

Featured Conference Speakers: Biographies and Plenary Abstracts

What is the 'social' in Biopsychosocial?

Dr Amanda C de C Williams



Amanda is a Clinical Reader in Clinical, Educational and Health Psychology at the University College London (UCL). She underwent her BSc in Psychology at Bristol University, followed by experience working in drug addiction, then physical disability. She did her MSc in Clinical Psychology and her PhD whilst working at St Thomas' Hospital in Pain Management. She subsequently became a part-time senior lecturer at King's College medical school and part-time clinical practice at St Thomas' Hospital. In 2004 Amanda went to UCL as Reader in Clinical Health Psychology. She additionally works one session as a consultant clinical psychologist in the Pain Management Centre of UCLH (at the National Hospital, Queen Square), and one day for the International Centre for Health and Human Rights (ICHHR).

Dr Kai Karos



Kai Karos joined the Health Psychology group at KU Leuven in October 2012 and started his doctoral program under the supervision of Professor Johan Vlaeyen. His research is focused on the context of pain experiences, specifically the motivational and social context in which pain experiences and fear of pain occur. His PhD research investigates how a socially threatening context affects pain experience, pain-related fear and pain expression.

Abstract

The social dimension is one of the three pillars of our biopsychosocial conceptualization of pain. Yet this dimension is seriously under-represented in scientific research and clinical practice. Social factors are implicated in the development, prevention and mitigation of chronic pain, and in enhancing recovery. Many patient values, needs, and goals are implicitly or explicitly social (e.g., engaging in social activities such as sports, being understood and taken seriously by others), and isolation and loneliness both carry significant health risks but are worryingly common in people with chronic pain.

Are social factors harder to classify and systematise than biological and psychological ones? Pain management is an inherently social endeavour and creating a social context in which patients' needs for validation, acceptance, and support are acknowledged and met is crucial for successful rehabilitation. What should the "social" dimension in the biopsychosocial formulation of pain entail? What are the social needs of patients and how can they be addressed and met within a multidisciplinary pain management context, and within a pain management programme? How is the social life of a patient entangled with their experience of pain and ways of managing it? What are the important elements of 'social' recovery or reactivation, and how can we best help patients to expand and enrich their social lives?

What is occupation? How does chronic pain impact on employment?

Prof Alison Hammond



Alison is a Professor of Rheumatology Rehabilitation at the University of Salford; a Fellow of the British Health Professionals in Rheumatology and a Fellow of the Royal College of Occupational Therapists. Alison's research focuses on rehabilitation of chronic musculoskeletal conditions and includes: developing and testing outcome measures; surveys and qualitative studies of rehabilitation practice and with patients about condition impact on everyday life, work and their rehabilitation needs; developing rehabilitation and self-management interventions and evaluating these in trials; and enabling research into practice. Alison has authored over 80 articles and book chapters and contributed to self-help booklets published by Versus Arthritis and the National Rheumatoid Arthritis Society.

Abstract

Occupation is of central importance in our lives. Work especially should be a key outcome for rehabilitation as being in "good" work is associated with improved mental and physical health. This presentation will discuss research into the impact of chronic pain conditions on occupations and working lives; work outcomes; work rehabilitation, and discuss an ongoing UK trial of work retention rehabilitation in arthritis.

Social influences on pain: Two ends of the telescope

Dr Paul Campbell



Dr Paul Campbell is a Research Fellow of Symptom Epidemiology at the Institute for Primary Care and Health Sciences at Keele University. Paul has a psychology background and a research interest in musculoskeletal pain conditions, with a specific focus on psychological and psychosocial influences on the experience of pain. Paul's work has considered the dynamic influences of partners and family members on the experience of musculoskeletal pain, psychological predictors of poor prognosis for those with musculoskeletal pain conditions, as well as a growing interest in child and adolescent musculoskeletal pain.

Abstract

To consider two dimensions of social influence: those of the immediate social context of the person with pain, including the influences from partners, families, social support networks and support within organisational contexts such as work. A presentation on the wider macro-level social influences. There is a clear body of evidence at a large macro-level (e.g. international comparisons, population-level factors) of significant differences in the way pain is experienced and what people do when they have pain.

Perceptions of Injustice as a Risk Factor for Prolonged Work-Disability: Assessment and Intervention

Dr Michael Sullivan



Dr Michael Sullivan is currently Professor of Psychology, Medicine and Neurology at McGill University. He also holds cross-appointments with the school of Physical and Occupational Therapy and is Scientific Director for Research on Pain, Disability and Social Integration. He has lectured internationally on the social and behavioural determinants of pain-related disability. Dr Sullivan developed the Pain Catastrophizing Scale (PCS) in 1995, which has been used in over 700 studies and translated into 24 languages. Dr Sullivan also developed the Progressive Goal Attainment Programme (PGAP) and has published over 175 scientific papers and has multiple publications in books. He currently holds a Canada Research Chair in Behavioural Health. In 2011 he received the Canadian Psychological Association Award for Distinguished Contributions to Psychology as a Profession. A CD release in 1999 led to a nomination for Best Country Artist at the East Coast Music Awards.

