

**FIRST, DO NO HARM —
EFFECTIVELY IDENTIFYING
PSYCHOLOGICAL ISSUES
AND TREATING THE WHOLE
PERSON**



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1

Disclosures

- David Hanscom MD owner of Vertus, provides educational content
- Geralyn Datz, PhD, MP has no disclosures

2

Objectives

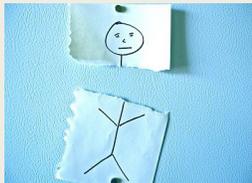
- Understand **impact of mental health factors** and their effective treatment
- **Acknowledge the context** that has led to mental health issues being ignored or overlooked
- Mental health issues **worsen any medical claim and pose formidable obstacles**
- The stigma of treating mental health conditions is very real -**on the part of the injured worker as well as the employer**, as well as biases within the **medical and legal systems**.
- **Effective treatment of mental health** is a multidisciplinary issue involving carriers, medical professionals, claims professionals and legal professionals.

3

The Nature of the Problem



4



5

Physical Injuries that Often Intersect with Mental Health



- Falls
- Loss of Limb
- Threats to Life
- Vehicle Accidents
- Fires & Explosions
- Shootings
- Impacts on Job site
- Being trapped in or under equipment
- ...being non-injured and *witnessing* any of the above

6

What are Mental Health “Injuries”?

- Depression
- Anxiety & Panic Attacks
- PTSD
- Traumatic Exposures
- Chronic pain distress
- Witnessing or experiencing violence or crime at work
- Impact of Workplace Stress
- Workplace Violence
- Sexual Assault / Workplace Harassment
- “Burnout”

7

Global Health
April 18, 2017
Depression Is the Leading Cause of Disability Around the World
WHO, 2017

WHO, 2017. <https://doi.org/10.1037/gpa0000360>

The proportion of the global population living with depression is estimated to be 322 million people—4.4% of the world’s population—according to a new report, “Depression and Other Common Mental Disorders: Global Health Estimates,” released by the World Health Organization. The report also includes data on anxiety disorders, which affect more than 260 million people—3.6% of the global population. The prevalence of these common mental disorders is increasing, particularly in low- and middle-income countries, with many people experiencing both depression and anxiety disorders simultaneously.

- Drivers with severe depressive symptoms were **4.5 times** more likely than others to experience an accident or a “near miss” in the 28 days preceding.
- Driving with severe depression has been likened to impaired driving with a **blood alcohol content of 0.8.12**

8

COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide

Wake-up call to all countries to step up mental health services and support

2 March 2022 | News release | Reading time: 3 min (927 words)

In the first year of the COVID-19 pandemic, global prevalence of anxiety and depression increased by a massive 25%, according to a scientific brief released by the World Health Organization (WHO) today. The brief also highlights who has been most affected and summarizes the effect of the pandemic on the availability of mental health services and how this has changed during the pandemic.

9

PANDEMIC WORKER HEALTH

Stress, anxiety, and depression are prevalent in injured workers.

A seemingly straightforward claim can become nearly unmanageable when these issues are ignored....

Stigma, access to providers and social prejudice are major challenges.

10

The longer we wait, the worse the problem can become...

- Of employees who were off work for at least five days, almost 10 percent were diagnosed with depression at some point during the 12 months following the injury.
- The presence of untreated depression at 6 months predicted non return to work and worsening of depression over the next year.
- In over 300 workers compensation patients, psychological symptoms present at one year post injury predicted non-RTW at 6 years post injury

11

The Role of Stress



12

Paradigm Shift



13

Assumptions & Myths

- Psych as "bad", a liability
- Psych used only when credibility is called into question
- Psych as a Pandora's Box
- Psych as only dealing with pre-existing vulnerabilities
- Use of Psych to deal with only pure "mental" claims
- The idea that psychological treatment is indefinite



