

# Psychologically informed Practice for Health Professionals

## Shared Learning Webinar

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# Research into practice: The evidence behind PIC-C

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Duke University Medical School

Durham, North Carolina



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Chair, Physiotherapy Pain Association



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Physiotherapy  
Pain Association



Kingston Hospital  
NHS Foundation Trust

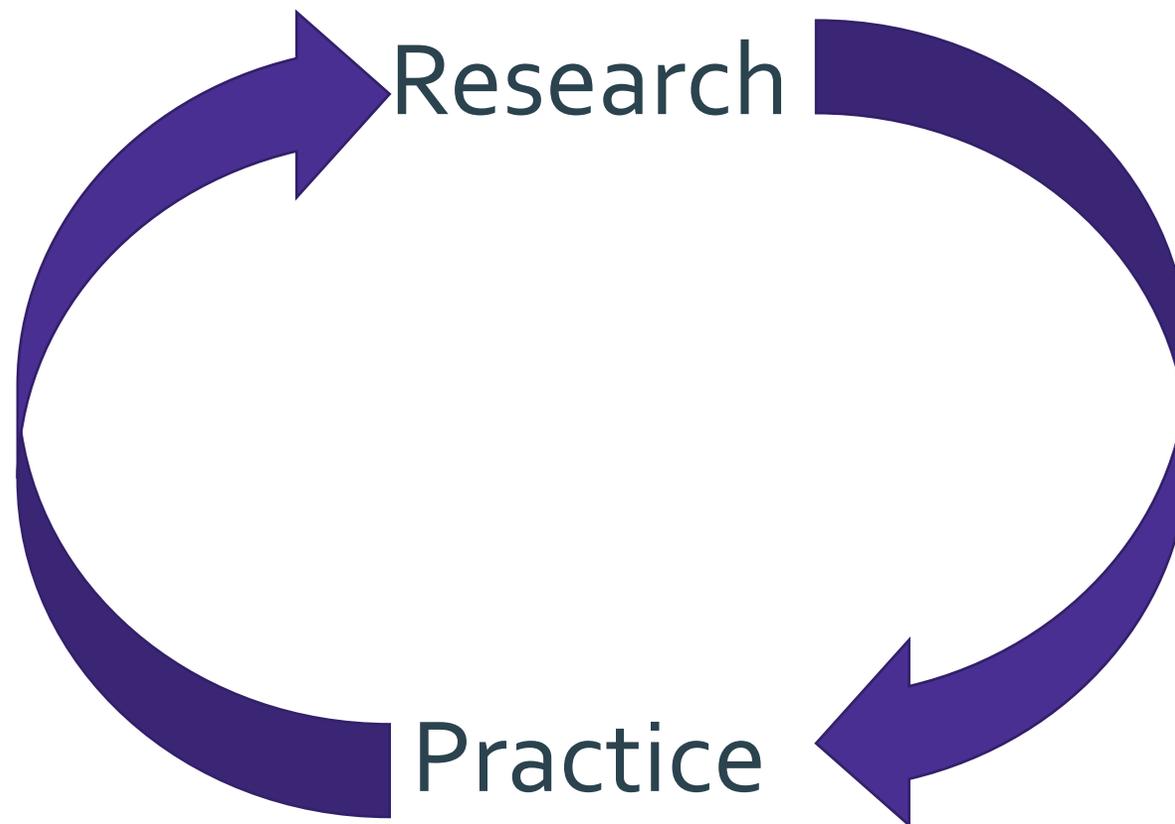


