Pain management: application of cognitive behavioural methods

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Starting point

- For people with persisting (chronic) pain unless something specific and treatable has been overlooked, curative treatment is very unlikely and its very pursuit may not be risk-free.

Goucke CR. The management of persistent pain. Med J Aust 2003; 178(9): 444-447.

Bogduk N. Management of chronic low back pain. Med J Aust 2004; 180 (2): 79-83

Loeser JD. Mitigating the dangers of pursuing cure. In: Cohen MJM, Campbell JN, eds. Pain Treatment Centers at a Crossroads: A Practical and Conceptual Reappraisal. Seattle, IASP Press, 1996:101-108.

Prediction of non-RTW / disability in injured workers: risks rise with:

- Persisting pain
- Distress (depression, anxiety, stress)
- Fears/beliefs (eg.'of re-injury', or that 'can't do things due to pain')
- Passive coping (avoidance, escape)
- History of pain
- Work issues: 'satisfaction', conflicts, work availability, transferable skills
- Demographics: older, female

(Abenhaim et al., Spine 2000; Bigos et al., AHCPR, 1994; Fordyce IASP, 1995; Linton, IASP, 2002; Pincus et al, Spine, 2002; Waddell & Burton, FOccMed, 2000)

As with all interventions

- Assessment of problem(s) is first step
- Use history, medical reports, interview, observation, questionnaires
- Develop ‘working hypothesis’ about case
- The intervention is a test of the hypothesis (so, review progress and adjust hypothesis and intervention as needed)
- Avoid ‘one size fits all’ approach

