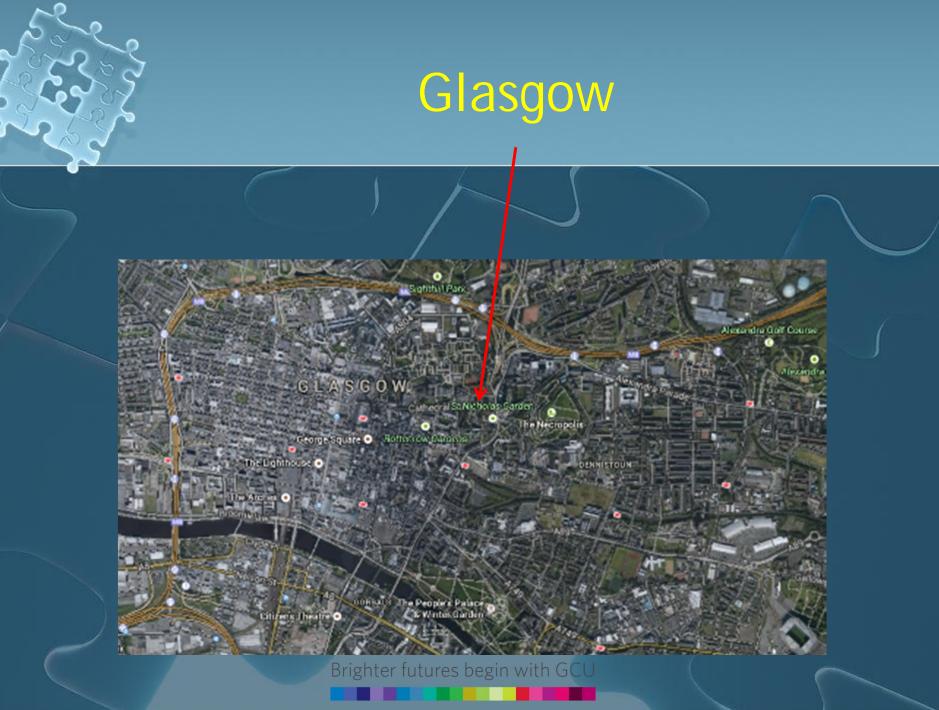
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United Kingdom

Central Belt of Scotland





Glasgow Caledonian University



Entrance to School of Health & Life Sciences



Screenshots from Google Maps, Street View

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

Brighter futures begin 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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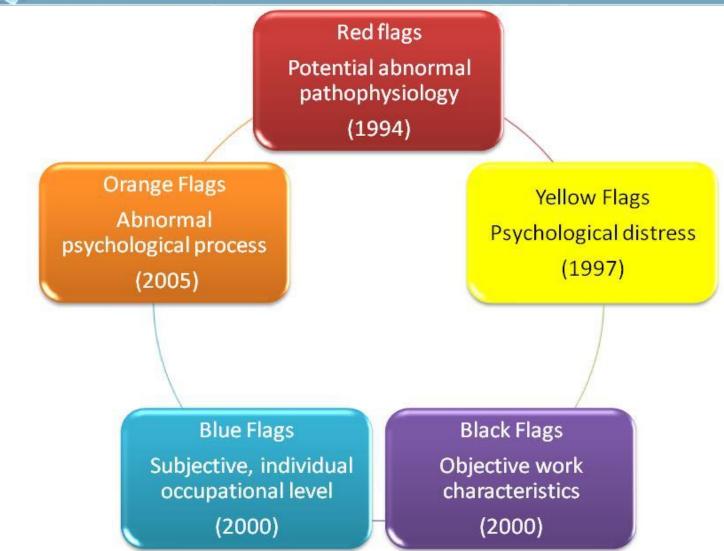
The 'Flags Framework'

 In the field of MSDs the concept of risk has been explained in terms of 'Flags'

• Flags can be various colours, such as:



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



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

tackling musculoskeletal problems

a guide for clinic and workplace identifying obstacles using the psychosocial flags framework

identify flags develop **plan**

take action

The Flags Think-Tank

 \rightarrow Flags are about identifying obstacles to being active & working

Illustration: Rachel Oxley

applying the

identify flags develop plan take action



Stepped Approach (Kendall, et al., 2009)

Initial (acute) Phase (< 2 weeks)

Always:

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

Early (sub-acute) Phase (2-12 weeks) 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
- o Liaise with employer
- Suggest suitable modifications to enable RTW to begin
 Brighter futures begin with GCU Cease ineffective therapy

Persistent (chronic) Phase (> 12 weeks)

Then add:

