Supporting Clients who have Persistent Pain: A Primer for Counsellors

Michelle Martin

Pain is one of the most common reasons people seek medical advice, with chronic (persistent) pain affecting many Australians. Medical treatments for pain management can be limited, and a multi-disciplinary approach, often involving a range of allied health professionals, is now widely recommended. The importance of psychological support in pain management is now much better understood, and mental health clinicians form an integral part of any pain management team. Counselling can help in managing the emotions associated with the physical pain, as well as providing the opportunity to provide a much broader level of support including pain education and the introduction of specific pain management strategies.

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Introduction

Chronic, or persistent pain, affects one in five Australians of all ages, with the rate increasing as people age (Painaustralia.org.au, n.d.). It is one of the most common reasons people seek medical advice and is often the main reason cited for self-medication (Eccleston, 2001). In 2007, it cost the Australian economy in excess of $34 billion (Painaustralia.org.au, n.d.), and effective management can present a significant challenge to all health care professions. In 2017-18, the National Health Survey results of the Australian Bureau of Statistics (Abs.gov.au, 2018) reported that 47.3% of Australians surveyed had one or more chronic conditions, a 5.1% increase in a ten-year period. These chronic health conditions included some key conditions associated with persistent pain such as back problems (16.4% or 4.0 million people), and arthritis (15.0% or 3.6 million people). Aside from mental health and behavioural problems, these two conditions rated higher than other chronic diseases such as asthma, diabetes, cardiovascular diseases, cancer, and kidney disease, yet the majority of Australians do not understand persistent pain and many health care professionals struggle to manage the demands. We also know that the prevalence of disability is high in conditions associated with persistent pain. In 2015, the Australian Institute of Health and Welfare report on chronic conditions and disability revealed that chronic or recurring pain or discomfort was rated as the predominant impairment, limitation or restriction for people with arthritis and related disorders (52.9%) and for people with back pain and problems (63.5%) AIHW (2018).

So what is chronic or persistent pain? We know that acute pain is a vital experience for survival; without it we can suffer injury or illness that can be life-threatening. Pain is defined as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage” (Iasp-pain.org, 2018). It is important to note that the definition includes an emotional component. The experience of emotion is related to the ways in which the brain processes these signals that are later determined as pain. There is no one “centre for pain” in the brain, and many areas are involved in processing signals from the nervous system (Butler & Moseley, 2013; Moseley & Butler, 2015; Moseley & Butler, 2017). We know that there are a range of biological processes involved in facilitating the delivery of signals throughout the central nervous system, and that many systems are involved in determining an outcome from all the information received. We also now understand the concept of neuroplasticity a little better, recognising that the nervous system, including the brain, is adaptable to a range of stimuli and can readily make the changes required to facilitate improved coping or to adopt new and different functions.

Experiencing emotion with pain also affects how we pay attention to the sensations, and may mean taking faster and more decisive action. The definition also allows for “potential” damage, indicating a strong relationship between our perception of a threat to the body, and the range of thoughts and emotions that align with this perception. The context in which pain occurs and the meaning of the pain to the individual, alongside other personal and cultural factors, needs to be considered. We all respond to pain with our own set of thoughts, emotions and behaviours. Sometimes these responses are helpful to begin with, but over time they may become unhelpful and on occasions

Corresponding Author: Michelle E. Martin
Email: Michelle.Martin2@sa.gov.au

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harmful. Many myths and misunderstandings abound, and this can lead to increased fear of pain and maladaptive responses. Psychological factors are therefore central to the pain experience (Eccleston, 2001) and, given this, clinicians who support mental health and emotional wellbeing, are a vital part of the multi-disciplinary pain management team.

The terms chronic and persistent are used interchangeably in Australia. Chronic or persistent pain is defined as pain that "has lasted beyond the time expected for healing following surgery, trauma or other condition" (Painaustralia.org.au, n.d.). Chronic pain lacks the warning function that we see in acute pain. It can be thought of as a maladaptive response to the initial stimuli, and serves no important biological function. A timeframe of three months (or 12 weeks) has frequently been used to determine if pain has transitioned from acute to chronic, however it should be noted that three months may be considered too short for recovery from some health complaints, e.g., from a traumatic injury. Daily functioning, including the capacity to work within or outside the home, relationships, sleep and mental health are all potentially impacted by persistent pain. The level of perceived or actual disability also varies, with significant ramifications for the health care and welfare systems as people struggle to manage the changes in their lives.