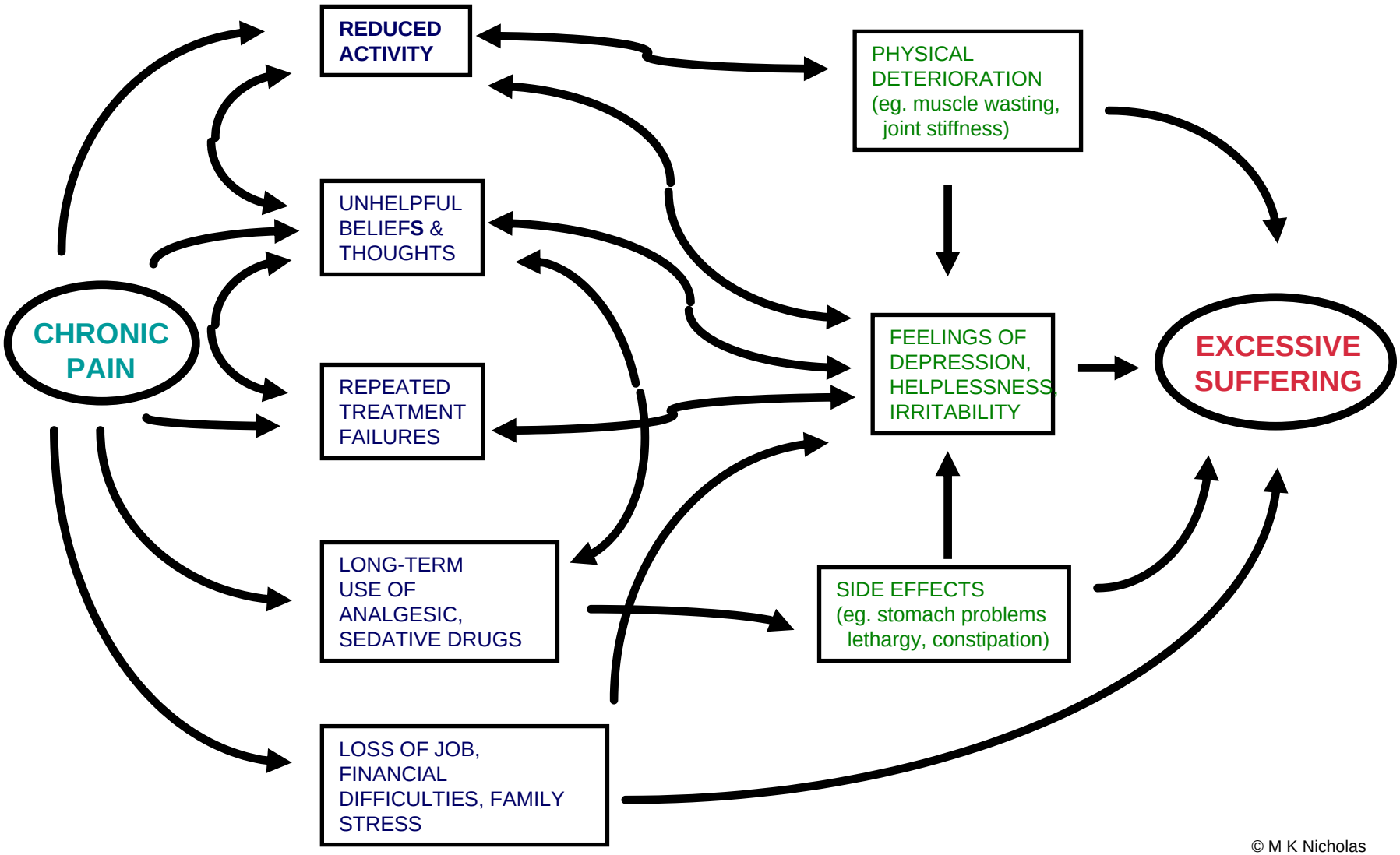
Key Tasks in CBT for pain patients

- Reconceptualise pain problems (hurt/harm) (chronic pain model) – use Socratic technique
- Clarify roles, expectations (collaborative vs directive)
- Agree on achievable goals (short-term/long-term)
- Work out steps towards those goals (eg. prioritizing; pacing)
- Systematic encouragement for progress towards these goals
- If necessary, teach skills/coping strategies
- Identify likely obstacles + plan for solving them
- Develop maintenance plan

