

# CHRONIC PAIN MANAGEMENT

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# EPIDEMIOLOGY OF CHRONIC PAIN

## Definition of Chronic Pain:

- Pain persisting or recurring for more than 3 months.

## Significance:

- Major public health issue affecting quality of life, mental health, and work productivity.
- Leading cause of disability globally and in the UK.

## Prevalance:

- London Prevalence Rate: Approximately 29% of adults in London reported experiencing chronic pain lasting three months or more . Diverse population with varied socioeconomic, cultural, and health profiles.
- National Context: Nationally, chronic pain affects 43% of UK adults, equating to nearly 28 million people
- Age Factor: The prevalence of chronic pain increases with age, with nearly 62% of adults over 75 affected

# WHAT WILL WE BE COVERING?

- **Theory approach:**

Acceptance and Commitment Therapy- *what it is, the 6 interchangeable stages, how you can apply it*

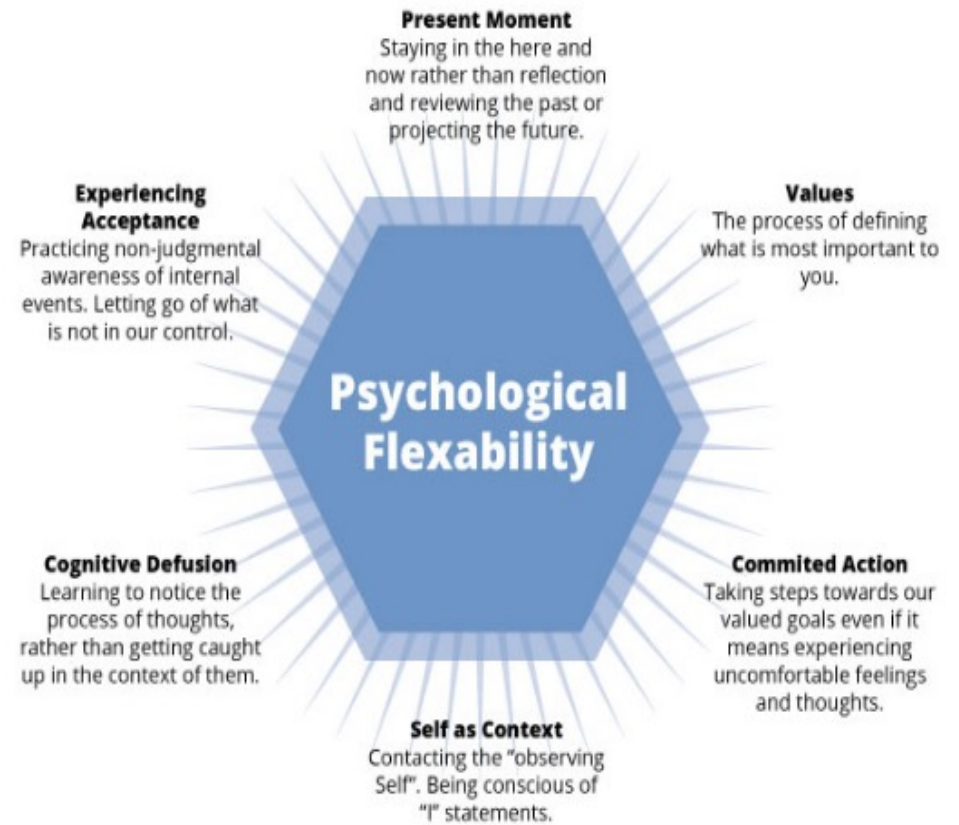
- **Theory informed approaches:**

Motivational Interviewing- *what it is, what it involves, how you can use it in sessions*

OARS questions

# ACCEPTANCE AND COMMITMENT MODEL

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## What can ACT do to help?

