A decorative background featuring a light blue to dark blue gradient. Overlaid on this gradient are white and light blue circuit board patterns, including vertical lines, horizontal lines, and small circles representing nodes or components. The patterns are most prominent on the left and right sides of the slide.

**IMPACTING PSYCHOSOCIAL  
STRESSES SO PSYCHOSOCIAL  
STRESSES DON'T IMPACT RECOVERY  
FROM INJURY**

**ARNOLD HOLZMAN, PH.D., ABPP**

# CONFLICTS

Consultant to Workers Compensation Trust to manage the Injury Coping Assistance (ICA) Program.

# OBJECTIVES

1. UNDERSTAND THE IMPACT OF PSYCHOLOGICAL FACTORS IN THE DEVELOPMENT, MAINTENANCE AND RECOVERY FROM INJURY.
2. UNDERSTAND HOW PSYCHOLOGISTS VIEW STRESS AND ITS IMPACT.
3. UNDERSTAND THE IMPACT OF CONTEXT ON SYMPTOM DEVELOPMENT, MAINTENANCE AND RECOVERY.

# **HIPPOCRATES, 400 BCE**

**It is more important to know what sort of a person has a disease, than to know what sort of disease a person has.**

# NATIONAL ACADEMY OF MEDICINE

- Pain is the most frequent symptom causing people to seek health care
- Pain has biological, psychological and social components **and effective treatments must address all three.**

## **MIND-BODY DUALISM**

- Medicine has until recently maintained a dualistic approach to illness and injury. Patients who do not recover in an expected time frame might be labeled as having a psychological overlay in which psychological factors interfere with recovery. But how do psychological factors aid recovery.

# UNIDIMENSIONAL DIAGNOSTIC STUDIES

- Studies indicate that people walking the street every day without any appreciable complaints of back pain can have clinically significant signs of pathology on MRI. Specifically 57% of the working population would have “abnormal findings” if they were to undergo a lumbar MRI.

# SURGERY

- 84% of lumbar fusion surgeries are considered successful via radiographic evidence but roughly 50% of patients report dissatisfaction with the outcome. Many remain symptomatic, report worsened symptoms or become totally disabled.

# DIAGNOSING PAIN

- Architecture and pain complaints do not occur in a 1:1 relationship.
- Other factors are involved.

# WORLD HEALTH ORGANIZATION INTERNATIONAL CLASSIFICATION OF FUNCTIONAL DISABILITY AND HEALTH

2001

There was a shift in understanding how medicine should view disability. Specifically, it incorporated context of the injury contributing to opportunities for recovery. So how does context contribute to medical symptom presentation.

**Intervening variable would be psychological stress.**

# **STRESS**

Interaction of external and intrinsic processes.  
Stress is an active process. It is not something that just happens to a passive recipient (patient). There are multiple contributors to the experience of stress.

# BIOPSYCHOSOCIAL FACTORS

- Psychological factors –pre-disposing, pre-existing or co-occurring
  - psychopathological
  - characterological
  - cognitive
- Past history
  - developmental traumas or stresses (ACES)
  - medical history
- Psychosocial factors

# PSYCHOLOGICAL FACTORS

- Depression
- Anxiety
- Hostility
- Substance use/abuse

# CHARACTEROLOGICAL FACTORS

- Chronic Maladjustment
- Borderline/Volatility
- Symptom Dependency
- Poor Perseverance

# COGNITIVE FACTORS

- Attributions for ongoing symptoms
- Beliefs about the meaningfulness of the symptoms
- Beliefs and expectations for future outcomes
- Catastrophizing
- Perceived injustice

# PSYCHOSOCIAL FACTORS

- Related to or independent of injury
- Competing agendas of recovery vs. security
- Family dysfunction
- Relationship to healthcare system
- Relationship to workplace

# IMPACT OF PAST TRAUMAS

- In lumbar spine surgery, patients who had multiple childhood psychological traumas had an 85% incidence of failure. Patients without a trauma history had only a 5% incidence of failure. This study shows that a highly significant correlation exists between unsuccessful lumbar spine surgery and a history of childhood traumas. (Schofferman, et. al., 1992).