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

Yellow Flags Acronym (Gatchel 2004)

A2F & W:

- A -

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

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



Blue Flags Definition

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

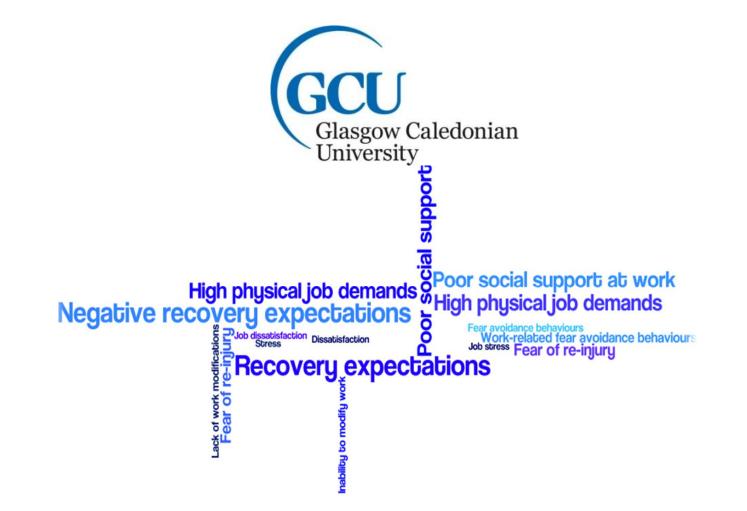
(Shaw, et al., 2009).



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



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 (lles 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



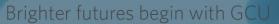
Evidence Based Blue Flags

- Recovery expectations strong predictor of future work outcome (+++)
- Physical job demands moderate to strong predictor of chronic disability (++)
- Job dissatisfaction moderate to strong predictor of chronic disability (++)
- Low social support at work conflicting evidence (+/-)
- 5. Job stress moderate evidence for <u>NOT</u> 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)





Systematic review

A systematic review of instruments for the assessment of work-related psychosocial factors (Blue Flags) in individuals with non-specific low back pain

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| Article history: | |
|--|--|
| Received 4 January 2011 | In individuals with low back pain (LBP) psychosocial factors can act as obstacles to return to work. A |
| Brorived in revised form | coloured Flags Framework has been conceptualised, in which Blue Flags represent work-related |
| 27 March 2011 Accepted 11 April 2011 | psychosocial issues. This systematic review was conducted to appraise available instruments for the assessment of Blue Flags in working age adults with non-specific LBP. |
| | The Ovid versions of MEDLINE, EMBASE, Psych PO, AMED and CINAHI databases were searched from |
| Il and a second se | inception until the first week of March 2010; additionally, experts and study authors were contacted |
| Nywonts: Back pain | Two authors independently selected studies, extracted data and assessed methodological quality. |
| Psychesocial | Eight studies (recruiting 5630 participants) met the review inclusion criteria, reporting six instru |
| Bychmetric | ments: the Back Disability Risk Questionnaire (BDRQ); Occupational Role Questionnaire (ORQ); Obstacle |
| Rue Rays | to Return to Work Questionnaire (ORTWQ); Psychosocial Aspects of Work Questionnaire (PAWQ); Ver |
| | mont Disability Prediction Questionnaire (VDPO): and Modified Work Adaptation, Partnership, Growth |
| | Affection and Resolve, Limited psychometric testing had been performed on the instruments, and soleh |
| | by the original developers. |
| | None of the instruments, in their current stage of development, can be recommended as Blue Flag |
| | assessment instruments. The ORTWQ was the only instrument that showed adequate psychometric |
| | properties but was not considered clinically feasible in its present format. Future research should focu on further psychometric development of the ORTWO. |
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1. Introduction

11. Background

Back pain is a global phenomenon, with significant socioeconomic consequences. The wast majority of cases of back pain affect the lower back, have no specific diagnosis and are categorised as non-specific low back pain (NSLBP) (Airaksinen et al., 2005; Bevan et al., 2005).

Recent systematic reviews provide convincing evidence that psychoscial factors can play an important role in NSLBP in persisting disability and delaying return to work (lles et al., 2008; Heitz et al., 2009; Chou and Shokelle, 2010). Consequently, international guidelines for the management of LBP stress the importance of the stress state in the stress state in the stress of the stress of the stress state in the stress of the stress stress of the stress stress of the stress stress stress of the stress stress of the stress stress of the stress stress of the stress stress stress stress of the stress str

1356-680X/5 -- see front matter © 2011 Bisevier Izd. All rights reserved. doi:10.1016/j.math.2011.04.001 addressing psychosocial factors during clinical assessments (Staal et al., 2003; Australian Acute Musculoskeletal Pain Guidelines Group, 2003; Burton et al., 2006; Chou et al., 2007).