14

Pandora's Paradox

- There is a reluctance to 'open the box' and address mental health
- It is costly not to look, but the perception is it is MORE costly to look
- "If I see it, I'm responsible for it"
- The fear is of being responsible or taking on a problem that is driven by factors you don't understand and don't think relate to the injury
- Ignoring mental health, however, has resulted in these **cost drivers being the biggest consumers of claims dollars and people not getting better**
- Avoiding the box also does NOT MAKE IT GO AWAY

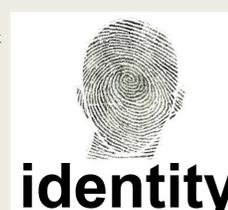
15

- A shift towards investment in the Mental Health
 - Early Intervention
 - Screening & Tools
 - Emphasize return to work and job accommodation
- Openness to mental health and its treatment by ALL stakeholders



16

- Mental health isn't always causing the inability to return to work, rather it's the inability to return to work that frequently causes the resulting depression/anxiety/panic symptoms.
- It's important to remember that work really defines who you are **as a person**.
- Work gives you purpose in life and is a large part of our personal identity.
- When that's taken away from you, depression, stress, and anxiety set in.



17

What Influences Return to Work?

- High **motivation** to work
- Positive **expectations** about recovery
- Functional **beliefs** about back pain, injury, and return-to-work
- Absence of **anxiety, insomnia, and depression**
- High **self esteem & self efficacy**
- Active **social functioning**

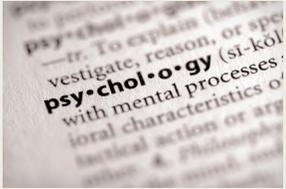


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What is the most powerful differentiating variable between those who are employed and those who are not following traumatic injury?

Psychological functioning.

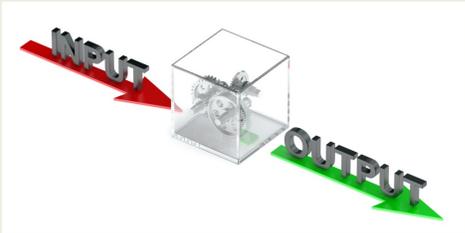
This factor is stronger predictors than injury severity / level.



19

Mental Distress Creates Physical Symptoms
(and vice versa)

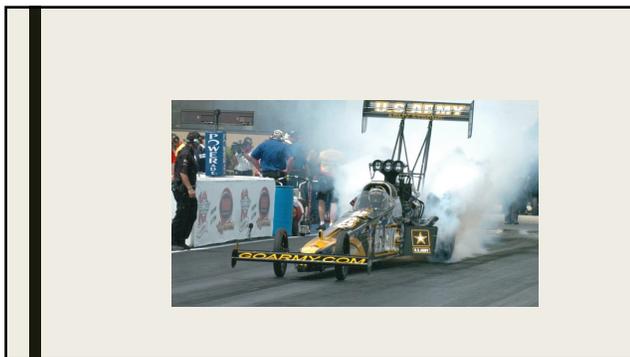
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21



22



23

Input

- What are loading in?
- What are you holding onto?

Input Smell/ vision/ sound/ taste
Mental • Thoughts • Life Outlook
Interception
Touch Sharp/dull; pressure; light touch; hot/cold
Input • CBT • Mindfulness • Awareness • Organization skills • Music/rhythm/singing • Massage/ light touch • Expressive writing • Not discussing pain • Family interventions • Forgiveness • Socializing/ Play • Laughing

24



25

Work Injury as Sustained Threat

- Inflammatory = Destructive to your own body
- Hypermetabolism/ Catabolic = consuming reserves

26

Threats are all processed the same way

27

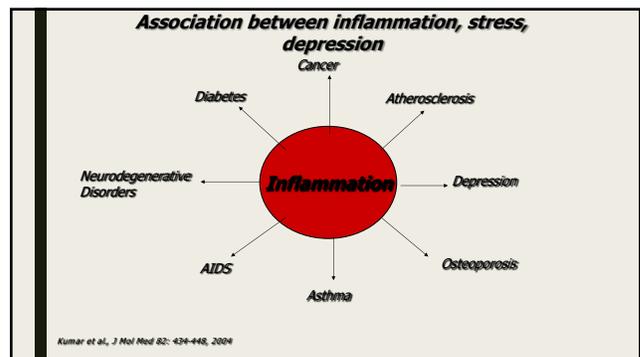
“The Curse of Consciousness”
-emotional pain is processed the same as physical pain

