WORKING WITH CHRONIC PAIN
MAKING TREATMENT COUNT

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From the Editor

Editorial

Welcome to this edition of Neuropsychotherapy in Australia!

In this edition we focus on one of the most common but also one of the most debilitating challenges of our time – persistent (chronic) pain. On global scale it is estimated that 1.5 billion people suffer from persistent pain. Australia is one of the prominent countries in the world that has a national Pain Strategy. Despite the emphasis on persistent/chronic pain, there is a lack of coordinated services as well as training among clinicians to effectively address persistent pain.

Recent discoveries in neuroscience research have opened new perspectives in terms of understanding the pathogenesis of pain, the effects of pain on the brain (neurochemicals, neural structures as well as neural networks), but also the effects of enriched environments to enhance movements and effectively manage persistent pain.

Our feature article focuses on some of these key issues.

WORKSHOP – The Brain and persistent pain

In collaboration with pain experts Rachel Kovacevic (Clinical psychologist) and Steve McCrea (Physiotherapist), we developed an unique two-day workshop on The Brain and Persistent Pain. From Neuroscience to Practical Strategies or Treatment. This workshop will run in Melbourne, Perth, Sydney, Canberra and Brisbane.

More information:
Vimeo and workshop information:
Workshop Registration:

THE INSTITUTE FOR NEUROPSYCHOTHERAPY
Online training and Professional Development in Neuropsychotherapy

We are very excited about a significant development in the Mediros and The Neuropsychotherapist laboratories. After years of research and development we have established an Institute for Neuropsychotherapy.

This institute will provide online education/professional development in the principles of neuroscience, the fundamentals of Neuropsychotherapy and clinical applications. We will provide more details in the next edition.
Clinicant assisted online treatment of panic disorder – a neuropsychotherapeutic approach.

Our online-modules for treatment of panic disorder are completed and a pilot study is currently operational. It is still possible for clinicians to participate and introduce clients to these modules. If you are interested to participate in this pilot – please contact our project manager, Megan Lam at mediros.modules@gmail.com for more details and an information pack. There is no cost to access these modules. These modules are unique from other online modules as they are not developed from neuroscientific perspective (bottom-up as well as top-down rather than just top-down) and also are not standalone treatments but operate directly in close collaboration with their own clinicians. Clinicians are directly involved in the entire process and receive notes (e-mail notifications and content) of how the client progress with the modules which are activated between normal therapy sessions to enhance neural change.

Mediros Workshops

The Neuropsychotherapy workshops for 2014 are currently in full swing – see our schedule of the workshops in this edition:


Global interest in Neuropsychotherapy

I have been invited to present Neuropsychotherapy workshops to a number of universities and institutions around the globe. In April I will be running workshops on Neuropsychotherapy at Universities in Texas (USA) and Pretoria (South Africa). Later this year workshops will be presented in New Zealand and China as well as 12 papers on aspects Neuropsychotherapy research at International Conferences.

I hope you will enjoy the read.

Pieter Rossouw
Chronic pain is commonly defined as pain that persists beyond the natural healing time of a given injury or disease. It is often “medically unexplained” but extremely common. On global scale, pain affects 1.5 billion people (Borsook, 2012). In Australia, approximately one in six working adults are affected by pain, occurring every day for at least three months (Blyth, et al. 2001). Estimates are much higher in non-working populations. The total cost of lost productivity due to chronic pain in Australia is estimated at around AUD 5.1 billion per annum (van Leeuwan et al., 2006). And yet, in Australia, it is estimated that less than 10% of patients gain access to effective pain management, with around 80% missing out on treatments which are known to improve quality of life (National Pain Strategy, 2010).
Neuropsychotherapy in Australia

Challenges in treatment of persistent pain

As a treatment provider then, if you find yourself working with a chronic pain patient in a community practice, a hospital or even a specialised pain centre, there is a good chance that you will be faced with clinical complexity and a possible absence of other appropriate services and/or treatment providers to assist. Given that treatment failure is now well established as a risk factor for long-term disability, it is important that treatment is experienced as productive. However, it can be hard to know where to start.