In order to assist clinician' assessment of psychosocial factors, a colour-oded flag. Framework thas been conceptualised (Kendall et al., 1957; Main et al., 2008); within which Blue Flags are defined as the individual's perceptions about work, wheeler a accurate or inaccurate, that can affect disability (Shaw et al., 2009a). Blue Flags constructs indue, for example: negative expectations of return to work (RTW); job disastifaction; stress at work; work-related fara avoidance belies (i.e. beief that work is harmful or fear of reinpiry); perceptions of physical job demands; and poor colleague or supervisor relationships.

With respect to these different Blue Flags constructs as predicters of outcome, the strength of their supporting evidence is not identical. The construct that appears to lave the strongest evidence have is recovery expectations. Several systematic review have concluded consiste only that their is strong predictive evidence that workers low expectations about their recovery or ability to return to work are particularly important in progonsis (Tumer et al. 2006).

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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



Physiotherapists' assessment & management of psychosocial factors in individuals with back pain

Special Issue Article

Physiotherapists' assessment and management of psychosocial factors (Yellow and Blue Flags) in individuals with back pain

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¹Glasgow Caledonian University, UK, ²Healthy Working Lives Research Group, Public Health, University of Glasgow, UK

Background: Personal and work-related psychosocial factors play an important role in persisting symptoms and delaying return to work in individuals with back pain. Therefore, it is essential that physichterapists have the motivation and skills to assess and manage psychosocial factors as part of back pain management.

Objectives: To systematically review and summarize the literature on physiotherapists' perceptions of and skills in assessing and managing psychosocial factors (Yellow and Blue Flags) in individuals with back pain.

Methods: Searches were conducted of the: Ovid versions of MEDLINE, PsycINFO and EMBASE; EBSCO CINIAHL; Cochrane Database of Systematic Reviews; Cochrane Central Register of Controlled Trials (Clinical Trials), and Physiotherapy Evidence Database (PEDro) from inception until end October 2011. Results: There were 384 hits of which 17 papers describing 15 studies met the inclusion criteria; these were: two randomized controlled trials; two observational studies; six survey based studies; two qualitative studies; and three using Delphi consensus development. Studies found that although physiotherapists theoretically support a biosynchrosical amagement approach to back pain, in practice few are doing so adequately, even following training in cognitive behavioral principles. Physiotherapists expressed reluctance to engage in the management of work-related psychosocial factors (Blue Flags), perceiving that tacking work issues aws outside their professional role.

Conclusions: Despite evidence of the barriers to doing so, we put out a call to action that physiotherapists embrace the importance of integrating psychosocial factors in their everyday protessional practice. In particular, gaining confidence in tackling Blue Flags is critical to establish physiotherapists as essential players in combating the growing public health concern of worklessness.

Keywords: Physiotherapy, Back pain, Psychosocial, Blue Flags, Yellow Flag

Introduction

Back pain and psychosocial factors Recent systematic reviews provide convincing evidence that with back pain personal and work-related psychosocial factors play an important role in persisting symptoms and disability, delaying return to work, and influencing response to treatment and rehabilitation.^{1–3} Consequently, current practice guidelines for the management of back pain from a number of countries and regions stress the importance of addressing psychosocial factors during clinical assessments, however, there is little agreement as to when and how this should be done.^{4–9} Therefore, in recent years a color-codel Flags Framework has been developed that provides useful

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© W. S. Maney & Sen Ltd 2013 DOI 10.1179/1743288X13Y.00000000 guidance to help healthcare professionals identify a person's key problems.10

The Flags Framework

The concept of Red Flags, which are indicators of potential patho-physiological processes requiring urgent surgical or medical opinion, was introduced in 1994 and these are now well established in the therapeutic assessment of individuals with back pain.¹¹ In more recent years, with greater acceptance of the biopsychosocial model of patient management, other colors of Flags have been introduced to the Framework as analogues to the red ones.¹² These are the: Yellow Flags of potential psychological distrest, developed in New Zealand in 1997; occupationally focused Blue and Black flags, both introduced in 2000;¹³ and Orange Flags, signaling abnormal psychological processes or drug babs, first described in

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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

o Seen as outside their remit and expertise

Physios & Psychosocial Factors

2 other points of concern:

 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?

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





Black Flags (Main & Williams 2000; Main 2003)

National influences:
Rates of pay
Benefits system
Nationally negotiated entitlements

Black Flags (Main & Williams 2000; Main 2003)

Local Conditions:

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



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.
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- 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)

