Diving Into Deep Waters

A Physical Therapist's Journey To Equip Her Company

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interviewing
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It is no secret that a significant number of patients who seek physical therapy for pain and other life-impacting conditions struggle with mental health conditions. Often, PTs and PTAs feel overwhelmed by the magnitude of their patients' concurrent life stressors, maladaptive coping strategies, and behavioral health concerns that affect treatment and outcomes. To be honest, some of us would rather shovel snow than dive into the deep waters of our patients' emotional problems! Others of us naturally gravitate to that type of care, where the integration of mind, body, and even soul gives deep meaning to our engagement with our fellow humans.

Whether you run toward or away from deep suffering, the reality of our profession demands that we all possess a baseline skill set in recognizing and addressing mental health concerns. We see people in pain, which the International Association for the Study of Pain defines as "an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage." Without some semblance of emotional competence and intelligence, we will struggle to establish the therapeutic alliance that is foundational to treating patients experiencing pain.

Additionally, as doctors of physical therapy practicing at the highest level of our licenses, we must do our part to screen for life-threatening conditions, such as depression and suicidal ideation. The Centers for Disease Control and Prevention has reported that 20.6% of U.S. adults have some type of mental illness, and many of these patients live in "mental health deserts," where access to mental health providers is severely limited. We have an opportunity to come alongside our patients in their journeys, which are always physical *and* emotional. Indeed, so much of what we already do in physical therapy casts a wide net and can be useful across multiple diagnoses and systems.

Regina Landrus, PT, DPT, practices in rural Minnesota and is no stranger to pain and suffering. As an Evidence in Motion fellow of pain science, she is one of those clinicians who is not afraid to wade into deep emotional waters, and her journey from fairly traditional orthopedic practice to a more integrated view of pain, emotional well-being, and patient care recently culminated in a leadership/service/research project that influenced her entire clinic system. To put boots on the ground and show how one passionate PT "ran toward" the tough stuff, I interviewed Regina. Her answers and the tool kit she provided touch the tip of the iceberg in terms of how PTs can integrate behavioral health knowledge into their practice.

As a learner in Evidence in Motion's Pain Science Fellowship Program, you were required to complete a scholarly project. These projects can include clinical research, community service and/or leadership undertakings within your practice. Can you describe your project and how it fit the requirements of the program you were involved in?

My fellowship project fulfilled many of the project areas including leadership, research, and community service. I put a lot of thought and time into what I wanted to do for the project. Time and time again, I returned to behavioral health and trauma. I was unsure about choosing this topic for a variety of reasons, including but not limited to this being an unusual topic for a physical therapist, not knowing what kind of support I would have, questioning if this has been done before, and wondering if I was overstepping my boundaries as a physical therapist. Fortunately, Adriaan Louw and my peers agreed this would be an exciting and relevant topic to explore. As the plans shaped up for the project, I increasingly felt as though behavioral health was going to become a new frontier in physical therapy.

I intended this project to be community service focused. I wanted to share the knowledge I had gained in my readings and trainings with other therapy staff in my company. Along the way, I realized how much of a leadership role this was becoming. Since we were in the middle of a pandemic, in-person trainings were not an option. My company has clinics spread across four states and I wanted to give as many people as possible the opportunity to attend my educational sessions. Therefore, I had to learn how to set up and record Zoom meetings. I also had to learn to use software to complete my pre- and post- testing, which I later shared with upper management of my company. I became the "go-to" person to ask questions about people not only in pain, but with behavioral health issues. The project grew into the research area as well, as Adriaan Louw and I recognized the value of the information we could obtain from my co-workers. We sought proper approvals and developed a tool that would help us gauge therapists' comfort levels in addressing behavioral health issues for patients experiencing pain. In the end, my project reached into realms of community service, leadership, and research.

Why did you choose to take on a project surrounding mental health and trauma?

When I first went through therapeutic pain specialist certification, I was talking with a clinical psychologist friend about the amount of pain people experience and the link with the biopsychosocial model, specifically mental health and trauma. This friend suggested I read the book "Waking the Tiger: Healing Trauma" by Peter Levine, PhD, and I was hooked! As I thought back through my life and the experiences I have had, I could see myself in some of what he was writing about. The more I read, the more aware I became. I was able to pick up on indicators of trauma in my patients that I would not have identified before. I had to refer a few to professional mental health providers, but many of these patients were improving their mental health with what they were doing in physical therapy. By the time I started my fellowship, I had already read numerous books on trauma, and when I thought about my upcoming scholarly project, I was compelled to complete it on this topic. I wanted to share my new passion with those that I work for and with.

How did your clinic supervisors respond to your project? The faculty supporting you? Your peers?

We were in the middle of a pandemic, so getting a group of my co-workers together in person for an education session was not an option. Everything else was going virtual, so why not my scholarly project? Fortunately, I work for a fantastic company that strives for excellence! I reached out to the director of professional development and asked what times and days I could use to complete the education and was told I could use whatever time I needed. I did not want to deter people by having an excessive time commitment, but I did want to provide participants with information that they could immediately use. Because my rehab company spans several states in the Midwest, I determined I would provide a series of education sessions over three weeks, each session lasting 90 minutes. Everyone was supportive of me, and the regional director, a PT herself, was among the participants. After these sessions, I have had numerous phone calls and emails from co-workers requesting help with their patients or sharing success stories on how they used the information I shared to help their patients. My company, Big Stone Therapies, provided the freedom, growth opportunity, moral support, and practical support (assistance in obtaining continuing education credits from the state, advertisement, etc.) needed to carry out this project.