Abstract

Perceived injustice has emerged as a powerful predictor of prolonged work-disability following a work injury. High levels of perceived injustice have also been shown to contribute to delayed recovery of the mental consequences of injury such as depression and post-traumatic stress disorder. Over the past decade, our centre has been involved in the development of tools designed to assess perceptions of injustice and approaches to intervention designed to reduce perceptions of injustice. This presentation will summarize what is currently known about the negative impact of perceived injustice on recovery outcomes. Video material will be used to demonstrate interpersonal and clinical expressions of perceived injustice. Informal and formal methods of assessing perceptions of injustice will also be described. Techniques that can be used to reduce perceptions of injustice will also be demonstrated.

Patient and staff experiences of follow-on-peer support groups after pain management programmes / Learning how to design and implement follow-on-peer support groups

CLAHRC West

The CLAHRCs are funded by the National Institute for Health Research and undertake high-quality applied health research focused on the needs of patients and support the translation of research evidence into practice with the wider NHS and Public Health. They create and embed approaches to research and its dissemination that are specifically designed to take account of the way that health care is increasingly delivered across sectors and a wide geographical area. The team here are part of the National Institute of Health Research Collaboration for Leadership in Applied Health Research and Care West (NIHR CLAHRC West) at the University of Bristol.

Dr Michelle C Farr



Dr Michelle Farr is a Senior Research Associate in Applied Social Science (Qualitative) Research at the University of Bristol. She is a Fellow of the Higher Education Academy. Her interests include co-production and co-design in health services, digital health innovations, and collaborative research with policy-makers and practitioners to develop health and social policies that tackle social inequalities. Her PhD was on co-design and co-production processes in health and local government. In her post with the CLAHRC West Ethnography team, she has worked on a variety of projects including the evaluation of chronic pain peer support groups, two projects evaluating the implementation of health technology, evaluating the implementation of a GP online consultation system, and another examined the implementation of a mental health care pathway tool. She is currently working on a public engagement project to explore how to equalize power relations in co-produced health research.

Dr Heather Brant



Dr Heather Brant is a Senior Research Associate in Applied Social Science (Qualitative) Research at CLAHRC West. She has particular research interests in decision-making and the concepts of wellbeing and identity. Her PhD explored the experiences of people with Ectodermal Dysplasia (an inherited condition that can affect appearance) and how living with this condition might influence reproductive choice. Dr Brant is an academic researcher, a health psychologist and a registered nurse who has a wealth of experience in health service research utilising mixed methods, quantitative and qualitative methodology. Her research interests include users' experience of health and health services, access to healthcare, medical ethics and clinical decision-making both in primary and secondary care.

Rita Patel

Rita works as a quantitative researcher at CLAHRC West. Her research interests include health systems research, with a focus on working with difficult to reach groups, health inequalities and optimising monitoring strategies for chronic health conditions.

Hannah Wedge

Hannah works as an assistant psychologist in the Pain Management team at North Bristol NHS Trust, co-facilitating Pain Management Programmes. She has collaborated with the NIHR CLAHRC West team in the research around these groups. She has broad research interests which include the

clinical application of health research, resilience and core values in staff teams, and patients' experiences of NHS services.

Abstract

Pain Management Programmes (PMP) improve how patients cope with chronic pain, however, benefits decrease after time. In North Bristol NHS Trust a peer support intervention has been initiated by patients and supported by clinicians to maintain the gains made from the PMP.

An ethnographic study examined patient and clinician views and experiences of peer-support after PMPs. Results indicate potential for improvements in social support, maintenance of coping strategies and reduced use of NHS services. However, potential unintended negative consequences of peer-support also need to be considered. This talk will outline the development of a protocol and guidance for PMP staff, patient tutor volunteers and patients of how peer support groups can be set up after PMPs in other NHS Trusts.

What is Social Prescribing? An update on the Social Prescribing Network and involvement in the Ten Year Forward Plan for the NHS

Dr Richard Kimberlee



Richard is a senior research fellow at the University of the West of England (Bristol). He teaches Public Health Economics to MSc Public and Environmental Health students and Physician Associates. He is a founding member of the National Social Prescribing Network of the UK. He is the South West lead for the Social Prescribing Network and NHS England's regional co-ordinator.

Richard graduated with a first-class Sociology/Psychology BA honours degree from Lancaster University in 1983. His MSc. Politics (Distinction) was gained from UWE in 1996, followed by a PhD in 2000. He has taught at Liverpool (John Moores) University, Bradford University and Bath Spa University. His current research interests include evaluating complex community health interventions and assessing their social value. This evaluative work includes analysis of DoH, SRB, Big Lottery, Sport England and EDF programmes.

