

Undoubtedly the current situation in pain management is one of at best shutting the stable door after the horse has bolted. Pain patients are having to wait months to be seen in specialised clinics, and when they eventually get there, may find inadequate resources and a lack of the advised multidisciplinary approach.

This results in

- Heavy workload for primary care personnel
- Heavy/impossible load for pain specialist personnel
- Inadequate pain management
- Breakdown of therapeutic alliance
- Frequent and ongoing patient demands on service
- Increased benefit burden
- Loss to employers

This costs money and more importantly the patient's quality of life.

A radical new approach is required to move away from this set of problems.

Almost without exception, experts in the field of pain management agree that there is a need for interdisciplinary strategies with timely, appropriate and ongoing interventions.

If given the right level of professional support and guidance, patients are best taught skills in self-management.

This does not mean they can then be left out in the cold to 'get on with it'. They still need a safety net.

Chronic pain does not have a chartable, predictable progress. It fluctuates. This calls for a high degree of flexibility in pain management services.

There are a number of small schemes around the country which are starting to utilise strategies with these types of features.

### THE PAIN JOURNEY:

This is a programme designed to aid chronic pain patients in coping with their daily life. In essence it is similar to a Pain Management Programme, but the emphasis has been shifted away from an implied reduction in pain to a more general improvement in quality of life.

The basic premise is that chronic pain has sent the client on a journey away from where he/she wants to be. The longer the journey, the greater the sense of alienation and loss of control over one's life.

The Pain Journey is a course which aims to help set clients on their preferred path. That doesn't of course mean that they need to (or even are able to) retread their path thus far, and one of the early issues is trying to assess the goal each individual wishes to work towards.

The Pain Journey is thus a facility that aims to improve Quality of Life.

In order to reduce the negative impact of travelling, the sessions would preferably be day rather than half-day, and would entail a total of 42 hours split into 7 sessions.

Each session will involve 3 morning periods of 30 minutes each (with a half hour coffee break midway), followed by an hour break for lunch and then a further period of an hour presentation (45 minutes plus questions), followed by a half-hour discussion, then 30 minutes tea break, a further 30 minute period and finally a half hour period to close.

At each stage the clients (recommended number 10-15 max.) would have an active input into the discussion, to encourage the overall emphasis on them helping themselves.

Each 30 minute period will incorporate approximately 15 minutes of information followed by 15 minutes of group discussion (during which clients who need to may get up and move around as necessary to ensure comfort).

An initial questionnaire will deal with personal and medical information and a broad overview of what the client wants from the programme. (see below for outline format)

## SESSION 1: INTRODUCTION

Who are we and how did we get here?

First period: Introduction by the facilitator: basic rules and aims  
Group members introduce themselves

Second period: What do we want to achieve?

Third period: How can we achieve it? Group ideas

Afternoon presentation: The Pain Journey  
Discussion

Fifth period: Visit from previous client

Final period: Summary, discussion, homework set:

Homework: How does pain affect your daily life? Clients to consider, make notes to bring to next session

## SESSION 2: FOCUSING ON THE PAIN

First period: Homework reflected

Second: Types of pain

Third: secondary features : (insomnia, etc.)

Afternoon presentation: by GP /doctor if possible: What is chronic pain?

Fifth period: What is the meaning of your pain (ongoing damage etc.)

Final period: Summary of day and setting homework

Homework: How do we feel about our pain?

## SESSION 3: FEELINGS

First period: Reflection on homework

Second period: anger and fear

Third period: Loss

Presentation: Stress and anxiety

Fifth period: Insomnia and fatigue

Final period: Summary and setting homework

Homework: How does the pain affect family/friends etc.?

#### SESSION 4: THE WIDER CONTEXT

First period: reflecting on homework

Second period : effect of pain on family: partners, children etc.

Third period : effect of pain on social interactions; the community

Presentation: Doctor-patient relationship

Fifth period: Carers

Final period: summary and setting homework

Homework: What effect does pain have on activities?  
What medication is effective/not effective?

## SESSION 5: REGAINING CONTROL

First period: reflecting on homework

Second period : disability cycle ; effects of lack of exercise

Third period: benefits of exercise

Presentation: medication: pros and cons

Fifth period: Practical ideas

Final period: summary and setting homework

Homework: clients devise simple exercise task that is achievable

## SESSION 6: STEPS

First period: reflecting on homework

Second period: STEPS : Strategies to Ease Pain and Suffering (see below)

Third period: general coping skills: recognising our strengths

Presentation: Cognitive Behavioural Therapy

Fifth period: barriers to progress

Final period: Summary and homework set

Homework: devising simple coping strategy

SESSION 7: WHERE ARE WE NOW? HOW MUCH FURTHER DO WE NEED TO GO?

First period: reflection on homework

Second period: Issues on pain itself

Third period: Issues on secondary problems (sleep etc.)

Fourth period: Issues on overall impact on quality of life, including relationships, employment,

finances etc.

Fifth period: Visit from support group leader to demonstrate that continued access to help available

Final period: Evaluation. Questionnaire to establish any progress; was the programme helpful?

Follow-up sessions of 1 hour may be available (or postal /telephone contact if preferred) at 3 months, 6 months, 9 months and 1 year.

Taster sessions and refresher days may be intermittently available every 3-6 months.

The support group will be both an entry and exit point for the programme, which will also be advertised in GP surgeries etc.

## QUESTIONNAIRE

1. NAME
2. AGE
3. GENDER
4. HOW LONG HAD CHRONIC PAIN?
5. HISTORY OF SURGERY?
6. MEDICATION
7. CURRENT AVERAGE PAIN LEVEL
8. SITE OF PAIN
9. TYPE OF PAIN
10. LEVEL OF ADLs\*
11. EMPLOYMENT?
12. FAMILY SUPPORT
13. SOCIALISATION/ ISOLATION
14. COPING/NO COPING
15. FEELING ABOUT ILLNESS



16. WHAT CLIENT WANTS FROM PROGRAMME
17. ATTENDANCE AT PREVIOUS PROGRAMMES?
18. SUPPORT GROUP MEMBER?
19. CONCERNS/WORRIES/RESERVATIONS
20. LEVEL OF MEDICAL INPUT

\* ADLs: activities of daily living

STEPS:

STEP 1: MUTUAL RESPECT AND TRUST BETWEEN DOCTOR AND PATIENT.

STEP 2: ACCEPTANCE THAT THERE ARE NO EASY ANSWERS.

STEP 3: FOLLOWING "DOCTOR'S ORDERS" (compliance)

STEP 4: FACING UP TO THE PSYCHOLOGICAL PROBLEMS

STEP 5: COMING TO TERMS WITH THE ILLNESS

STEP 6: FAMILY AND FRIENDS

STEP 7: THE BIG WIDE WORLD