How can counselling help?

Counselling, or psychological support, is provided by a range of mental health clinicians including but not limited to psychiatrists, counsellors, social workers, psychologists, mental health nurses, psychotherapists, and mental health occupational therapists. It is not just about helping an individual with pain to manage the emotions associated with the physical pain itself. Counselling has the opportunity to provide a much broader level of support including pain education and the introduction of specific pain management strategies. Education regarding pain should always be provided in a timely fashion (Briggs, 2012; Butler & Moseley, 2013; Moseley & Butler, 2015; Moseley & Butler, 2017) and is invaluable, as it provides a solid foundation for the use of multiple management strategies, importantly providing a clear rationale for the non-medical approaches. The non-medical approaches encompass a range of coping strategies aimed at assisting clients to adopt new and more effective ways of management. These approaches take into account the difficulties that are inherent in treating persistent pain from a purely medical perspective, e.g., managing the ineffectiveness, side effects or dangers associated with pain medications, navigating the laws regarding prescribing specific pain medications, or the lack of appropriate medical interventions for the individual's condition. For these reasons, pain cannot be managed purely by medical treatments, but requires a multi-modal approach.

Taking a history for a client with pain

Obtaining a thorough history for clients presenting with pain issues is important to clearly establish goals and identify the therapeutic pathway. A pain assessment should comprise an assessment session and the administration of relevant self-report measures, in addition to any information collated from other health professionals (Flor & Turk, 2011; Winterowd et al., 2003). Importantly, history-taking should cover both the presenting physical problem, i.e., the pain history, and a broad psychosocial overview.

In examining the client's pain history, we look at the following: any diagnoses made or suspected; the date of onset and the time at which pain worsened or became harder to manage; precipitating factors including what was happening at the time pain started or worsened; pain sites and which areas the client considers the worst; accompanying physical and emotional symptoms; and, intensity levels, triggers, and the pattern of the pain. Understanding whether the client is facing any legal or compensation issues is also important, given the tremendous stress this can involve. A pain history should also include past and present treatments and the client's view of their effectiveness, information on their general health, and importantly a history of substance use.

A full assessment of mental health is also crucial, including assessment of risk and exploration of any trauma history, whether it has a direct relationship to the pain or not. With a mental health assessment, understanding the client's locus of control is important, as is an appreciation of personality factors, their cognitive style, and their perceptions and beliefs about pain. Many clients with pain often have useful coping strategies that they do not view as such, therefore exploring coping styles can be useful to build upon or modify already existing techniques. Understanding the client's expectations and their goals for attending the appointment, are also valuable pieces of information to guide your approach. Furthermore, the pain history should include information on daily functioning, including whether the client paces well with activities, appetite, self-care and exercise, sleep issues, and family and social functioning, including the quality of relationships and social supports. Information on a family history of pain or chronic illness, and coping style, may also prove useful.

Psychological Management Approaches

The psychological management approaches include a variety of strategies aimed at improving and then maintaining a client's daily functioning in all domains (Davies et al., 2015; Eccleston, 2001; Eccleston et al., 2013; Flor & Turk, 2011; Moseley & Butler, 2015; Nicholas et al., 2011; Roditi & Robinson, 2011; Winterowd et al., 2003). Many paradigms are used in the pain management field including Cognitive-Behaviour Therapy (CBT), Acceptance and Commitment Therapy (ACT), Hypnosis, and mindfulness-based approaches such as Mindfulness-Based Stress Reduction (MBSR) or Mindfulness-Based Cognitive Therapy (MBCT).

