



**Progressive Goal
Attainment Program
(PGAP™)**



LifeTEAM™ Delivers!

We are in the business of improving health, decreasing work disability related costs and improving productivity. We believe there are better ways to manage pain and pain-related disability.

We believe in challenging the status quo in an effort to transform the impact of health and work disabilities on our communities. Our clinical leaders are delivering evidence-based health, rehabilitation and work disability management throughout the Western United States.

Innovation.

Evidence-based programs.

Delivering results.

This is LifeTEAM™!

Commitment to Evidence-Based Rehabilitation

LifeTEAM™ is proud to include the Progressive Goal Attainment Program, also known as PGAP™, into our existing repertoire of evidence-based rehabilitation approaches. LifeTEAM™ is proud to be an active partner in delivering PGAP™ in the United States.

The Progressive Goal Attainment Program (PGAP™) is the first disability prevention program specifically designed to target psychosocial risk factors for disability. It is an evidence-based rehabilitation program for reducing disability associated with pain, depression, and other chronic health conditions. PGAP™ was developed at the University Centre for Research on Pain and Disability.

Reducing Psychosocial Barriers . . . Reducing Disability

The primary goals of PGAP™ are to reduce psychosocial barriers to rehabilitation progress, promote re-integration into life-role activities, increase quality of life, and facilitate return-to-work. These goals are achieved through targeted treatment of psychosocial risk factors, structured activity scheduling, graded-activity involvement, goal-setting, problem-solving, and motivational enhancement.

What is Unique about PGAP™

PGAP™ is the only evidence-based rehabilitation program that specifically targets psychosocial risk factors to problematic recovery. By adding a psychosocial risk factor targeted intervention to existing treatment services, the goal is to establish virtual multidisciplinary treatment teams in the community. PGAP™ efficacy has been established and is published in peer-reviewed literature.

- Up to 10 one-to-one sessions - some clients discharged earlier
- Progressive reintegration into life-role activities
- Risk screening and targeted risk factors for intervention
- Utilization of structured Walking Program
- Activity planning, goal setting and motivational support
- Structured activity scheduling and problem-solving
- Planning resumption of occupational activities

Real change requires real solutions!

Your team. Your solution. LifeTEAM! • www.LifeTeamHealth.com



Progressive Goal
Attainment Program
(PGAP™) *continued*



PGAP™ Plus Physio

For this program, PGAP™ is combined with active restorative exercise two days per week. PGAP™ Plus Physio requires 3 hours a week for up to 10 weeks. In one recent study, a combination of restorative exercise and PGAP™ improved return to work outcomes over physiotherapy alone for those individuals with elevated psychosocial barriers to recovery.¹ In PGAP™, activity goals

are established to create an environment for the client that is incompatible with disability. In another study, results demonstrated that participation in PGAP™ increased the probability of return to work following whiplash injury by more than 50%.²

**LifeTeam +
PGAP™:
A powerful
combination!**

This approach delivers individually tailored intervention for injured workers with back, neck and extremity pain related disability who have finished initial traditional treatment, but whose recovery is delayed beyond established treatment guidelines. PGAP™ is intended for individuals disabled from work that require *early to chronic disability intervention*. Whether the injured worker has been disabled for 4 weeks or for multiple years, PGAP™ Plus Physio delivers a clinically effective, yet cost effective approach to work disability intervention.

Why LifeTEAM

As an outcome-driven, specialty network, LifeTEAM is now offering PGAP™ and PGAP™ Plus Physio in the Western United States. LifeTEAM is committed to the appropriate delivery of evidence-based rehabilitation. LifeTEAM is ensuring that clinicians have support in delivering PGAP™ and that it is consistent with established PGAP™ evidence and standardized training. Stringent quality assurance is accomplished through our clinical oversight team and our outcome system, LifeTRACK.

Your Team. Your Solution.