He has a passion for nurturing the social prescribing initiatives that are evolving across the country to ensure that we can develop more preventative health services as resources become scarcer. His recent work includes a review of social prescribing for the Department of Health and an evaluation of the MacMillan Social Prescribing service at Bromley By Bow Centre and Gloucestershire CCG's social prescribing service.

Abstract

General practice is in crisis. Across the UK different models of social prescribing have evolved to meet the growth in patient attendance. Social prescribing is a wicked term. The post-modern, angst-driven, conceptualisation of social phenomena as 'wicked' first emerged in the field of social planning in the 1960s. A phenomenon labelled 'wicked' means it was something whose social complexity means that it has no determinable form or stopping point. Moreover, because of complex interdependencies, the effort to solve or understand one aspect of any 'wicked'

phenomena may, in fact, reveal or create more problems inimical to further understanding and development. This is true of social prescribing.

In this presentation, I will discuss different understandings of social prescribing. Additionally, I will look at the evidence for efficacy and value and discuss the role of the NHS funded social prescribing 'link workers' going forward in the context of the newly announced NHS (2019) Long Term Plan. I will highlight the political and practical implications of social prescribing and suggest that around the country unique and varying local partnerships and coalitions are emerging in a sort of 'war of position' in the struggle over ideas and beliefs in how we deliver personalised care. This is about how best to address specifically the crisis in the NHS; and more broadly how to enable holistic approaches to health. Social prescribing is building capacities to think differently about local wellbeing, and to challenge assumptions and norms, and to articulate new ideas and visions for future generations. It is important that key values and ideas as to what our health services are for and how they should be delivered needs to be and will be continually contested.

Title: tbc

Professor Mick Thacker



Mick is currently Associate Professor and Professional Lead for Physiotherapy at London South Bank University. He is involved with inter-professional learning initiatives for pain both at the university and in the wider academic arena. He was invited to join the curriculum development team of the International Association for the Study of Pain.

Mick qualified as a physiotherapist from West Middlesex University Hospital School of physiotherapy and worked as a specialist musculoskeletal physiotherapist at several London teaching hospitals. He achieved a distinction advanced training in manual therapy before completing a Master's degree at University College London (with distinction). Mick completed his PhD at King's under the supervision of Profs Pat Wall and Steve McMahon, his thesis focused on neuro-immune interactions and pain. He held lecturing posts at Brunel University and St Georges Medical School before moving to King's where Mick led the MSc Pain; Science and Society programme.

Mick received a fellowship of the Chartered Society of Physiotherapy in November 2011, for his outstanding contribution to the understanding and education of pain science within the profession and promotion of his profession within the wider scientific community.

Are social factors within the remit of PMP

Professor Chris Main



Chris is currently Professor of Clinical Psychology (Pain Management) at Keele University. He qualified in Clinical Psychology at the University of Edinburgh in 1974. He then worked in the Royal Edinburgh Hospital as a clinical psychologist for a further 2 years and in Glasgow mental health service as a research psychologist. In 1982 he was awarded a Winston Churchill Travelling Fellowship to study the treatment of pain in N. America. He then was appointed as Principal Clinical Psychologist at Hope Hospital in Salford with an appointment as a Research Fellow in The Rheumatic Diseases Centre and an attachment to the Manchester and Salford Pain Clinic where he helped to develop the first pain management Programme specifically for low back pain in the U.K.

Chris completed his PhD on Psychological factors in back pain in 1984 and was made a Fellow of the British Psychological Society in 1985. He was given an Honorary Readership in rheumatic diseases in 1987 and an Honorary Personal Chair in 1997 at the University of Manchester. Chris has over 250 publications including the Dram and the FABQ, *The Back Book* and *Living with Back Pain* his textbook on *Pain Management* (2000,2008). He has provided a large number of keynotes and clinical workshops. He is co-author of the Yellow Flag Initiative, shifting the focus of pain management from tertiary rehabilitation to secondary prevention and was a co-developer of the StarTBack programme at Keele University where he held a personal chair.

Abstract

The social aspect of pain has been recognised since the earliest PMPs in the 1960s with its focus on contingency management. Although frequently included in workshops on pain management, the social component is seldom featured explicitly. There has been a strong and vibrant tradition of research (in terms both of assessment and interventions) into pain, its persistence and social influences. Initiatives of specific relevance to PMPS have ranged from social influences on the individual (such as operant conditioning) to perspectives on social interaction (as in the socio-communication model of pain), recognition of group effects within PMPs, and biopsychosocial perspectives on the persistence of pain and the development of chronic pain-associated disability.

None of the professions involved in pain management seem to have had a strong emphasis on the social component of pain in their professional development. The shift to a more contextual understanding of pain has exacerbated this problem. The biomedical model of chronic pain/disability now sits within the broader biopsychosocial model. In broadening the impact and effectiveness of PMPs perhaps it is time now to address our attention more specifically on the social part of the model; focus our efforts on self-directed pain management in the context of valued care.