St George's University Hospitals  
NHS Foundation Trust



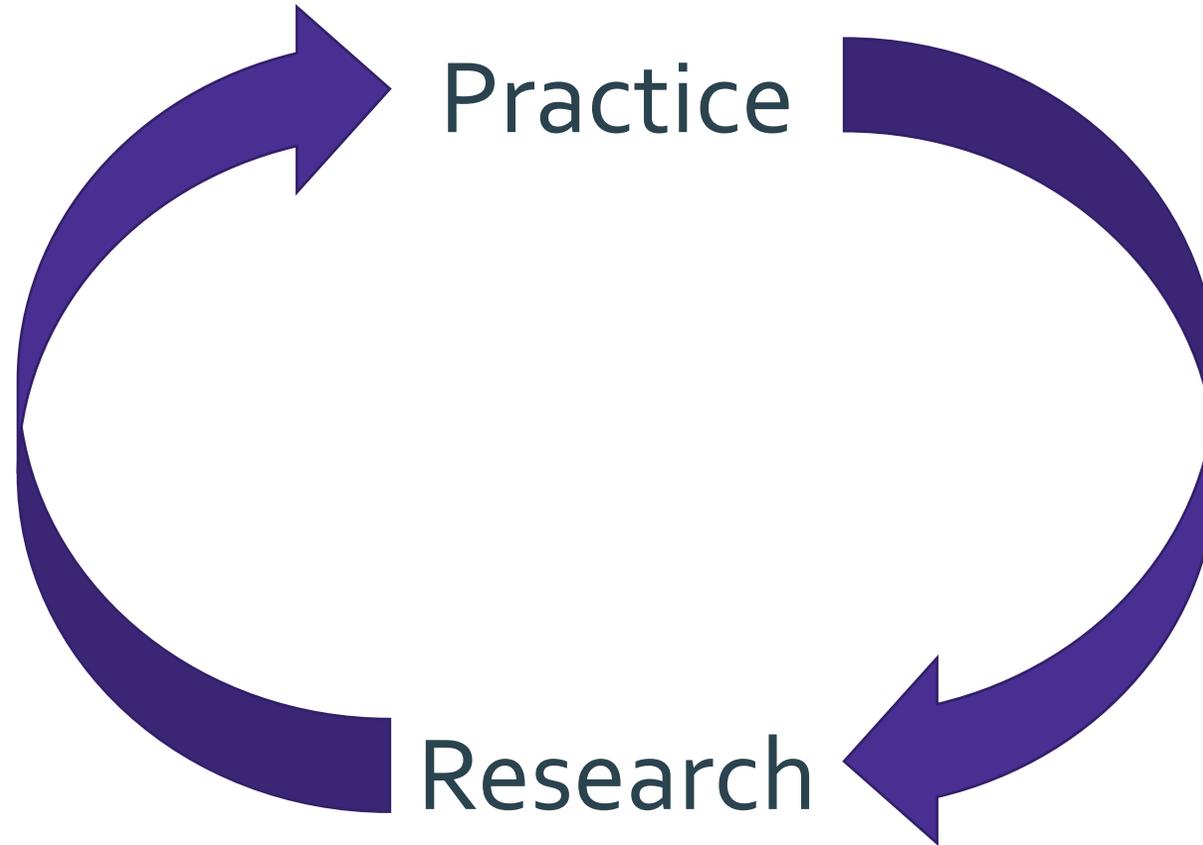
# Drug Development: Bench to bedside

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# Development of clinical interventions

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# History of pain coping skills training

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## 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

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## 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