# IMPLICATIONS OF BIOPSYCHOSOCIAL ASSESSMENT

- Medical diagnostic techniques are reliable for making objective somatic medical diagnoses. They are not designed to evaluate pain, to understand the context of the patient's injury, to assess mood, attitudes or motivation.
- Medical interventions (surgery, medications, procedures) alone are less likely to work when the essential goals are to alter behavior.
  - decrease request for medications
  - increase activity levels
  - return to work

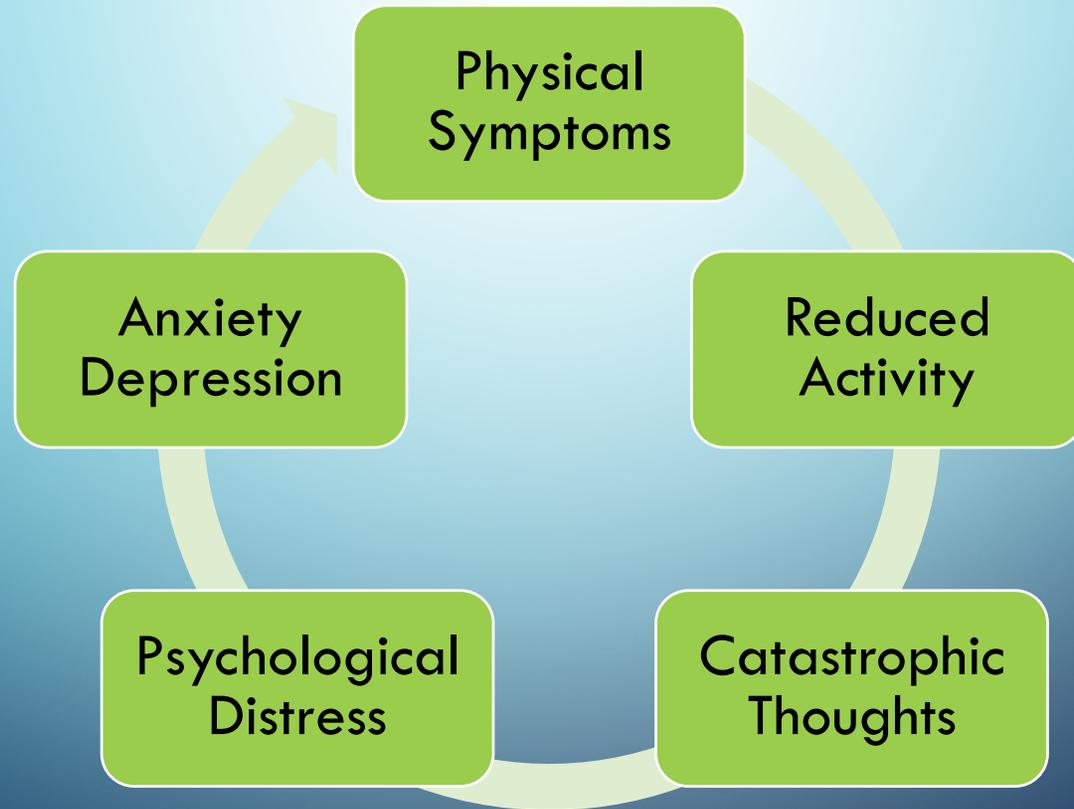
## HOW BIOPSYCHOSOCIAL FACTORS ARE APPLIED

- Cognitive factors: expectations, beliefs, attributions. These can influence their emotional state and how patients relate to and decide to utilize the health care system. These should be identified and addressed as directly as possible.
- Emotional factors include an understanding of the degree of loss and interference due to the injury and pain as well as the amount of support that is available in a person's life. Anxiety can influence pain behaviors by causing avoidance of pain evoking activities or by causing increased sympathetic and musculoskeletal arousal. This process should also be addressed avoiding stigma.

## **IMPLICATIONS OF BIOPSYCHOSOCIAL INTERVENTION**

- An intervention that includes psychosocial factors early in treatment will maximize the probability of positive outcome.
- Treatment must assess and have impact on all contributions to the patient's disabling condition.