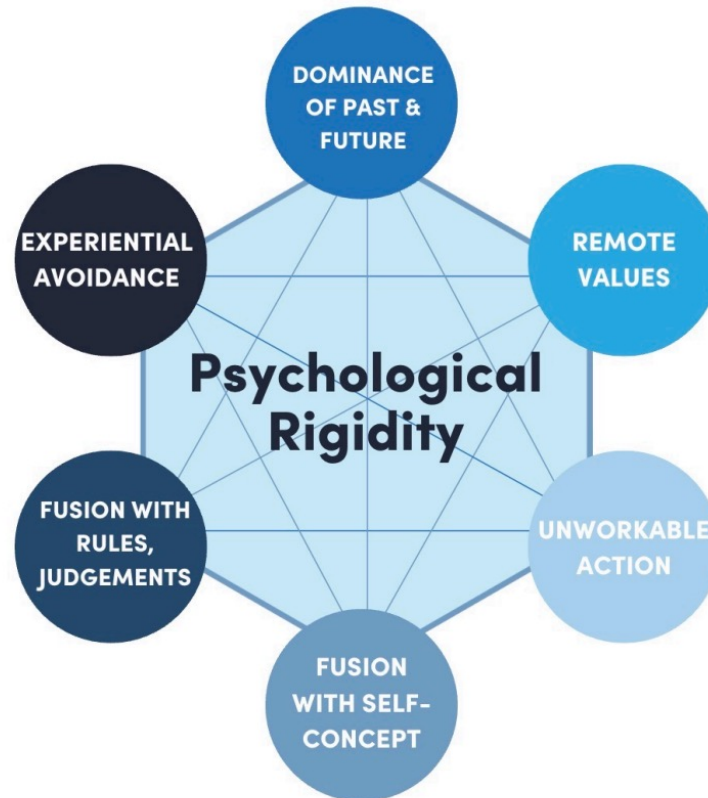
- Increase flexibility and agility. How?
- By developing willingness to have internal experiences. How?
- By building acceptance by defusing from language. How?
- By learning to inhabit the present moment more. Why?
- So we can do more of the things we truly care about in life.

## Psychological Flexibility

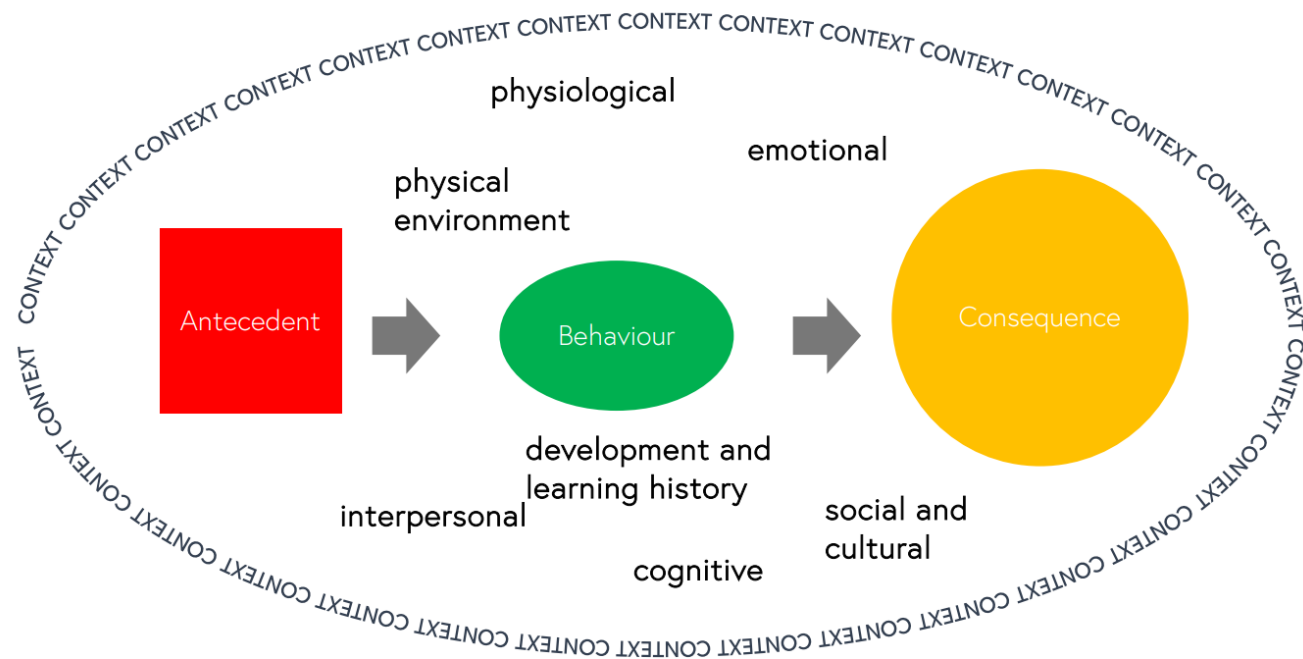
Contacting the present moment as a conscious human being, and, based on what that situation affords, acting in accordance with one's chosen values