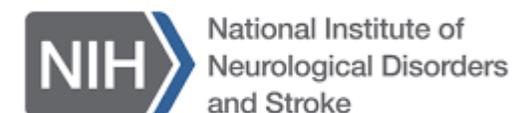
# Practice to Research

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

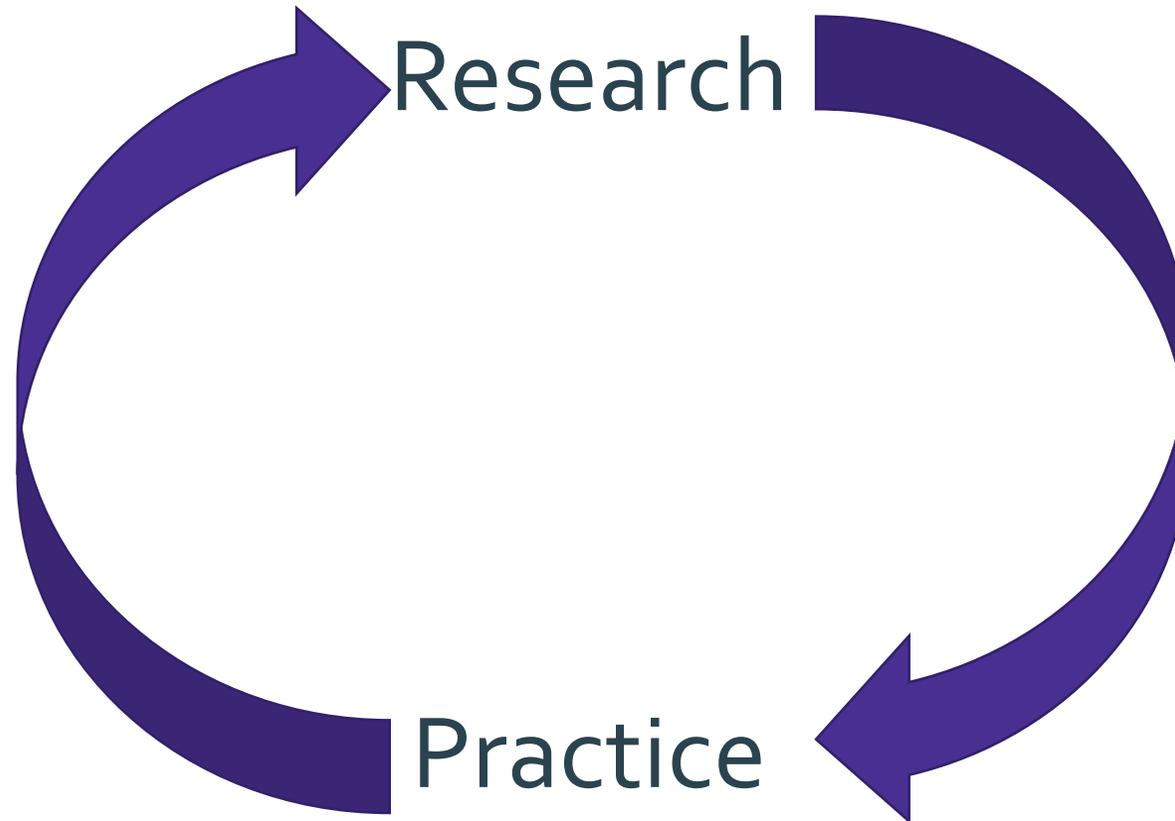
**2000s** - NIH funding tests of PCST in patients with back and leg pain, chest pain, cancer pain, pain at end of life

**2010 to present** - NIH and Australian funded studies to test PCST delivered by non psychologists (nurses, physical therapists, etc.)



# From research *back* to practice

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# Research *Back* to Practice

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- 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