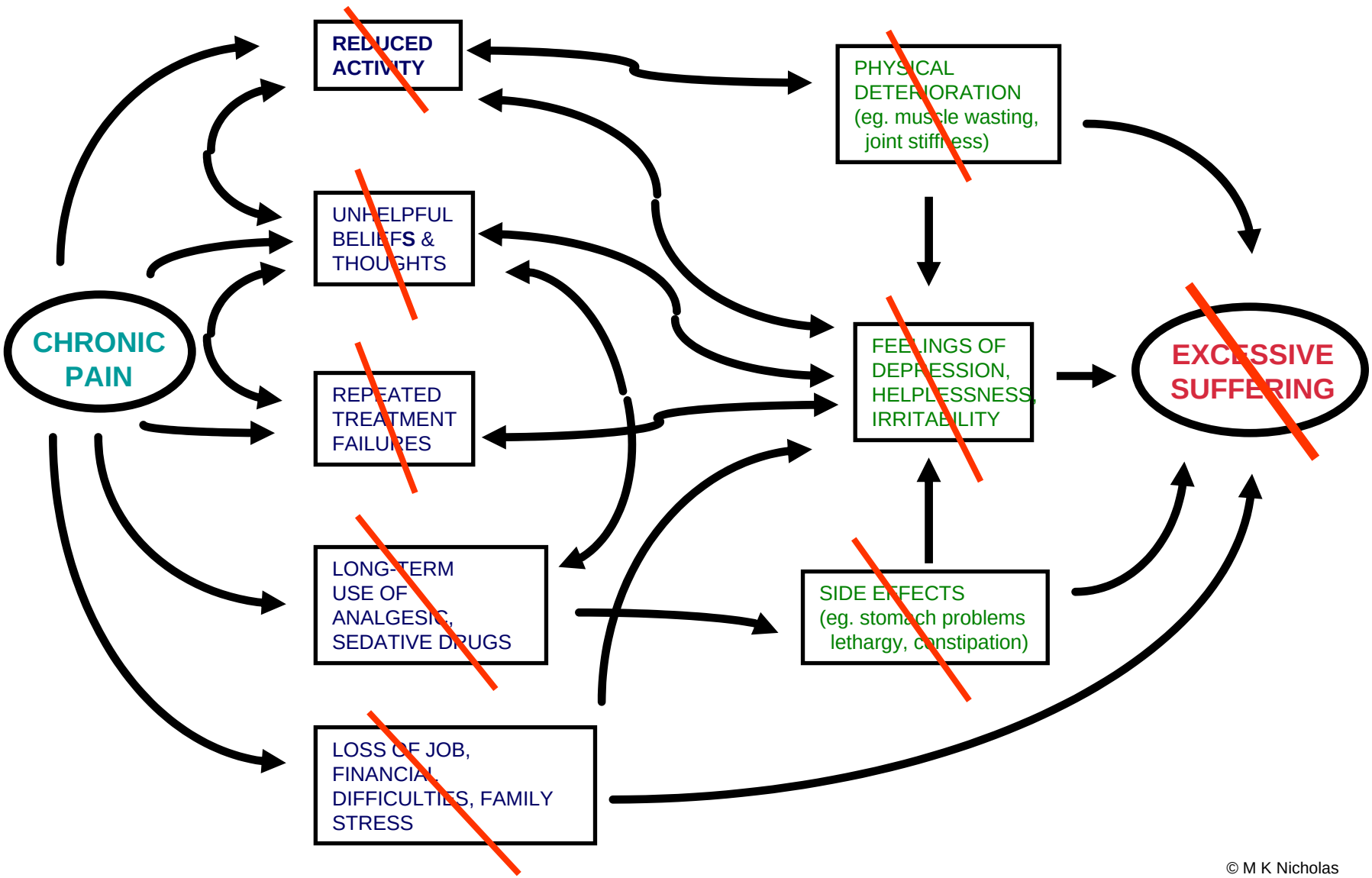
Socratic Technique

- A way of eliciting information from patient
- Yields more specific information than if you ask patient for explanations
- Instead of asking questions that start with ‘why’...
- Use words like ‘when’, ‘how’, ‘what’
- Eg. “Tell me what happened next...”
- Or “What do you think is happening in your body when your pain gets worse?”

Reconceptualise the problem



What if we could…?



Clarify roles, expectations

- Collaborative vs directive (all stakeholders)
- Patient must play an active role (not expecting healthcare provider to fix all)
- Patient must work towards own goals and tasks between sessions at clinic
- Healthcare provider will provide information, support, guidance (not all the answers)
- A written manual and charts can help

Agree on Achievable Goals

Putting it simply:

Goals = motivation

Without motivation no one is going anywhere

Goals vs Pain & Impairment

Double amputee conquers Mount Everest, despite breaking artificial limb on ascent

One of the carbon-fibre legs snapped while climbing at around 6,400 meters, but he was able to repair it with spare parts

Wife: “He’s dreamed of this all his life, probably. He’s over the moon”’

Setting goals

- Specific (eg. walk to shop)
- Measurable (can see when it's done)
- Achievable (not unrealistic)
- Relevant (to the patient = motivation)
- Timely (within a reasonable time-frame)

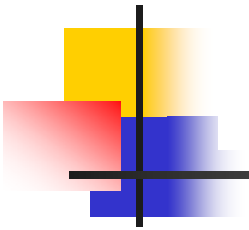
Specific Goals (examples)

Short term	**Long-term**
Increase sitting time	Return to work 8 hrs/day
Increase walking time	Cook all family meals
Mop floor	
Stir a pot on stove	

