Psychologically informed Practice for Health Professionals
Shared Learning Webinar

@HINSouthLondon healthinnovationnetwork.com

Health Innovation Network South London
Physiotherapy Pain Association
Kingston Hospital NHS Foundation Trust
St George’s University Hospitals NHS Foundation Trust

NHS
Research into practice: 
The evidence behind PIC-C

Francis J. Keefe, Ph.D.
Pain Prevention and Treatment Research Program
Duke University Medical School
Durham, North Carolina

Diarmuid Denneny
Lead Physiotherapist, University College London Hospitals Pain Management Centre
Chair, Physiotherapy Pain Association

@HINSouthLondon  healthinnovationnetwork.com
Drug Development: Bench to bedside
Development of clinical interventions
History of pain coping skills training

1980s
• Consulting psychologist-patients with persistent pain
• Understanding how people cope

Case example:
• Behavior—pushing through pain in order to continue to work, avoiding activities, spending weekends inactive
• Feelings—irritable with family, fear and worry
• Thoughts—“I’m a burden on others”, “I’ll never be able to do the things that are important to me,” “No one really understands what I’m going through”

Key themes:
• Some ways of coping seem to work and are helpful
• Others way of coping work in the short-term, but in the long-term don’t work out well at all
• Keen interest among patients in learning other ways of coping so as to stay engaged with valued activities

Duke University, Durham, NC USA
Origins in practice

1980s

• Informed by discussions with patients about their coping strategies
• Drawing on stress and coping theory and research and informed by cognitive-behavioral therapy (CBT) principles
• Developed pain coping skills training (PCST) program for patients
• PCST offered to patients in groups and individual sessions at Duke hospital from 1980s to present
Practice to Research

1990s - US National Institute of Health (NIH) funding to test program in patients with pain due to osteoarthritis, rheumatoid arthritis

2000s - NIH funding tests of PCST in patients with back and leg pain, chest pain, cancer pain, pain at end of life

2010 to present - NIH and Australian funded studies to test PCST delivered by non-psychologists (nurses, physical therapists, etc.)
From research back to practice
Research *Back to Practice*

- Duke Physical Therapy and Occupational Therapy Program
- Can you develop a program to train all of our PTs and OTs?
- We wish to integrate CBT-informed coping skills training into clinical practice for all patients

Dan Dore, PT, DPT
From research *back* to practice
Duke PT and OT Training Program

- First 3 months: 12, 90-minute sessions of Experiential Training
- Next 3 months: weekly group supervision—one hour per week, 1 to 4 participants per group
- Throughout training - ongoing consultation: 3 hours per week supervisor available to assist current or past trainees with clinical issues/questions
- Formal certification
Theoretical Background

Social cognitive theory\textsuperscript{1,2} informs:

• The philosophy of training ("people learn by doing"),

• The goal of training (to increase participants self-efficacy to deliver skills training to patients)

• The structure of each training session.

Structure of experiential training sessions

- 12 weekly, 90-minute sessions
- Main emphasis: learning how to deliver coping skills in treatment manual via experiential learning
- Typical weekly session
  - Brief didactic in group
  - Modeling by experienced trainer
  - Experiential learning—behavioral rehearsal/role playing skills training
  - Review of learning in group
  - Home practice assignment
    - Behavioral experiments and other assignments
    - Preparing for learning skill(s) in next session

Ultimate goal of training
Training strategy

To tailor the skill to the patient

Behavioral analysis
• Working with the patient to develop a model of the problem
• Functional analysis
• Setting goals

Behavioral Skills
• Activity-rest cycling to increase activity level**
• Teaching self-reinforcement
• Problem solving

Relaxation Skills
• Relaxation training
• Brief relaxation (mini-practices)
• Reviewing and reinforcing home practice

Cognitive strategies
• Pleasant imagery
• Using coping thoughts

First, master the ability to teach each Skill via Experiential Learning and Supervision

Then, learn

To tailor dose of skill training to patient’s needs

Very brief (e.g. 3 to 5 minutes)
Longer (e.g. 15 minutes)
The UK Experience
serendipity