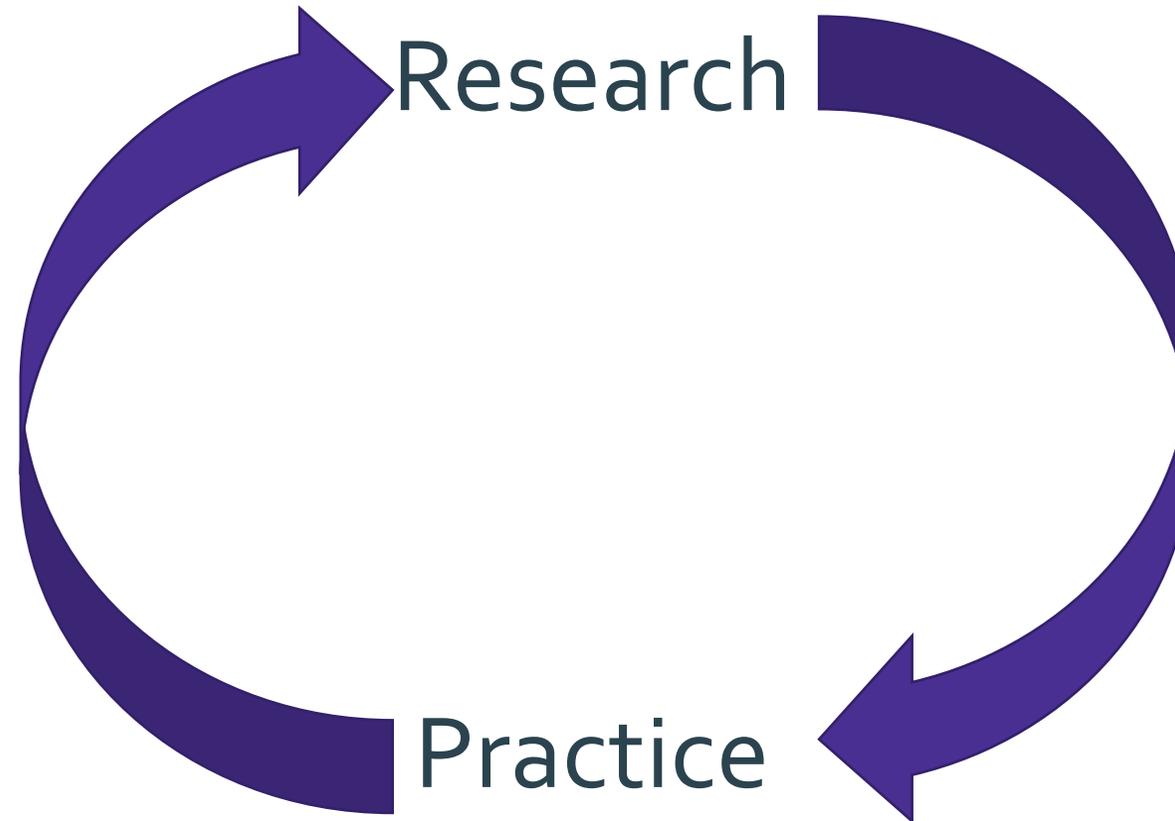


Dan Dore, PT, DPT



# From research *back* to practice

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# Duke PT and OT Training Program

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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

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**Social cognitive theory**<sup>1,2</sup> 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.

- 1, Bandura A: Social cognitive theory: An agentic perspective. Annu Rev Psychol 52:1-26. Palo Alto, CA, Annual Reviews Inc., 2001.
- 2, Bandura, A.: Social cognitive-theory of self-regulation. Organizational Beh and Dec Making, 50, 248-287., 1991.

# Structure of experiential training sessions

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Strategies  
to increase  
self-  
efficacy<sup>1,2</sup>.

- 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

1, Bandura A: Social cognitive theory: An agentic perspective. Annu Rev Psychol 52:1-26. Palo Alto, CA, Annual Reviews Inc., 2001.

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# Ultimate goal of training

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# Training strategy

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

## To tailor the skill to the patient

### Behavioral analysis

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

### Relaxation Skills

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

### Cognitive strategies

- Pleasant imagery
- Using coping thoughts

### Behavioral Skills

- Activity-rest cycling to increase activity level\*\*
- Teaching self-reinforcement
- Problem solving