If LifeTEAM's rehabilitation approach is appropriate for your client or patient, please contact us to discuss how we can help. LifeTEAM accepts referrals from insurance carriers, claims professionals, physicians and other health professionals, nurse case managers, and attorneys. *Smart partners* continue to look to LifeTEAM for solutions to improve clinical and financial outcomes. LifeTEAM is your leader for innovative rehabilitation programs.

Clinical Citations:

1. Sullivan MJL, Adams H. Psychosocial Treatment Techniques to Augment the Impact of Physiotherapy Interventions for Low Back Pain. *Physiother Can.* 2010;62:180-189
2. Sullivan M.J.L., Adams, H., Rhodenizer T, Stanish W. A Psychosocial Risk Factor Targeted Intervention for the Prevention of Chronic Pain and Disability Following Whiplash Injury. *Physical Therapy.* 2006; 86: 8-18.

LEARN MORE

Please contact us to learn more about how we can work together to help you — or someone you know — live a better life. To learn more about LifeTEAM and how our specialized network can impact important health and financial outcomes, please contact us at info@LifeTeamHealth.com or call (408) 717-0722.

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What is PGAPTM?

PGAPTM can best be described as a 'Life Role Re-integration' program. As individuals become disabled due to an injury or debilitating illness, they abandon their involvement in many important activities of their lives. Many of these activities previously made up various life roles that defined the person's sense of identity and self-worth. Some of these activities are abandoned because of significant functional limitations. However, some of the activities are abandoned due to psychosocial factors such as fears, loss of confidence and a pessimistic outlook on their lives. By targeting the psychosocial factors that are contributing to disability, PGAPTM can assist individuals resume participation in activities that once gave their life a sense of meaning and purpose. Resumption of occupational activities is a central objective of PGAPTM.

What type of individual is considered suitable for PGAPTM?

Any individual who is occupationally disabled due to illness or injury would be considered a suitable candidate for PGAPTM. Given that psychosocial factors account for a certain degree of variance in all forms of disability, an intervention that targets these psychosocial factors holds promise of reducing the degree of disability; regardless of the health or mental health condition that has given rise to the disability.

When would an individual be considered for participation in PGAPTM?

Individuals can be considered for participation in PGAPTM once 'symptom stabilization' has been achieved. Symptom stabilization is broadly described as a state where the individual's health or mental health symptoms are being adequately controlled.

As a rule, individuals will have received medical treatment for the symptoms of their health or mental health conditions prior to being considered for participation in PGAPTM.

A psychosocial intervention with return to work objectives should not be considered prior to a) providing individuals with the medical services required to reduce the severity of their symptoms, and b) determining that medical treatments offered have achieved their maximal benefit.

When would the referral agent introduce the individual to PGAP?

There is no satisfactory objective approach to establishing when symptom stabilization has been achieved. When a symptom-focused treatment regimen (e.g, medication, exercise, psychotherapy) is implemented, it is likely that the greatest proportion of symptom reduction will occur within the first 8 weeks. A negligible proportion of symptom reduction will occur beyond three months of the institution of a symptom-focused treatment regimen. Once the rate of symptom reduction begins to plateau, a referral for a PGAPTM assessment should be considered.

It is important to ensure that the client understands that symptom stabilization has been achieved and that there are not likely to be additional investigations or treatments that will alter in a significant way the client's health condition. If the client has been scheduled for additional diagnostic investigations or for specialist consultations that are held out with a promise of further treatment or potential cure, a disability reduction is unlikely to be successful.

What materials are used in PGAPTM?

The materials required to conduct PGAPTM include the PGAPTM Information Video and the PGAPTM Client Workbook. PGAPTM cannot be conducted without the PGAPTM Information Video or the Client Workbook. These materials are used as a platform for the different intervention techniques associated with PGAPTM, and as a mechanism for ensuring adherence to treatment protocol.

How should PGAP be introduced to the individual?

The manner in which a disability-reduction program, such as PGAPTM, is introduced to a client is critical to the success of the intervention. Individuals suffering from a debilitating health and mental health condition will be most interested in being offered interventions that will yield a reduction in their suffering. For many individuals, shifting away from symptom-focused interventions toward a disability-focused intervention will be a significant challenge.