Systematic encouragement for progress towards these goals

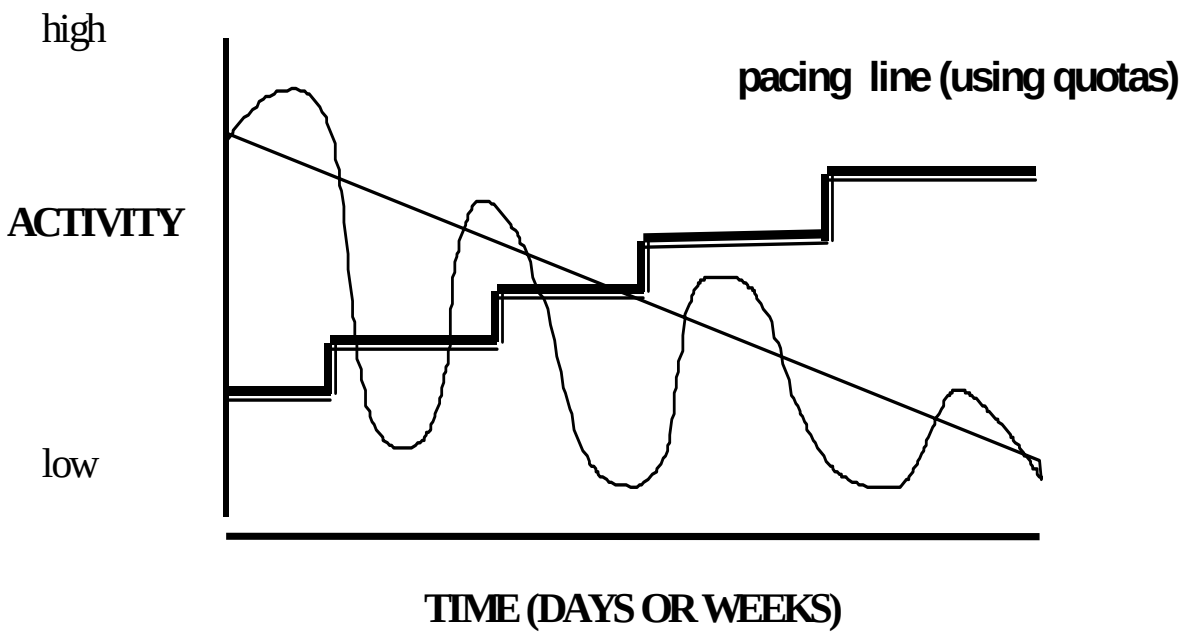
- We all respond to feedback
- Learn faster
- Strengthen learning

- HCP's must provide consistent and positive reinforcement for efforts by patients (praise, recognise difficulties)
- Encourage patient to self-reinforce



But motivation is not enough

We need a plan: Pacing up an activity despite pain



Motivation + a plan may still not be enough

The skills to carry it out are also required

Problem-solving is a key skill

Main steps:

- Identify (clarify) problem
- Identify possible options (solutions)
- Select best option
- Try it
- Evaluate (may need to revise initial perception of problem)

Controlling emotional arousal (stress, anxiety)

- Cognitive strategies (eg. Identify and deal with catastrophic thoughts)
- Behavioural strategies (eg. Relaxation, meditation, desensitization/habituation, Tai Chi, yoga)

Dealing with flare-ups in pain

- Flare-ups should be expected
- Not a threat, but need to be managed
- Helps to have a basic plan ready

Flare-up plan

- Recognise pain is worse
- Check my reactions (thoughts, feelings – am I catastrophizing?)
- Remind myself that I'm OK – "it's just a flare-up, not a new injury" (I've had these before, I expect them and I know they will settle)
- Calm myself (relaxation, desensitisation/meditation)
- Check activities (have I been over-doing things?)
- Plan for day – make sure I pace activities, but don't stop everything

Identify and plan for likely obstacles

- **Patient's usual responses**
- Get upset ("I've failed again", "no point trying")
- Fear of failure ("what if it doesn't work?")
- Perfectionism ("not good enough", "lower standards"
- **Family responses/expectations**
- "can't be much wrong if no drugs/surgery"
- "why don't you try this other treatment...?"

Maintenance

- This is a chronic condition
- Fluctuations in pain expected
- Just like diabetes or asthma, need for a long-term management plan
- Ideally, plan supported by patient's family, doctor, employer

Ideal pain self-management skills

- Maintain most normal activities despite pain, using pacing
- Recognise functional limits, but gradually extend them
- Maintain a high level of self-reliance
- Use alcohol for recreation only (normal social use)
- Use analgesics sparingly (as an aid, not primary treatment)
- Deal with increases in pain without becoming distressed
- Develop and maintain good sleep habits
- Deal with set-backs, hassles without becoming depressed or despairing
- Interact with significant others as normally as possible (avoid sick-role)
- Play an active and informed role in the management of own pain (able to communicate effectively with doctors)

Maintenance Plan – must include

- Specific goals (may change over time, but provide direction)
- Flare-up plan
- Regular activity pacing
- Regular monitoring of cognitions/mood/relationships
- Regular use of calming strategies
- Regular use of basic exercises (fitness, stretching, Tai Chi)
- Regular self-reinforcement of efforts (make sure some ‘fun’ activities included)

Conclusion

- CBT methods can be used by all health professions
- Assessment is critical
- Always use a collaborative approach
- Change is seldom smooth, so patience and consistency are important