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

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PIC-C

Reflections



Physiotherapy  
Pain Association

# serendipity

(n) finding something good  
without looking for it

# Psychologically Informed Physiotherapist Practice Shared Learning Event

Thursday 5<sup>th</sup> March 2020

#psychologicallyinformed

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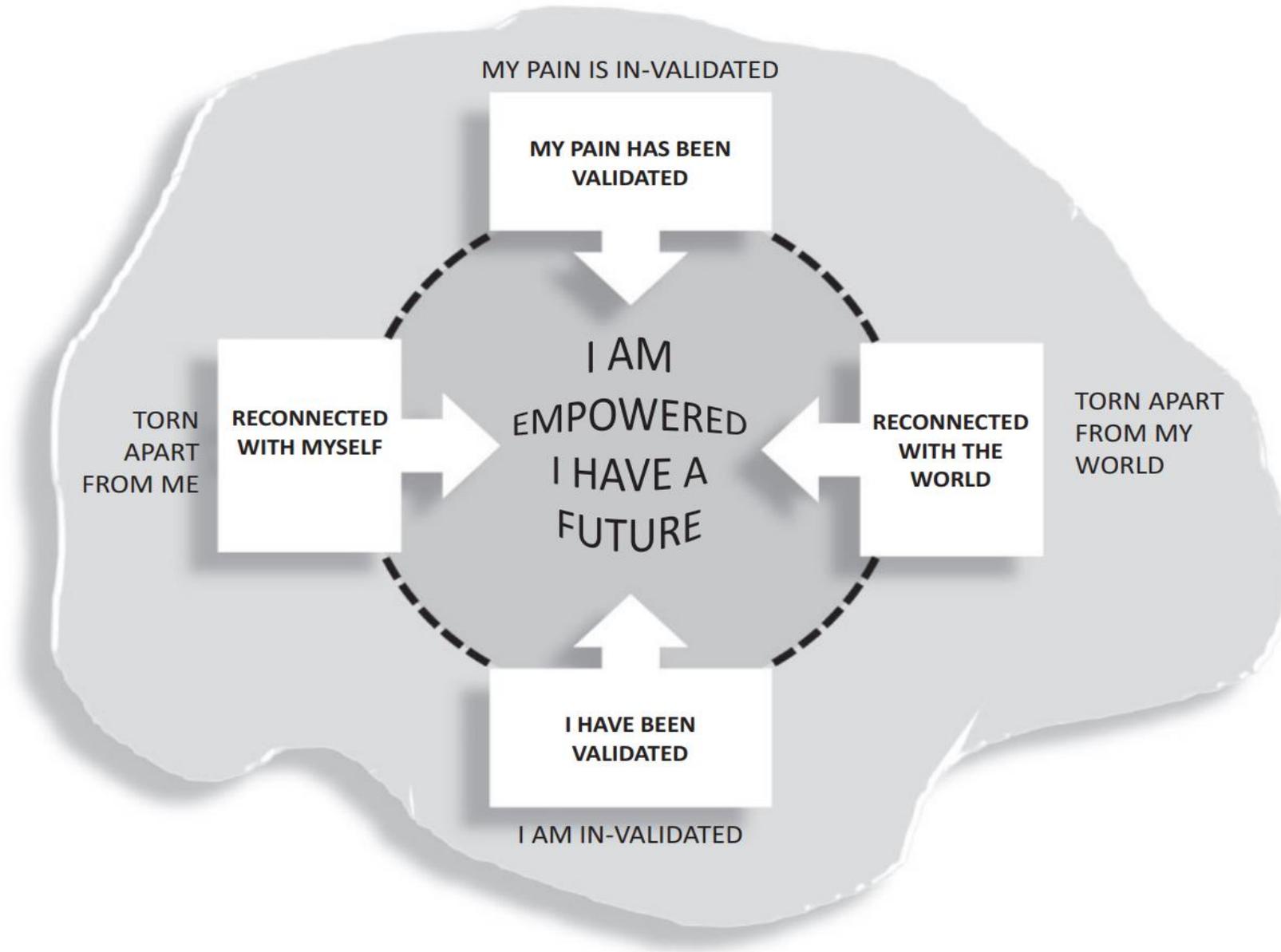
The Physiotherapy  
Pain Association



Improvement  
Lab



Physiotherapy  
Pain Association



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



# Your experiences

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

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<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

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# 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.



# Introducing PIC-C: Background & Content Development



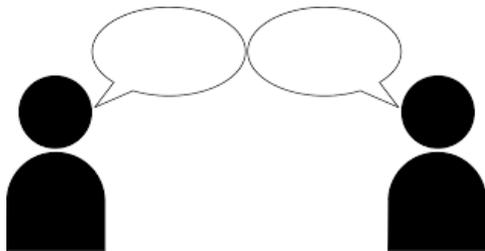
**Physiotherapy  
Pain Association**

- **Expanded our project partners**
  - Physiotherapy Pain Association: Diarmuid Denny
  - 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

**Duke**  
UNIVERSITY



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: 16week course
- 8-week (1.5hours) 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