28

Stress / Threat Physiology

■ Migraine headaches	■ OCD
■ Tinnitus	■ Back/Neck/ Chest pain
■ Burning sensations	■ Migratory skin rashes
■ Panic attacks	■ Itching scalp
■ Insomnia	■ Tension Headaches
■ Severe depression	■ Heart pounding/ palpitations
■ PTSD	■ Eating Disorders
■ Chronic tendonitis	■ Spastic bladder/ interstitial nephritis
■ Obsessive thought patterns	■ Irritable Bowel Syndrome

29



30

- Sustained threat physiology (anxiety) is the essence of chronic disease
- Mental threats (“The Curse of Consciousness”) are the greatest issue
- You cannot resolve chronic physical illness without addressing the mental aspects. Impossible.

31

- Addressing threat physiology **optimizes** the body’s physiological profile to safety
- Prevents and solves many chronic conditions
 - *Progression is halted and in some, reversed*

32

Essence of Healing

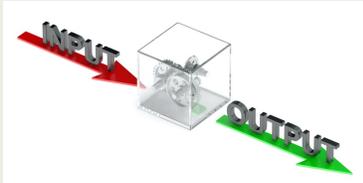
- Cues of safety optimizes patients’ physiology and improves outcomes
- “Dynamic Healing”
 - Lower “output” - Physiology
 - Increase resiliency of nervous system
 - Efficiently and process the input (Threats/ Stress)

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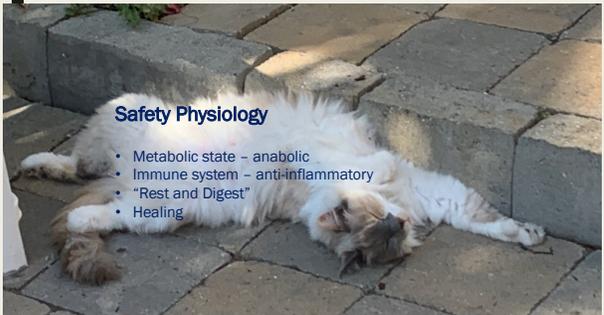
Dynamic Healing

34

■ Dynamic Healing



35



Safety Physiology

- Metabolic state – anabolic
- Immune system – anti-inflammatory
- “Rest and Digest”
- Healing

36

Optimize outcomes for work injury

- ⚠ Minimize threat
- ✓ Maximize safety

37

Mental Health: Signs, Symptoms & Treatment



38

Input

- What are loading in?
- What are you holding onto?

Input

Smell/vision/ sound/ taste

Mental

- Thoughts
- Life Outlook

Interoception

Touch

Sharp/dull; pressure; light touch; hot/cold

Input

- CBT
- Mindfulness
- Awareness
- Organization skills
- Music/rhythm/singing
- Massage/ light touch
- Expressive writing
- Not discussing pain
- Family interventions
- Forgiveness
- Socializing/ Play
- Laughing

39

Types of Psychotherapies

- Cognitive Behavioral Therapy (CBT) → focuses on “here and now”
 - CBT for Chronic Pain
 - CBT for Return to Work
- Mindfulness Based Stress Reduction → focuses on calming
- Problem Solving Therapy → focuses on perceived problems/solutions
- Exposure Therapy → imaginal and real exposure for PTSD
- Cognitive Processing Therapy → stepwise imaginal trmt for PTSD

40

Cognitive Behavioral Therapy

- How you think about yourself, the world, and other people
- How what you do affects your thoughts and feelings
- Can help you change how you think (cognitions) and what you do (behaviors)



- Focuses on “here and now”
- As few as 8 sessions can produce measurable relief in patients with chronic pain, depression, anxiety, and trauma

41

What types of problems can psychotherapies help?