For individuals to cope better with a chronic condition like pain, the relationship between the physical and psychological must be addressed, and the psychological approaches enable a broad conceptualisation of the person's life and the factors that should be addressed. In most approaches, a conceptualisation of the client's history is formulated following the assessment phase, and goal setting is employed to begin addressing the client's needs. This is guided by the clinician to ensure realistic and appropriate goals are the focus. A level of behavioural activation is aimed for, with approaches engaging clients from different perspectives. Alongside increased activities, clients should be taught activity pacing to ensure their activity levels are within realistic limits and to provide a platform from which to improve functioning. Approaches that are designed to calm the nervous system such as relaxation or meditation, or mindfulness

techniques, are also central to more effective coping. Some clients may even benefit from hypnosis, an approach designed to address pain coping on many levels. Attentional techniques such as distraction and desensitisation may be employed, and client's cognitions and beliefs should be explored and addressed. In addition to this, managing sleep difficulties, stress management and problem-solving, managing relationship and interpersonal difficulties, and developing management plans for dealing with setbacks and flare-ups is important.

The psychological approaches may be delivered on an individual basis, or via group therapy. Group therapy provides a unique experience for clients with pain, giving them access to peers who have similar experiences, and enabling clients to learn from each other as well as from the programme. The mindfulness-based approaches, CBT and ACT have a range of manualised group therapy programmes that can be utilised.

When should I recommend more than counselling for my client?

In pain management, we often talk about "clinical flags", or indicators that further investigation or treatment is required in some area. The psychosocial indicators are called "Yellow Flags". These are the factors that may indicate an increased risk of distress, disability or drug misuse, and include an individual's attitudes, beliefs, emotions and behaviours, as well as factors that may influence these areas such as family and work place (Aci.health.nsw.gov.au, 2019). The use of Yellow Flags originated with chronic lower back pain however the concept is broadly used to identify significant psychosocial issues across a range of conditions and can be a useful screening tool to conceptualise potential future difficulties. These flags may also provide a useful indicator for when further specialised input is required from a psychologist who works in pain management, or from a psychiatrist.

Initiating a referral to another health care professional can sometimes be difficult. If rapport is well-established, clients may have difficulty seeing the need for such a referral. It can also be daunting for clients to consider a referral to a psychiatrist, particularly if they have struggled with the perception that people do not believe them. Establishing clear therapy goals and review points throughout therapy can help set up the expectation that counselling may be time-limited, and enables frequent opportunities to discuss progress in therapy and the need for additional input. Providing a clear rationale to the client of the need for further specialist input will also ease the client's concern, and points to the importance of pain education at the very beginning so as to help the client understand the multi-disciplinary approach. Initiating a referral to a psychiatrist or a psychologist under the Medical Benefits Schedule is the domain of the GP, however counsellors can and should make specific requests from the GP when they see a clear need for their client.

Where can I learn more?

Counsellors and mental health professionals can access the wide variety of training opportunities now available in Australia and online. The initial focus for any health care professional working with clients with persistent pain should be on understanding the neuroscience of this complex phenomenon, and learning how to impart this knowledge gently and accurately to a client who may not fully understand why they have been referred for counselling. Clinicians should also access specific training on using and tailoring psychological techniques to pain management. The Australian Pain Society (Australian Pain Society, n.d.) provides professional links to various training opportunities and is recommended as a starting point for further information.

Conclusion

The reality is that persistent pain is a complex issue for both clients and health care professionals. Education regarding pain management, including public education, is vital to ensure early intervention to prevent chronicity, and to ensure that appropriate treatments are offered at the right time. In light of all the available research, the role of the counselling professions has become important to support the mental health and wellbeing of clients with persistent pain.

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Bio

Michelle Martin is a Registered Psychologist in Adelaide. She is endorsed in the areas of Clinical Psychology and Health Psychology, and has worked in pain management with adults experiencing persistent pain since 2003. Michelle currently works as the Senior Clinical Psychologist in the Pain Management Unit at the Queen Elizabeth Hospital (formerly at the Royal Adelaide Hospital). She has been instrumental in redesigning services within this Unit, and has supervised many clinical and health psychology students in this field. She has special interests in the applications of mindfulness-based interventions with chronic pain, the integration of change-based and acceptance-based interventions in pain management, and pelvic pain conditions for women and men.

Michelle E. Martin
Clinical and Health Psychologist
Central Adelaide Local Health Network
Pain Management Unit