# BIOPSYCHOSOCIAL INTERVENTION (CBT)



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# ASPECTS OF BIOPSYCHOSOCIAL ASSESSMENT

Assess early for psychosocial risk factors and intervene when necessary:

Patient education

Motivational interviewing

Pain coping

Injury coping approaches

Behavioral activation

Sleep management

# IMPACT OF THE EMPLOYER

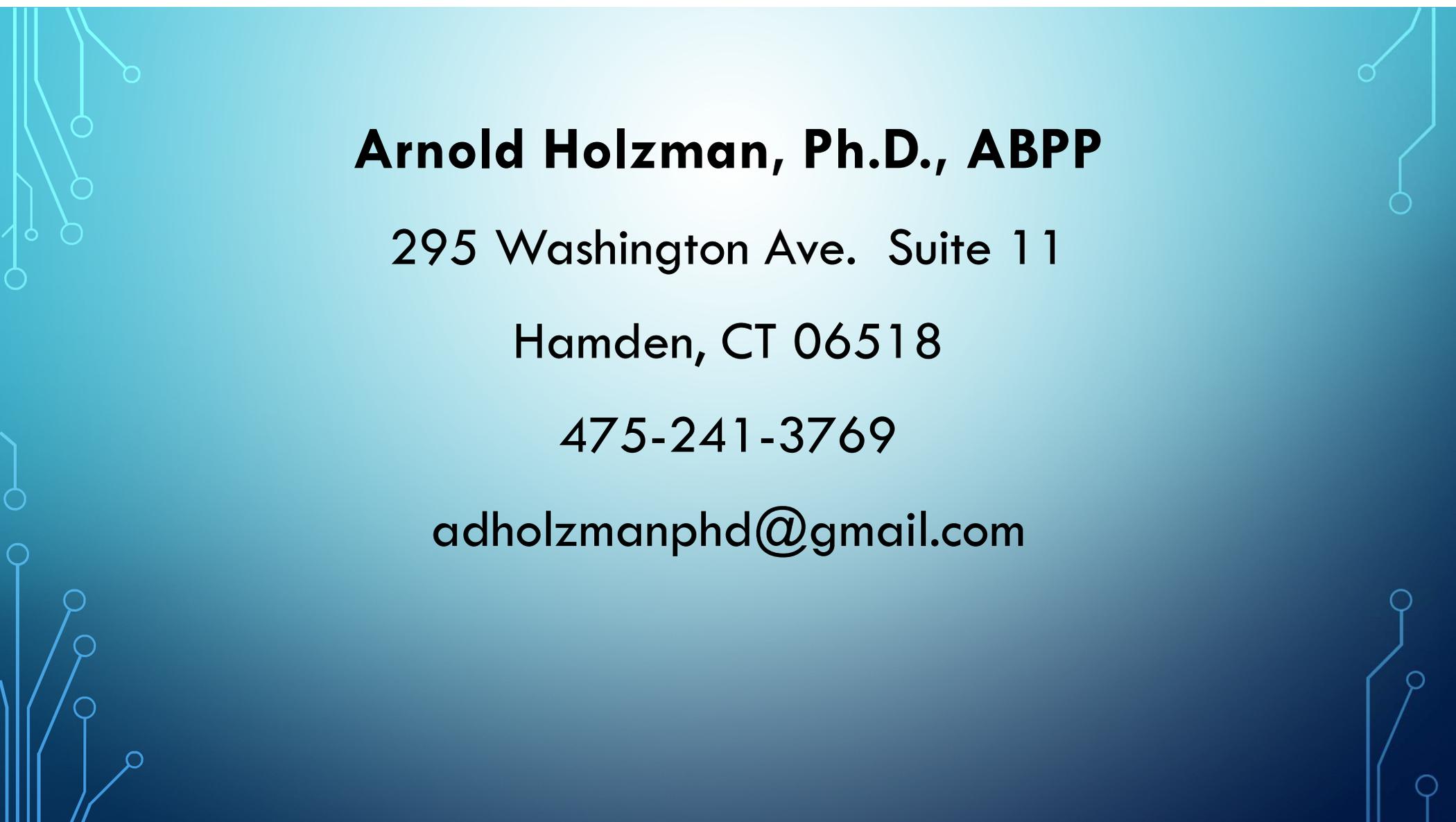
## Prevention

- Pre-existing and unnecessary work stresses
- Performance issues –poor or excessive
- Pre-existing behavioral indications of psychological distress – withdrawn, angry, distractible
- Pre-existing outside stresses that influence workplace performance

# IMPACT OF THE EMPLOYER

## Intervention after the injury

- Create a relationship where the worker feels as if they are still valued
- Reduce unnecessary conflict
- If feasible be open to creative or unconventional return to work options
- If possible avoid actions that create animosity, a sense of being discarded or forgotten



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