- Chronic pain
- Anxiety (panic attacks, generalized anxiety and worry, phobic reactions)
- Impact of pain
- PTSD
- Adjustment issues
- Assault related distress
- “Stress”
- Personality changes after TBI
- Depression
- Bipolar disorder

42

Psychological treatments

- **Health and Behavioral treatments (CPT 96150 – 96155)**
 - < 50% psychotherapy
 - Pain education and health coping skills only
- **Psychotherapy treatments (CPT 90832-90837)**
 - > 50% Psychotherapy
 - Cognitive Behavioral Therapy
 - Mindfulness Based Stress Reduction
 - Acceptance & Commitment Therapy
- **Functional Restoration Approaches (CPT 99799)**
 - At least 50% or > psych

43

Chronic Pain – Mental Health Factors



44

Beliefs / Expectations

- All pain must be abolished before return to work/activity
"My goal is to be pain free."
- Pain is uncontrollable *"This pain will never go away"*
- Passive attitude to rehabilitation *"There's nothing I can do."*
- Expect increased pain with activity *"If it hurts, I don't do it."*
- Inability to tolerate additional pain for recovery *"I cant do that. I'm not going to be in any more pain".*
- Lack of ability to predict capability
"I'll never be able to cope with this."

45

Catastrophizing



Catastrophizing
is an irrational thought a lot of us have in believing that something is far worse than it actually is

Pain catastrophizing is a negative cascade of cognitive and emotional responses to actual or anticipated pain

A key component of catastrophizing is the role that one's imagination can play in anticipating negative outcomes.

46

Catastrophizing → misinterpretations

- Reality-based education about a patient's diagnosis and prognosis can help prevent a distorted and catastrophic view of one's health outcomes.
- A trained therapist can help by challenging specific catastrophic pain-related beliefs with a CBT approach.
 - Examining the evidence to support the beliefs.
 - When activities are anticipated to have "horrible" consequences, graded exposure to the activities can help patients overcome their beliefs.

47

Words Matter

- For patients with pain, conversations may center on their experience of pain
- Research has demonstrated that focusing on unpleasant experiences magnifies them
- Encourage patients NOT to discuss pain
- Model and teach new language related to discomfort and limitations

Stewart M, Loftus S. Sticks and Stones: The Impact of Language in Musculoskeletal Rehabilitation. J Orthop Sports Phys Ther. 2018; 48(7):519-522

48

<p>Instead of the word(s)...</p> <ul style="list-style-type: none"> ■ Pain ■ Instability ■ Wear and tear ■ Bone on Bone ■ Damage ■ Disease ■ Bulge ■ "It will never get better" ■ "This is terrible!" ■ "I cant take anymore!" 	<p>Consider....</p> <ul style="list-style-type: none"> ■ Discomfort ■ Needs more strength ■ Normal age related change ■ Narrowing / tightness ■ Reparable harm ■ Condition ■ Bump, swelling ■ "It could persist but it can be overcome" ■ "This is so challenging!" ■ "I am struggling but I will make it!"
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49

Recommendations



50

Treatment Recommendations

- Mental health IS physical health.
- We need to check mental health like any other medical issue.
- Our ability to heal is far greater than we realize
- Emphasize patient empowerment, engagement and education
- Encourage collaboration amongst trusted providers
- Consider RTW adaptations and if nothing available, partner with a RTW organization that utilizes charitable placements