(n) finding something good without looking for it
Conclusions: Health interventions for chronic pain would usefully focus on:

1. Validating pain through meaningful and acceptable explanations
2. Validating patients by listening to and valuing their stories
3. Encouraging patients to connect with a meaningful sense of self
4. Supporting people to be kind to themselves
5. Exploring new possibilities for the future
6. Facilitating safe reconnection with the social world

Figure 3. The conceptual model—a healing journey with chronic pain, as described in the Results section.
WHAT MATTERS TO ME

- Managing my own budget & support, with help if I choose
- Designing my own plan, supported by professionals
- Health coaching & supported self-management
- Personalised care & support planning
- Building my knowledge, skills & confidence
- Working in partnership with my care team
- Enabling choice
- Choosing from the available options
- Connecting to help & support in my community
- Social prescribing

Personalised Care Institute
Physiotherapy Pain Association
Your experiences

Do you currently adopt psychologically informed practice in your day-to-day role?

https://www.sli.do/

#737216
Psychologically Informed Collaborative Conversations (PIC-C) Training package

Rebecca McLoughlin, Clinical Specialist Physiotherapist
Dr Anna Mathieson, Highly Specialist Psychologist
The opportunity

Q Improvement Lab

Exploring ideas to improve care and services for people living with pain and its impact on psychological health
Our challenge (Phase 1 – April – September 2019)

People presenting to physiotherapists with pain will have moderate to very high levels of psychological distress, impacting on their ability to adjust to and manage pain and adherence to treatment plans.

Literature and focus groups identified:

- physiotherapists lack confidence when exploring biopsychosocial assessment and interventions with patients,
- existing training is strongly focused on improving physical health highlighting a gap in training on improving psychological wellbeing,
- physiotherapists themselves are clear they want training in how to support patient’s psychological health, including how to start and manage conversations related to psychological wellbeing,
- post training supervision is critical to develop deeper learning and integration of new skills into clinical practice and reflection.
• **Expanded our project partners**
  - Physiotherapy Pain Association: Diarmuid Denneny
  - Expert Advisor: Professor Francis Keefe, Duke University USA
  - Two patient representatives: Carole and Chris

• **Recruited two Clinical Project Leads**
  - Highly specialist Physiotherapist: Rebecca McLoughlin
  - Highly specialist Clinical Psychologist: Anna Mathieson
  - Role to lead on content development and course delivery

PIC-C: An **evidence based** (online) training and supervision programme to **increase physiotherapist confidence** in delivering **psychologically informed care**, and to improve care for patients living with pain.
Introducing PIC-C: Structure of the Training Package

- Duration: 16-week course
- 8-week (1.5 hours) teaching block and 8 weeks (1 hour) supervision sessions.
- 19 participants per group with two facilitators – Clinical Psychologist and Physiotherapist with expertise in working with people living with pain

<table>
<thead>
<tr>
<th>Week</th>
<th>Theme</th>
<th>Session Title</th>
<th>Session format</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Therapeutic Alliance</td>
<td>Feeling safe and confident to make changes</td>
<td>○ Settling in exercise</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>○ Review of agenda</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>○ Setting the scene / Review of between session task</td>
</tr>
<tr>
<td>2</td>
<td>Adaptation model</td>
<td>Exploring where you are now and how you got here</td>
<td>○ Focused topic</td>
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<td></td>
<td></td>
<td></td>
<td>○ Skill rehearsal</td>
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<tr>
<td>3</td>
<td>Exploring values</td>
<td>Finding your ‘why’</td>
<td>○ Feedback</td>
</tr>
<tr>
<td>4</td>
<td>Functional analysis</td>
<td>The ABC of activity</td>
<td>○ Between session task for next week</td>
</tr>
<tr>
<td>5</td>
<td>Behavioural patterns</td>
<td>Enabling behavioural flexibility</td>
<td>○ Closing exercise</td>
</tr>
<tr>
<td>6</td>
<td>Working with difficulty</td>
<td>Preparing for when things get tricky</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Building on progress</td>
<td>Helping changes to stick</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Finishing interactions</td>
<td>The end and the beginning</td>
<td></td>
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</tbody>
</table>
Introducing PIC-C: Supervision Sessions

- 8, weekly small group supervision sessions, 60mins per week
- 4-5 group members and one facilitator (physiotherapist or clinical psychologist)
- Invitation for one participant per week to bring a case, question or theme
- Review of PIC-C content, application and development of skills in clinical practice
- Focus on
  - group reflection
  - observation of strengths/what went well
  - Learning from experience
Introducing PIC-C: Additional Resources
Co-creation with people living with pain

What’s Important to You?

