



***Key principles of systematic psychosocial
triage and assessment.***

Biopsychosocial Symposium 27 April 2023

**Dr Pam Garton
Biopsychosocial Specialist
Abilita Services**





Why is psychosocial data central to systematic Biopsychosocial within an Injury Management scheme?



How well has BPS been applied?

Pincus et al, 2013

BPS Model is sound but has been misunderstood and applied inadequately.

Nicholas, M., 2022

BPS Model is resilient, however limited in application. Recommendations include - a prerequisite for psychosocial intervention is measurement of psychosocial variables.

BEST PRACTICE RISK SCREENING PRINCIPLES



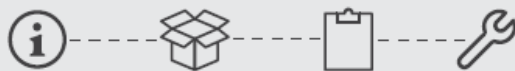
Assess risk across multiple domains



Balance timing of information availability and effectiveness of actions



Combine different types of information



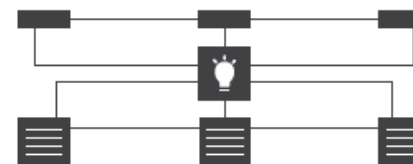
Use systems that can deliver clear information to decision makers



Gather information early enough to intervene when it counts



Allow for systematic documenting and monitoring



Combine automated and judgement-based decision making



Fits with the system using it

Why Psychosocial Data?

- BPS is **more** than physical + psychological + social, or biomedical + psychosocial.
- BPS is also the **relationship between B – P – S**, e.g. fear of pain, will reduce activity, will reduce physical condition, will impact mood, impact responsibilities at home and work.
- **Normal responses** to an abnormal situation, if not managed early can become secondary psychological / medicalised.
- **Early measurement** of expectations, beliefs and fears.
- **Engage** individual – owner of BPS variables & context. This is the power of biopsychosocial.

Many psychosocial screening pitfalls



- Attempting to apply **one screening tool** to identify high risk claims AND plan intervention.
- Asking personnel who are either **fully committed or under-skilled**, to complete the process.
- Asking the **wrong questions** –.need to be beliefs, fears, expectations related to injury.
- Not generating psychosocial assessment **results in a format** that guides action pathway.

Efficiency at Scale

1. Psychosocial Triage

- To identify potential for delayed recovery.
- High availability.

2. Psychosocial Assessment

- For high triage risk.
- To identify specific psychosocial factors contributing to that delay in order to tailor biopsychosocial intervention.
- Collect baseline, progress, and outcome data for evaluation.

Principles of psychosocial triage (1)

- 1. Purpose** - **To rate psychosocial risk**
 - Resource allocation for service delivery
- 2. Timing** - **Early**
 - Within days, certainly first 2 weeks of injury.
 - Review as required at 4 to 6 weeks.
- 3. Inclusivity** - **High sensitivity tool**
 - Better to over-include than to miss potential for prolonged disability
- 4. Format** - **Brief and acceptable**
 - Evidence-based triage questions capturing perceptions and expectations
 - Minimal questions, ideally digital with engaging introduction.

Principles of psychosocial triage (2)

- 5. Protocol** - **customised**
 - Psychosocial triage is standard process for all claims to guide pathway.
- 6. Trust** - **to be engender**
 - Protocol and training to facilitate optimal engagement.
 - Personalised digital communication.
- 7. Integrate** - **data**
 - Into case management system with Psychosocial Assessment data
- 8. Evaluate** - **and Review**
 - Solution-focused evaluation of process to ensure best fit to system.