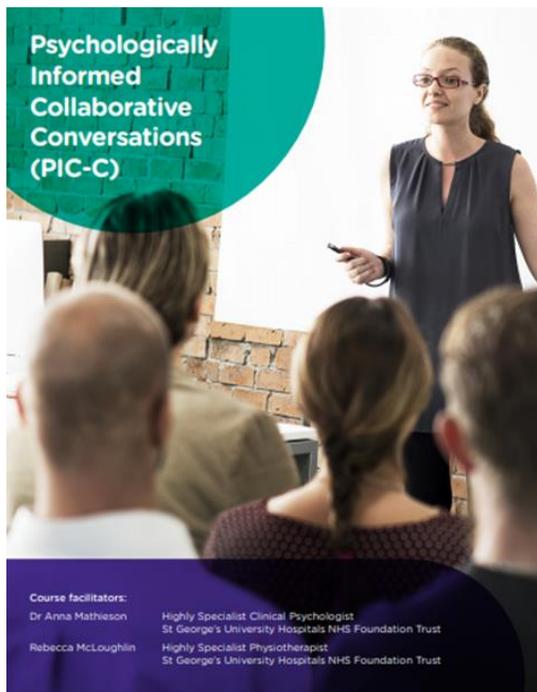
Week	Theme	Session Title	Session format
1	Therapeutic Alliance	Feeling safe and confident to make changes	<ul style="list-style-type: none"> <li>○ Settling in exercise</li> <li>○ Review of agenda</li> <li>○ Setting the scene / Review of between session task</li> <li>○ Focused topic</li> <li>○ Skill rehearsal</li> <li>○ Feedback</li> <li>○ Between session task for next week</li> <li>○ Closing exercise</li> </ul>
2	Adaptation model	Exploring where you are now and how you got here	
3	Exploring values	Finding your 'why'	
4	Functional analysis	The ABC of activity	
5	Behavioural patterns	Enabling behavioural flexibility	
6	Working with difficulty	Preparing for when things get tricky	
7	Building on progress	Helping changes to stick	
8	Finishing interactions	The end and the beginning	

# Introducing PIC-C: Supervision Sessions

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- 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