What were the biggest challenges you faced?

Once we made the decision to include a research component to the project, the rigors of developing appropriate tools, finding valid outcome measures, and adhering to appropriate data collection standards was a bit laborious. I am appreciative of the guidance I received from Adriaan Louw in that department. In addition, the behind-the-scenes aspects of executing a continuing education course and gathering survey data were new to me.

Have you seen a culture shift in your system with regards to rehab providers interacting with patients with mental health concerns, thanks in part to your leadership project?

There was a statistically significant improvement in mental health knowledge, per the MAKS, (Mental Health Knowledge Schedule), in pre- to post-testing, and pre- to follow-up testing. A saying I often hear is "you don't know what you don't know." This applies to mental health as well. Often, we do not pick up on the statements, symptoms, and/or posturing from our patients that might make us think there is a behavioral health component to their pain experience. The shift identified by the MAKS tells me there are multiple staff in my company who have improved knowledge of mental health and therefore will be able to identify comorbidities in this realm during therapy intervention. I am receiving more calls and emails sharing success stories on how clinicians used the information to help a patient or asking for guidance in treating their patients. I have even had former co-workers contact me, knowing I have increased training in this area, asking for guidance.

What next steps are in motion in your system to keep mental health on the radar of clinicians?

I want to deliver the education again, either virtual or in person, to continue to spread the word about our ability to treat those who are on the spectrum of mental health issues and have a history of trauma. A few people who wanted to attend the series were not able to. I educate my PT students on this material, so they can also improve their comfort level with treating this population. I am building a pain program for my company with the goal of incorporating these topics into education sessions to up-train staff.

My project advisor, clinical psychologist A.J. Steele, PsyD, and I will present information on EIM's behavioral health certification course during the upcoming Therapeutic Pain Specialist quarterly meeting in December. A.J. Steele not only served as a reference for my fellowship project, but we are the program director and

program administrator for Evidence in Motion's behavioral health certification program. Our goal is to educate health care providers to become more comfortable with the information and bring it to their clinics.

The MAKS indicated a positive shift for participants, indicating an improved level of comfort in treating patients with a history of trauma. This improvement was only significant for pre-test to immediately after education. Based on this, the next step could be to complete follow-up mini sessions, after initial training, completed during specific intervals to determine if this will help solidify the gains that were seen immediately after the trainings.

Finally, I plan to continue my training in this area by taking course work and certifications on the topic of trauma, and by focusing my readings in the area.

Are there any additional plans for the data you collected?

The statistical results of my project show a shift of comfort level of therapy staff in treating patients on the mental health spectrum. Adriaan Louw and I are working on submitting the paper to journals for publication.

What is the biggest lesson you learned as you completed this task?

One lesson for me is the sheer amount of work and length of the research process. From the first concept of this project to its current status, it has been a journey and it is still not done. I have so much more respect for those researchers out there!

However, the largest lesson for me was the impact of having more knowledge to address the concerns of my patients. I have had numerous patients ask me if I was a "therapist," "shrink," or "psychologist" because I was in tune with what they were saying. They have told me they feel more comfortable talking to me than they do their mental health provider, and they are getting more help as they are able to address both the physical and mental issues at one time. I am not trying to take anything away from our mental health professional friends; they are worth their weight in gold! There are people who definitely need to see a trained mental health professional. However, physical therapists are in a prime position to have the skill set, time, compassion, empathy, therapeutic alliance, and passion to bring around positive changes for our patients, both physically and mentally.

What advice would you give rehab providers who feel hesitant to wade into the deep waters of mental health due to fear or concern about scope of practice?

It is a challenge to work with this population, but at the same time it is more rewarding than challenging. Having extra training and a tool kit that is at your disposal will improve your comfort level.

We have been working in silos and focused on our small area. We have been looking at the human body with a "find it-fix it" mentality. However, it is never physical health or mental health. Rather it is always physical *and* mental health. If we are going to guide our patients toward improved health, we need to focus on the whole person and the biopsychosocial components that make them unique.

Finally, APTA has a position in support of our ability to work with those on the mental health spectrum (HOD P06-20-40-10):

The American Physical Therapy Association supports interprofessional collaboration at the organizational and individual levels to promote research, education, policy, and practice in behavioral and mental health to enhance the overall health and well-being of society consistent with APTA's vision.

Physical, behavioral, and mental health are inseparably interconnected within overall health and well-being. It is within the professional scope of physical therapist practice to screen for and address behavioral and mental health conditions in patients, clients, and populations. This includes appropriate consultation, referral, or co-management with licensed health services providers in the prevention and management of behavioral and mental health conditions.

To learn more about the existing postprofessional educational programs around pain science that the authors are involved with, reach out to jpodolak@eimpt.com or rlandrus@eimpt.com.

For more information on the extent of the mental health crisis facing the U.S., view the Substance Abuse and Mental Health Services Administration's website at samhsa.gov/.