*Shown to mediate  
outcome in 100s of  
studies*





## ABCs of Human Behaviour







### Function

Function is the effect an event has

### Context

Context is where the event happens

### Meaning

Meaning is defined by consequence  
(does it help is more important than  
is it true?)

# HOW IS IT USEFUL FOR OUR PATIENTS... DEFUSION

Patients who have had a long-standing injury, or rehabilitation may not always think positively

For patients worrying about their injury, will they get injured again, ruminating in the past, “what will happen if I play football again?”

In ACT we tap into our OBSERVING MIND, which watches our thoughts, by noticing our thoughts

What thoughts are you having right now? That is your observing mind

In ACT you do not tap into your thinking mind, i.e judgement, self criticism

# HOW DO WE DO THAT? MINDFULNESS...

It can help to contact the present moment; our minds will always take us into the past or future

To help patients to develop an anchor, to help stabilise the patient in that emotional storm, i.e with tennis when players go to the back of the court and spin the racket or breathing out powerfully. Or simply pushing feet down into the ground

An anchor is a physical action to bring the mind back to the present moment

An example, ***Taking a Mindful Sip***: how heavy is the bottle, what does it look like, what is the temperature in your hand, how is it moving, then take a slow sip, again what does it taste like, what is the temperature, how does it feel in your mouth



ACCEPTANCE OF THE CHRONIC PAIN  
CAN WE CONTROL OUR THOUGHTS AND FEELINGS?



**IF I COULD I  
MAGIC AWAY  
THE PAIN, WHAT  
WOULD YOU BE  
DOING?**

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# MOTIVATIONAL INTERVIEWING

Motivational interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change.

It is designed to **strengthen personal motivation** for and commitment to a specific goal by eliciting and **exploring the person's own reasons for change** within an atmosphere of **acceptance and compassion**.

*(Motivational Interviewing: Helping People Change. William R Miller, PhD, Stephen Rollnick, PhD. Guilford Press, Sep 2012.)*

# WHAT DOES IT LOOK LIKE WHEN WE USE MOTIVATIONAL INTERVIEWING?



curious, inquisitive



open-minded, flexible, humble  
transparent



**making sense of  
behaviour**



taking different perspectives



piecing the story together

# EXERCISE: TALKING ABOUT CHANGE

Role play...

Person 1: pick something you are thinking of changing, but haven't yet done so.

Person 2: play the part of a helper/physio. Tell the other person why they should change; list the reasons for doing so and give them lots of advice and suggestions

❖ Person 1, how did you find that?



## HOW DO WE DO IT? PATIENT CENTRED COMMUNICATION....

The purpose of using **patient-centred communication** tools is to support clients to explore their ambivalence and clarify their reasons for change.

In the early phase of motivational work, a key task is to create an atmosphere of acceptance and trust

Key client-centred communication skills for the worker are summarised by the acronym **OARS**:

- **O**pen questions
- **A**ffirmations
- **R**eflections
- **S**ummaries

# OARS: OPEN QUESTIONS

Give a patient more room to respond

Invite a patient to say what's important to them

Patients should be doing more than half the talking

Both open and closed questions provide information, but open questions allow greater potential for a relationship to be built

What is the difference in what a patient might experience by being asked an open vs. a closed question?

# REPEAT THE EXERCISE...

This time repeat the exercise, don't try to give advice or guidance, but listens to what the person is saying and try to understand it. Consider asking the following questions:

This time try more **open-ended questions**- like:

**1) Why do you want to change? And why not?**

**2) Have you had any ideas about how you might do this?**

**3) How important is it to you and why?**

❖ How did you find it person 1? Did you think of any other questions?