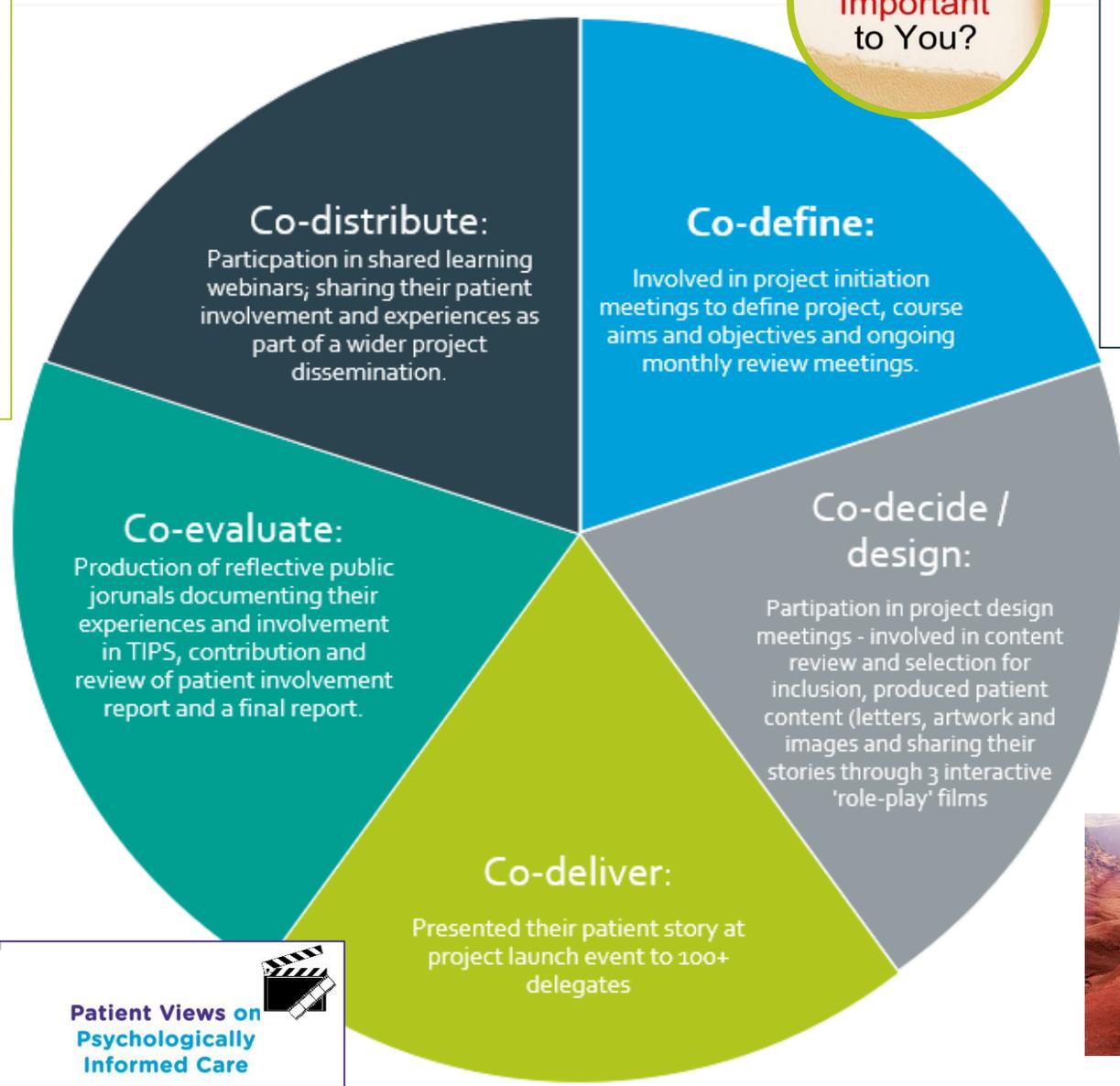


Speeding up the best in health and care, together

Dear Clinician,

This is a difficult letter for me to write to you as it is making me confront in writing the emotions I have kept buried away at the back of my mind for many years. I rarely speak about the emotional impact my condition has had on my life. I often question if it may be of relevance that from a young age, I was a pupil at a prestigious ballet school with every intention of becoming a dancer. My body was stretched and strained in every direction and I do now wonder if I ever worked my limbs to achieve my goal and am now paying for the years of hard toil.

If I were sitting in front of you today would you feel uncomfortable if I tell you that I feel totally abandoned by the medical profession? I know you cannot feel my pain; you can only hear my description. You don't know me; you don't know what my life is like and how much I suffer. I can tell you I live every day with pain, not just a fleeting ache but real pain which radiates through my body. It restricts everything I do. If you were one of my clinicians what would be going through your mind? Can you imagine how you would react if you were in a similar situation? Is it because I do not scream and shout or get angry that I am now left to manage my condition without input from anyone? (It is not in my nature to make a fuss). Is it because I do not fit in to a



## Public Journaling: Stage 1 – Design

Christine Price.

In December 2019, I was delighted to be asked to take part as a patient representative in a Health Foundation funded project on persistent pain and mental health. I joined a committee which included physiotherapists, clinical psychologists and another patient (Carole). As a patient I was fully included in conversations and decisions. My experience was that of true co-production, by all stakeholders, including me as a patient. Impressive!

The aim of the project is to produce and test a 'Psychologically Informed Practice' training package for Tier 2 MSK physiotherapists to:

- increase confidence in delivering and managing psychologically informed physiotherapy interventions,
- improve care and support to patients presenting with both persistent pain and psycho/social needs,
- produce an accredited PIP skills training programme ready for wider spread and adoption.

We kick started the project with a two day meeting in London. The format of the course was 'designed' and the way forward planned. In the afternoon of the second day we held a shared learning event for around 100 people, explaining our project and what Psychologically Informed Practice is. Some of us presented, alongside some other invited guests. Scary as it was presenting to a room full of clinicians, I did a 45 minute presentation called 'The need for change: a patient story' and Carole's patient story was also presented. Impressively our patient stories were rated highly by the audience! It was great to put our thoughts across. Two of the group, Rebecca and Anna, took the lead in developing content, but they always kept the rest of the group up to date and fully involved us. As patients Carole and I challenged some ideas, contributed our own and helped ensure the patient voice was both at the centre



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## Psychologically Informed Collaborative Conversations (PIC-C): Working in a co-productive way involving patient representatives

healthinnovationnetwork.com/clinical-therapeutic-mental-health

April 2021



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# Psychologically Informed Collaborative Conversations (PIC-C)

