

Psychological ways of managing persistent pain



Components of therapy	Description and examples
Establishing therapeutic alliance	<ul style="list-style-type: none"> • Communicate to the resident that they are believed and that their pain is legitimate. Establish an empathetic and safe space to explore the pain experience • Explore the resident’s expectations for therapy – it can be helpful to explain there are “new therapies” now used which are helpful for reducing pain • Set realistic goals: Total pain relief is seldom possible and unrealistic hopes may later lead to feelings of hopelessness, disappointment and demoralisation
Education and promoting reconceptualisation	<ul style="list-style-type: none"> • Explain how thoughts, emotions and actions all influence the severity of pain (anxiety and depression make pain seem worse and limit the ability to cope) • Modify beliefs and attitudes about pain. For example, explore the view that pain must indicate that something is terribly wrong. Pain is a normal part of the healing process and not just a signal of deterioration and tissue damage • Discuss how the response to pain can be changed even if the pain signal cannot (increased pain does not necessarily mean that one must remain in bed)
Thought management	<ul style="list-style-type: none"> • Work with residents (and ask their family and trusted care staff to help) to increase their awareness of their thinking patterns. • Identify thoughts about pain that are currently perpetuating vicious pain cycles • Modify with more adaptive or helpful thoughts, for example: <ul style="list-style-type: none"> Unhelpful thoughts: “I can’t stand the pain, it is awful and overwhelms me, there is nothing that I can do to relieve my pain, I cannot enjoy anything because of my pain, more pain medication equals more pain relief” Versus Helpful thoughts: “I can deal with this pain, I have done it before and I can do it again, pain shows that my body is healing, if I plan my activities I can usually avoid increasing my pain, I have many options to cope better with pain”
Mindfulness meditation	<ul style="list-style-type: none"> • Developing purposeful attention in the present moment, “tuning in” to any sensations, thoughts and emotions without judgement or reaction • Methods include the use of: <ul style="list-style-type: none"> – Deep breathing – Body scan or awareness – Quiet sitting, following a deep breath – Guided imagery or visualisation – Modified yoga or gentle stretching – Music or quiet white noise tapes – Religious or spiritual practices familiar to the resident • With regular practice, this can reduce the sensitivity of the nervous system and the distress associated with chronic pain
Coping skills	<ul style="list-style-type: none"> • Provide training in the use of new methods to cope with pain and its consequences. Strategies might include: <ul style="list-style-type: none"> – Positive self-coping statements (“I can deal with this, I have managed before, it will pass soon”) – Prayer (“I pray, and I know my faith will help”) – Increased activity (“I move, I start an enjoyable activity”) – Reminiscence about family (my children/grandchildren love me and are thinking about me always)

Psychological ways of managing persistent pain *continued*



Components of therapy	Description and examples
Problem solving	<ul style="list-style-type: none"> • Provide training in the principles of adaptive problem solving, including identifying the true problem, considering alternative modes of action, evaluating the benefits and risks of each alternative, undertaking an action plan, assessing success and reformulating new strategies • Teach the resident to set appropriate goals, pace activity and break tasks into smaller, more manageable fragments. Use pre-planning to help residents cope with situations that are likely to cause pain
Behavioural approaches	<ul style="list-style-type: none"> • Reward healthy behaviour. Encourage a gradual increase in meaningful activities according to preset goals, for example, playing cards for half an hour, going for a 30 metre walk each day • Ignore maladaptive or disruptive pain associated behaviours (ignore or time-out aggressive agitation, inactivity or excessive/unreasonable demands for attention or medication) • Set values-based goals to increase participation in meaningful activities despite the pain • Help the resident to engage in positive behaviours, for example, by offering a beverage or enjoyable snack along with music, TV or other activity • Offer regular repositioning in the chair, give attention to comfort such as an extra rug to focus on positive sensory feedback
Emotional regulation	<ul style="list-style-type: none"> • Introduce grounding skills to reduce distress by encouraging residents to use strategies that help them stay present in the “here and now” rather than being overcome by distress (especially in the context of pain or panic). For example, putting both feet flat on the floor and pressing down gently as if anchoring yourself, or using your five senses to “ground” yourself (such as noticing five things you can see around you, four things you can feel, three things you can hear, two things you can touch, one thing you can smell) • Increase emotional tolerance – work with residents to tolerate unpleasant emotions and be less fearful of emotions. An example could be the metaphor of a mountain, which stays strong and unmoving despite all the different seasons that pass it by. Just like seasons, emotions tend to pass
Attention management	<ul style="list-style-type: none"> • Teach distraction from noxious sensations and thoughts, such as through external focal points (lighting a candle and watching the flame; playing a game or completing a puzzle, looking at the garden through an open window or look out on to the patio) • Imagery (personal narratives are often richer if from the person’s own life such as a relaxing memory or place) guided by photos and family mementoes • Guided imagery (“I imagine that I am sitting on a warm beach, I can hear the calming waves break on to the beach, I can smell the salt air and feel the wind through my hair”) • Imagination: reinterpreting pain sensations, such as through colour or transforming images (a person with shooting pain imagines scoring a goal in football. Each time they feel pain, they re-imagine it as travelling down the leg to shoot and score a goal). This helps the resident to tolerate the pain and be more curious about their sensations
Promoting cognitive self care to improve mood and increase coping behaviours	<ul style="list-style-type: none"> • Mindful breathing or listening to music • Reflective counselling, including life review and existential components