# PRACTICE TURNING CLOSED QUESTIONS INTO OPEN...

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1) Have you been following the exercise programme?

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2) Do you experience pain when you bend your knee?

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3) Are you worried about being able to play netball again?

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4) Does that feel better when I give you assistance to move your shoulder?

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5) Do you have any goals in mind for your rehab?

# OARS: AFFIRMATIONS

A process of actively seeking out and commenting on the patient's strengths, efforts, and good intentions

Statements which aim to support and reinforce the patient's strengths and efforts.

Highlighting the strengths that you are noticing in the patient

Affirmations do need to be genuine- you need to pick up on the strength and reflect back it back to that patient, make it personal

- ❖ *"I appreciate you sharing your challenges with me; it's important to be open about how things are going."*
- ❖ Can anyone think of an example?

# OARS: REFLECTIONS

A well-formed statement is less likely to provoke defensiveness than a question

Turning a question into a reflection:

“Are you saying that you don’t feel safe exercising and it is going to cause pain?”

“If I heard you correctly, you feel as though exercise may not be safe for you right now and may result in pain.”

# SIMPLE VS COMPLEX REFLECTIONS

Simple reflections— echoes what the person has said

“I’m really depressed that I can’t go to the gym”

“I can see that...”

....you are feeling down”

....today’s not a good day”

Keeps conversation going by encouraging further expression

Conveys to the patient that they are being listened to

# OARS: SUMMARIES

Statements which link together material that has been discussed

An opportunity to reinforce or amplify certain aspects of the discussion

Summaries can be used throughout discussion to show the client that they are being listened to carefully, to reinforce key points and to encourage further exploration

Summaries can be matched to a person's readiness

May pick out and summarise only the change talk- where change can be made



# VIDEO SUMMARY OF OARS...



5 minute useful video summarising and putting into practice how to do MI:



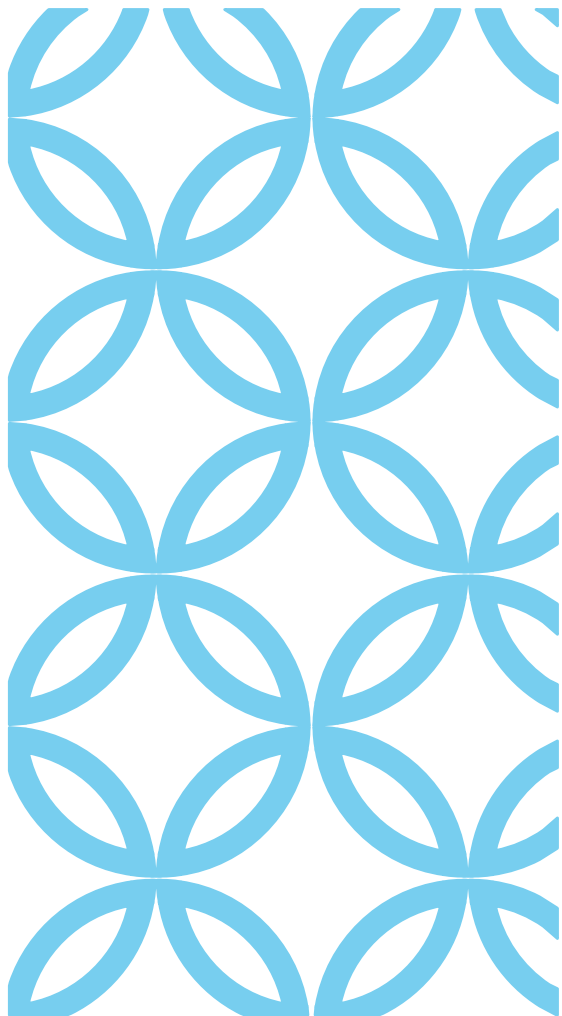
<https://www.youtube.com/watch?v=s3MCJZ7OGRk&t=531s>



(5.50-10 minutes)

# PRACTICE OARS....

- ❖ Person A- think of a health behaviour they may want to change: For instance, you want to going to the gym to get stronger, but you struggle for time
- ❖ Person B- Use OARS- Open ended questions, Affirmations, Reflections, Summaries



Thank you for listening 😊

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**THE END....**