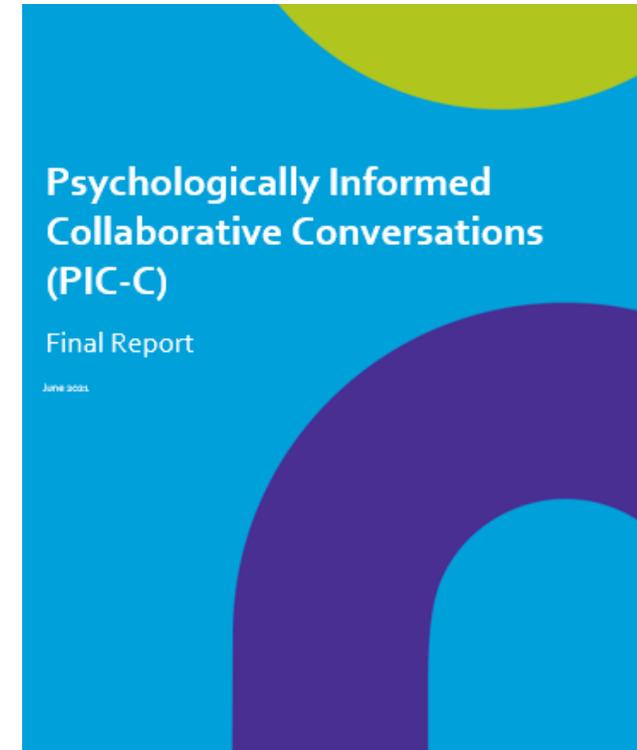
an evidence-based training and supervision package for clinicians

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# Impact on Change in Practice: Evaluation

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- Participant Questionnaire (pre, mid-point and post)
  - 5 patient experience films to review, reflect upon and state how participant would respond
  - Self-Efficacy (GSE-6)
  - Anxiety (NRS) – with question focused specifically around anxiety associated with delivering this approach
  - PANAS\_GEN (positive and negative effects scale)
- Group feedback & 1:1 interviews with participants and project partners
  - Recorded, transcribed and analysed using thematic analysis



# Impact on Change in Practice: Key Findings

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- 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

Survey	Key themes – techniques used in practice based on film scenarios		
Pre	<ul style="list-style-type: none"> <li>• Reassurance pain doesn't mean harm</li> </ul>	<ul style="list-style-type: none"> <li>• Pacing</li> </ul>	<ul style="list-style-type: none"> <li>• Flare ups</li> </ul>
Mid & Post	<ul style="list-style-type: none"> <li>• Focus on patient beliefs and the ABC Model</li> <li>• patient-led and value-based goals</li> <li>• exploring the patient's values</li> <li>• encouraging Self efficacy</li> <li>• exploring mindfulness as a supportive tool to combat negative feelings.</li> </ul>	<ul style="list-style-type: none"> <li>• exploring the patient's barriers including worries and beliefs</li> <li>• Goal setting</li> <li>• Positive about patient's effort</li> <li>• Exploring factors that positively or negatively influence experience of pain</li> </ul>	

# Impact on Change: Approaches used in Practice

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

*"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

Average response out of 50 (sliding scale)	Pre-PIC-C	Mid PIC-C	Post-PIC-C
	49/50 = 98%	41/50 = 82%	33/50 = 66%

# Impact on Change: Work-Related Wellbeing

Please indicate whether the training package as a whole has had a positive impact on the following



# Impact on Change: Work-Related Wellbeing

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"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

What worked well	What could be better
Modular approach and course content	Mixing training and supervision together
Duration of training programme	Reconsider use of role plays
Strong focus on communication skills	Include work-based assessments
Pre-filmed role plays and case studies	More face to face teaching
Supervision	NHS Futures Platform
Workbooks	Protected time for learning and ongoing supervision

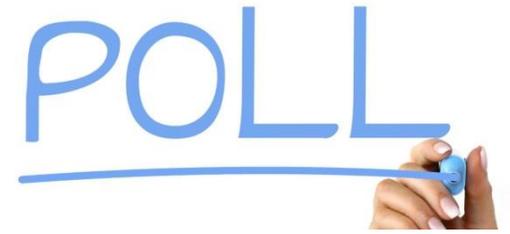
"I think if we just had the teaching sessions without the supervision bit, I think there would have been that problem with the equivalent of just doing a weekend course and never using it." (S2/P7)

"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

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- 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/>
- #737216

# Panel Question & Answer Session

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## Find out more:

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- 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](mailto: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

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