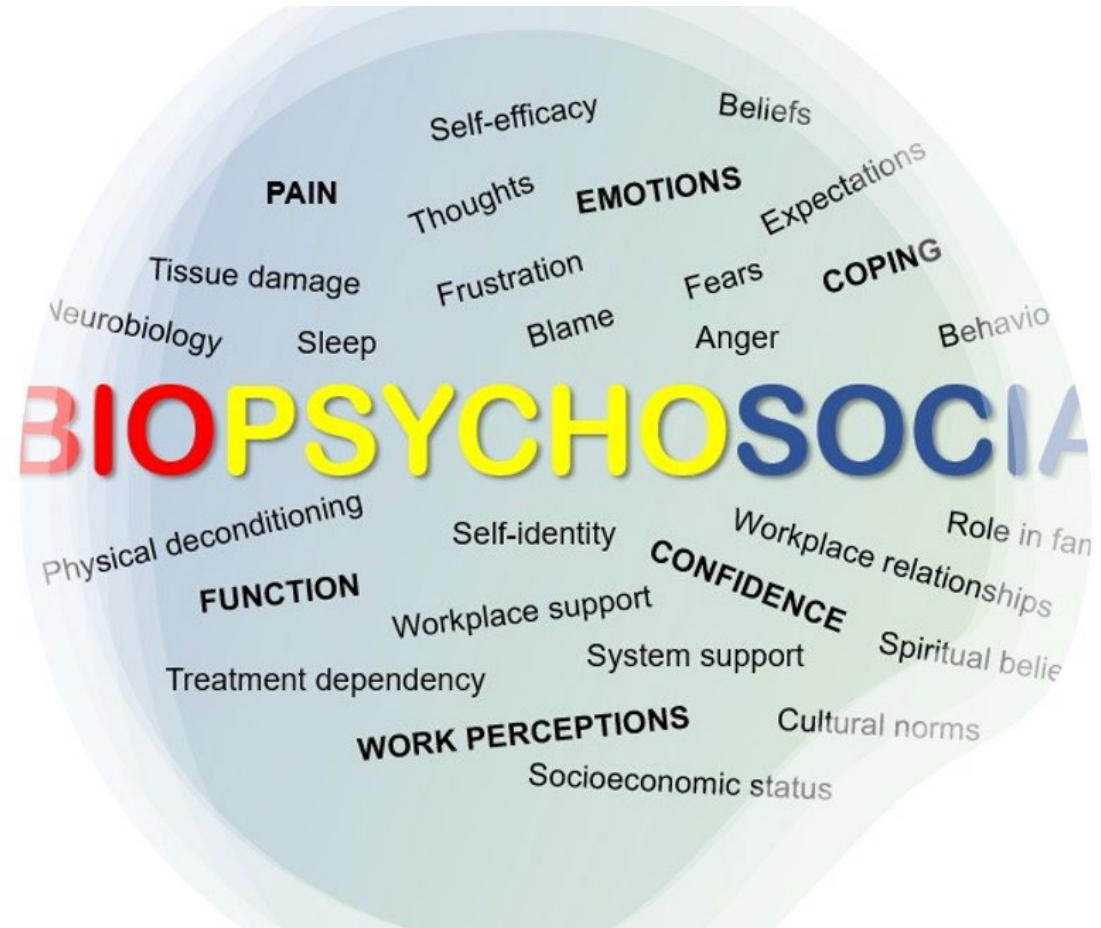
BPS triage innovation

- Triage protocols developed to suit context.
- Abilita approach
 - Develop triage questions from a proven psychosocial assessment questionnaire.
 - Correlate triage question cluster to Assessment total score.
 - AB-5 tool has high predictive value
 - 94% sensitivity to ARI.MSI* questionnaire.

*ARI.MSI = Abilita Rehabilitation Index for Musculoskeletal Injury

Psychosocial Assessment

- **Trust**
 - Genuine interest, confidentiality
 - Health or Rehab professional
- **Self-report questionnaire**
 - Validation and engagement
 - Measurement data
- **Assessment results format**
 - Guides interview
 - Ownership of responses motivates respondent
 - Provide clear information to guide Matched Care
 - To gain collaboration - GP, other stakeholders.



Which Questionnaire?

- Multiple influential biopsychosocial factors e.g.
 - MSI: Fear avoidance, Passive coping, Catastrophising
 - PI: Workplace support, Perceived Injustice, Trauma
- Multiple questionnaires or a single Comprehensive questionnaire?
- To engender insight and to guide action pathway.
- Digital results calculated and collated in BPS domains.
- Repeatable for measured evaluation.

BPS Domains guide Case Manager referrals

Pain

Function

Referral to **Physiotherapy** for pain education and exercises to increase functional capacity.