Co-distribute: Participation in shared learning webinars, sharing their patient involvement and experiences as part of a wider project dissemination.

Co-define: Involved in project initiation meetings to define project, course aims and objectives and ongoing monthly review meetings.

Co-evaluate: Production of reflective public journals documenting their experiences and involvement in TIPS, contribution and review of patient involvement report and a final report.

Co-decide / design: Participation in project design meetings - involved in content review and selection for inclusion, produced patient content (letters, artwork and images and sharing their stories through 3 interactive role-play films)

Co-deliver: Presented their patient story at project launch event to 100+ delegates
Psychologically Informed Collaborative Conversations (PIC-C)

an evidence-based training and supervision package for clinicians
Impact on Change in Practice: Evaluation

• Participant Questionnaire (pre, mid-point and post)
  o 5 patient experience films to review, reflect upon and state how participant would respond
  o Self-Efficacy (GSE-6)
  o Anxiety (NRS) – with question focused specifically around anxiety associated with delivering this approach
  o PANAS_GEN (positive and negative effects scale)

• Group feedback & 1:1 interviews with participants and project partners
  o Recorded, transcribed and analysed using thematic analysis
Impact on Change in Practice: Key Findings

- The main findings from the evaluation were:
  - Physiotherapist confidence with using psychologically informed approaches increased
  - Supervision was highlighted as a key aspect that led to change
  - Participation in the training programme led to improvements in work-related wellbeing

“It changed my practice quite a lot in terms of I’m much more happy to sit and listen to the patient. Give them more time, get the whole story” (S8/P4)

“I feel like I’ve got more tools to kind of tackle those barriers and explore them further “ (S1/P1)
Impact on Change: Techniques used in Practice

<table>
<thead>
<tr>
<th>Survey</th>
<th>Key themes – techniques used in practice based on film scenarios</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>• Reassurance pain doesn’t mean harm</td>
</tr>
<tr>
<td></td>
<td>• Pacing</td>
</tr>
<tr>
<td></td>
<td>• Flare ups</td>
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<tr>
<td>Mid &amp; Post</td>
<td>• Focus on patient beliefs and the ABC Model</td>
</tr>
<tr>
<td></td>
<td>• patient-led and value-based goals</td>
</tr>
<tr>
<td></td>
<td>• exploring the patient’s values</td>
</tr>
<tr>
<td></td>
<td>• encouraging Self efficacy</td>
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<tr>
<td></td>
<td>• exploring mindfulness as a supportive tool to combat negative feelings.</td>
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<tr>
<td></td>
<td>• exploring the patient’s barriers including worries and beliefs</td>
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<tr>
<td></td>
<td>• Goal setting</td>
</tr>
<tr>
<td></td>
<td>• Positive about patient’s effort</td>
</tr>
<tr>
<td></td>
<td>• Exploring factors that positively or negatively influence experience of pain</td>
</tr>
</tbody>
</table>
## Impact on Change: Approaches used in Practice

<table>
<thead>
<tr>
<th>Psychologically informed approaches used in practice</th>
<th>Pre- % of participants</th>
<th>Mid</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing a therapeutic alliance</td>
<td>19%</td>
<td>40%</td>
<td>81%</td>
</tr>
<tr>
<td>Value based goals</td>
<td>8%</td>
<td>8%</td>
<td>12%</td>
</tr>
<tr>
<td>Educational strategies including reducing perceived threat</td>
<td>12%</td>
<td>12%</td>
<td>35%</td>
</tr>
<tr>
<td>Cognitive strategies that assist reconceptualising beliefs and somatic experience</td>
<td>4%</td>
<td>4%</td>
<td>12%</td>
</tr>
<tr>
<td>Fostering self-efficacy</td>
<td>8%</td>
<td>20%</td>
<td>42%</td>
</tr>
<tr>
<td>Coping skills development including behaviour change</td>
<td>0%</td>
<td>8%</td>
<td>12%</td>
</tr>
<tr>
<td>Strategies to adapt psychophysiological focus</td>
<td>0%</td>
<td>4%</td>
<td>4%</td>
</tr>
</tbody>
</table>