51

Provider Factors

<p>POSITIVE</p> <ul style="list-style-type: none"> ■ Aware of MH factors ■ Willingness to refer ■ Careful with language ■ Doesn't overpromise ■ No enmeshment ■ Doesn't prescribe on demand ■ Encourages self mgmt ■ "Prescribes" healthy behaviors 	<p>NEGATIVE</p> <ul style="list-style-type: none"> ■ Persist in biomedical approach ■ Frustration with complexity ■ Mislabeled non compliance ■ Misunderstanding lack of trmt response ■ Lack of sufficient time to address patients' goals ■ Poor communication skills ■ Nonverbal behaviors ■ Not recognizing emotions/feelings ■ Gender bias ■ Cultural or racial biases
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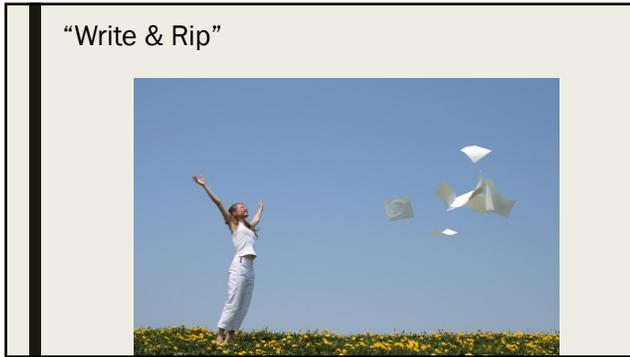
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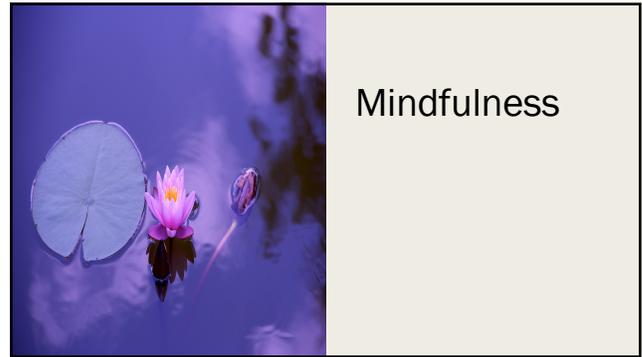
Understanding Cognitive Distortions

54



“Write & Rip”

55



Mindfulness

56



Connection

57

People Heal Each Other

Social Connection is Powerful!

- People who feel more connected to others have lower rates of anxiety and depression
- Marital and family involvement
- Volunteer, Community or Faith based
- Those who donate their time experience *greater self-esteem, less depression and lower stress levels* than those who don't



Interpersonal ties, support and aspects of the social environment can impair or promote effective adaptation to chronic pain.
(Sturgeon & Zautra, Pain Manag, 2016 6(1) 63-74)

58

Altruistic behaviors relieve physical pain

Yilu Wang^{a,1}, Jianqiao Ge^{b,1}, Hanqi Zhang^c, Haixia Wang^d, and Xiaofei Xie^{a,2}

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59

Essence of Healing

- Cues of safety optimizes patients' physiology and improves outcomes
- “Dynamic Healing”
 - Lower “output” - Physiology
 - Increase resiliency of nervous system
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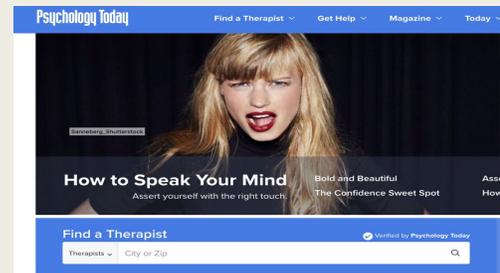
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American Psychological Association
<https://locator.apa.org/>



61

Psychologytoday.com



62

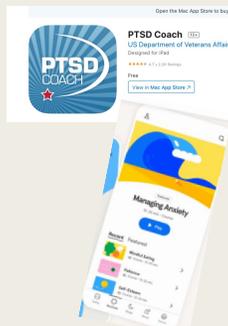
Resources

Apps

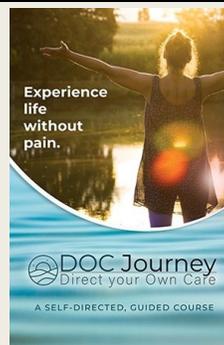
- Mindshift CBT, CURABLE, CALM, HEADSPACE
- PTSD Coach, Insomnia Coach, CBT-i coach (free VA apps)
- Curable (chronic pain)

Websites

- www.backincontrol.com
- www.Unlearnyourpain.com



63



64



65

"Your body can stand almost anything. Its your mind you have to convince."

YOUR BODY HEARS EVERYTHING YOUR MIND SAYS.

Naomi Judd

66

Thank you!



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