Emotions

Coping

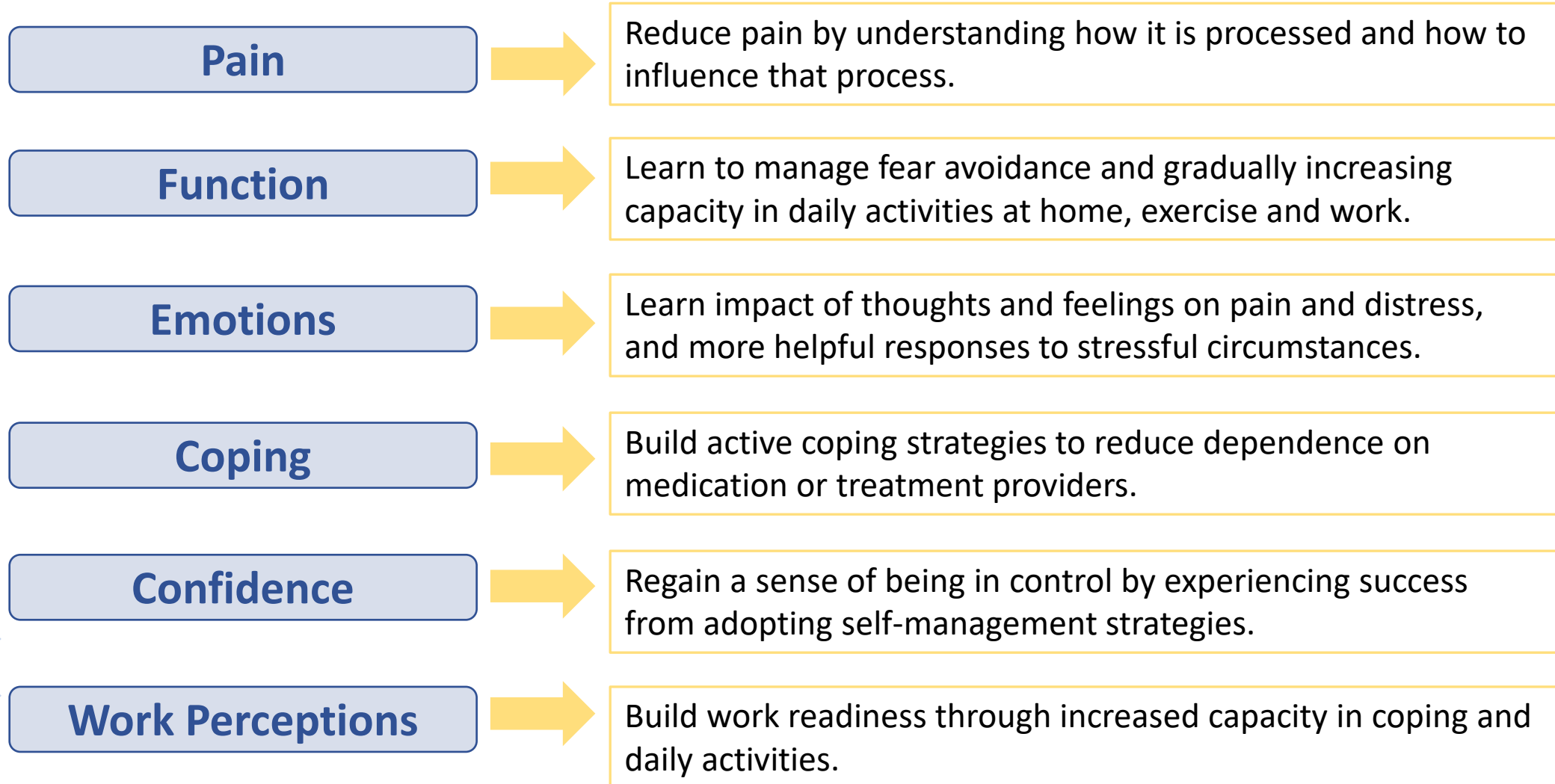
Referral to **Clinical Psychologist** for contextual CBT to learn impact of thoughts and feelings on pain and distress, and effective management techniques.

Confidence

Work Perceptions

Referral to **Work Rehabilitation specialist** to address workplace barriers and develop and monitor graded return to work program.

BPS Domains guide WRP self-management coaching



Summary Systematic Biopsychosocial Screening

- Customised process, protocol and training.
- Structured resources
 - Psychosocial Triage tool
 - Psychosocial Assessment questionnaire
 - BPS intervention pathways
- Integrate BPS data
- Implementation Science
 - Implement BPS at all levels, all phases, all stakeholders of system
 - Apply Best Practice Screening Principles

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Thank you!

Dr Pam Garton

pam.garton@abilita.net.au

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