“Thinking about finding those values, those goals and using that to direct treatment, rather than trying to force their goals to fit the treatment you’ve decided.” (S1/P1)
Impact on Change: Confidence and Anxiety

100% of respondents said PIC-C had a positive impact on their confidence

"I feel more confident that I can manage some of these more complex patients, not filling silences, just allowing the patient to explore and facilitating that." (S3/P7)

“I definitely would feel more confident now, in seeing this particular group of patients. Talking through other people’s experiences and my own has definitely made me feel more confident with the idea of it.” (S1/P2)

Changes in self-reported anxiety with using psychologically-informed techniques in practice

<table>
<thead>
<tr>
<th>Average response out of 50 (sliding scale)</th>
<th>Pre-PIC-C</th>
<th>Mid PIC-C</th>
<th>Post-PIC-C</th>
</tr>
</thead>
<tbody>
<tr>
<td>49/50 = 98%</td>
<td>41/50 = 82%</td>
<td>33/50 = 66%</td>
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</tbody>
</table>
Please indicate whether the training package as a whole has had a positive impact on the following:

- Compassion for others
- Confidence in your practice
- Resilience
- Work related fatigue
- Work satisfaction

Yes
No
Impact on Change: Work-Related Wellbeing

“Some of the teaching sessions like values-based goals and actually trying to establish a goal ourselves...I think we’re very good at getting our patients to do that, but actually learning about how you put it in to practice for yourself.” (S1/P10)

“It’s really improved my feeling of ease at approaching pretty much anyone to talk about a patient with, which is really nice because we all work behind closed doors, you don’t normally get that level of interaction, other than with your supervisor.” (S1/P5)

“I just feel like my work satisfaction is kind of increased, I might have risked feeling overwhelmed kind of supervising people in these kind of funny circumstances.” (S3/P3)
## Impact on Change: Considerations for Future Rollout

<table>
<thead>
<tr>
<th>What worked well</th>
<th>What could be better</th>
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<tbody>
<tr>
<td>Modular approach and course content</td>
<td>Mixing training and supervision together</td>
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<tr>
<td>Duration of training programme</td>
<td>Reconsider use of role plays</td>
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<tr>
<td>Strong focus on communication skills</td>
<td>Include work-based assessments</td>
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<tr>
<td>Pre-filmed role plays and case studies</td>
<td>More face to face teaching</td>
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<tr>
<td>Supervision</td>
<td>NHS Futures Platform</td>
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<tr>
<td>Workbooks</td>
<td>Protected time for learning and ongoing supervision</td>
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"I think if we just had the teaching sessions without the supervision bit, I think there would have been that problem with the equivalent of just doing a weekend course and never using it." (S2/P7)

"These booklets are amazing. I have referred back to the booklet, so having it all in one nice tidy place with some references. I have flicked back and kind of looked at it, so this is a really, really useful thing to have." (S6/P5)
Next steps: Spread and adoption

- Engagement with possible host organisations including Higher Education Institutions
- Discussions with accreditation bodies
- Partnership with the PPA regarding their involvement with future rollout

WE WOULD LIKE TO KNOW YOUR VIEWS!

- Where do you see PIC-C’s value as a training programme going forward?
  - [https://www.sli.do/](https://www.sli.do/)
  - #737216
Panel Question & Answer Session
Find out more:

• Visit the PIC-C webpage at: https://healthinnovationnetwork.com/report/psychologically-informed-collaborative-conversations-pic-c/

• Contact Amy Semple, PIC-C Project Lead amy.semple@nhs.net
Thank you for attending

A follow-up survey will be emailed to you, please do let us know your feedback on today’s event