Research shows that when clients 'expect' a treatment to be effective, the probability of treatment effectiveness is increased substantially. If the literature speaks unequivocally to the importance of a client's beliefs in the efficacy of a particular treatment, the clinician needs to incorporate techniques within his or her explanation of treatments to assist the client in 'expecting' or 'believing' in a positive treatment outcome.

An Information Video has been developed as tool the clinician can use to introduce the client to PGAPTM. The Information Video was designed as a vehicle for providing education and reassurance about the importance of activity in the management of debilitating health and mental health conditions. The Information Video was conceived as a standardized means of engaging the client in PGAPTM.

Are there situations that would require the discontinuation of PGAP[™]?

A variety of situations might arise such that the discontinuation of PGAP[™] might need to be considered. One such situation might be that the participant's health or mental health condition has increased in severity. Although individuals are considered for enrollment in PGAP[™] only once symptom stabilization has been achieved, it is possible that recurrence, relapse or exacerbation might present obstacles to progress in rehabilitation.

Individuals will make progress in a rehabilitation program such as PGAP[™] only under conditions where they are able to situate rehabilitation goals as a priority in their lives. If changes in symptom severity or life stresses occur that make it difficult for the individual to place rehabilitation goals as a priority, then discontinuation of PGAP[™] might need to be considered.

What if others involved in treatment are not familiar with PGAP[™]?

Treatment outcome in rehabilitation is frequently determined by the degree of consistency in the 'messages' the individual receives from professionals involved in his or her treatment. When the individual receives messages that are discrepant, or that criticize a particular approach to treatment, the participant's confidence in the probability of positive outcome will necessarily be adversely affected.

It is important that the PGAP[™] provider be aware of all the different health or mental health professionals involved in the participant's treatment. The PGAP[™] provider can ask the participant's permission to forward a description of PGAP[™] to other members of the treatment team. The more that other professionals are aware of the nature and goals of PGAP[™], the less likely they will be to voice a negative (or uninformed) opinion about the participant's involvement in the program.

What are PGAP[™] *inspired* interventions?

It appears that some providers implement variations of PGAP[™] and refer to these as '*PGAP[™] inspired*' or '*interventions based on PGAP[™]*'. It is important to note that there are no authorized variations of PGAP[™]. The PGAP[™] acronym can only be used in reference to the delivery of the standardized program described in the PGAP[™] Treatment Manual. Any variation of PGAP[™] that uses the acronym '*PGAP[™]*' to suggest similarity to PGAP[™] in terms of content or outcome would be considered a misrepresentation of service provision and a breach of trademark laws.



Can PGAP™ be delivered by telephone?

PGAP-Tel™ is the name used to refer to the format of PGAP™ designed to be delivered by telephone. An individual who has been trained to provide PGAP™ (in face to face format) is not necessarily able to provide PGAP-Tel™. The delivery of PGAP-Tel™ requires additional training and access to a custom software application necessary to apply various PGAP™ intervention techniques by telephone. Providers can only deliver PGAP™ by telephone if they have been specifically trained in PGAP-Tel™ and have been specifically trained in PGAP-Tel™ and have entered into a licensing agreement with PDP Program Inc. LifeTEAM™ is delivering PGAP-Tel™ throughout the U.S. through our team of trained PGAP-Tel™ providers.

Can PGAP™ be delivered by HD Video Conferencing?

In areas where a face to face PGAP™ provider is not available, LifeTEAM™ has the capability to deliver PGAP™ via HD Video Conferencing. The benefits of HD Video Conferencing are that much of the intimate interactions between a PGAP™ Provider and client are maintained. Today's Tele-Health technology experience has evolved to a "like being there" face to face experience. Typically this program is coupled with our one to one onsite LifeTEAM™ Physio Program. If you have a need for this service, please discuss with us how our team can be in the communities where you require a LifeTEAM™ Program.

**For additional information, please contact
LifeTEAM directly at 800.994.3220.**