In the area of chronic pain rehab, non-medical treatments are typically based on the notion of a patient “self-managing” pain through the application of various physical, psychological and functional techniques. Some patients respond extremely well to this approach, particularly if treatment occurs early. Yet, despite the demonstrated efficacy of pain self-management a significant number of patients do not engage (Turk & Rudy, 1991).

Stages of change model

The Stages of Change model, proposed by Prochaska and DiClemente (1984) provides a useful way of conceptualising the process of transitioning a patient toward long-term behavioural change and there is now a growing literature to support the application of this model to chronic pain populations. The stages of change have been generally labelled as Pre-Contemplation (where an individual is unaware of a need for change and/or not considering it), Contemplation (where the possibility of change is considered but not acted upon), Preparation (during which concrete plans are made with a view to taking action), Action (during which behaviour change is implemented) and Maintenance (where an individual works toward maintaining any changes that have been made).

Pain Stages of Change Questionnaire

The Pain Stages of Change Questionnaire (PSOCQ) (Kerns, et al., 1997) was developed to assist clinicians in assessing an individual’s readiness to engage in a self-management approach to pain. The PSOCQ consists of four subscales, based on the four factors that were found to be internally consistent over time: Precontemplation, Contemplation, Action and Maintenance. The existence of these four subscales fits nicely with the Prochaska and DiClemente (1984) model and has been replicated in subsequent studies.

The PSOCQ has limited utility for classifying patients into specific “stages” of readiness (Jensen, et al., 2000). However, use of the subscales has been found to have some predictive ability. For example, pre-treatment Pre-Contemplation and Contemplation scores have been found to distinguish between patients who complete pain management programs and those who discontinue, while increases in Action and Maintenance scores post-treatment have been associated with better treatment outcomes (Kerns & Rosenberg, 2000). In Australia, analysis of the results from patients in a multidisciplinary pain program revealed an even simpler, two factor structure: patients were found to be either ‘Contemplative’ (that is, thinking about the possibility of self-management) or ‘Engaged’ (that is, ready to apply it) (Strong, et al., 2002). Not surprisingly, intensive treatment was found to be more effective for the latter group. Many pain-specialised centres are now recognising this distinction and developing programs to cater to different levels of patient change readiness.

Interestingly, in this Australian study, the Pain Self Efficacy Questionnaire (PSEQ) was found to be a better predictor of treatment outcome than the PSOCQ. This is consistent with other Australian research, which has shown pain self-efficacy (that is,
confidence in the ability to engage in meaningful activity despite pain) to be associated with a sustainable work outcome (Nicholas, 2007).

Additional research has further refined the clinical utility of the PSOCQ. For example, patients with high scores on the Action subscale have been found to obtain decreases in their Pre-Contemplation score and increases in their Action score following action-oriented pain self-management treatment – a change that became evident in the early stages of treatment (Burns, et al., 2005). In contrast, patients with higher Pre-Contemplation scores did achieve some attitude change post-intervention however this was not evident in the early stages of treatment, suggesting that it takes longer for patients who are Pre-Contemplative to engage in action-oriented treatment (assuming they persist at all).

**Implications for clinical practice**

What does this mean for clinical practice? Well, perhaps the first thing to note is that while self-management strategies can be effective in increasing function and quality of life for persistent pain patients, they are most effectively introduced when a patient is engaged with the process of self-management and ready to take action toward implementing self-management strategies. These patients are the best candidates for the short-term, intensive pain management programs offered by specialised pain treatment services. For those not yet ready to engage in a self-management approach, treatment engagement itself can be a valid and appropriate treatment goal, a preparatory process that can take weeks, months and sometimes even years.

Secondly, it may help to remember that analysis of the PSOCQ subscales has established subsets of behaviours – that is, Pre-Contemplative, Contemplative, Action or Maintenance-oriented however has not yielded specific “stages” per se. Thus, progression toward a self-management approach to pain appears to be a sometimes gradual and non-linear process, where even a patient that is predominantly Pre-Contemplative could be taking some small steps toward Action. As treatment providers, we can look for opportunities to capitalise on this. For example, even the most challenging patient may be able to take a small action, such as changing a body movement, reframing a catastrophic thought or engaging in a relaxation or mindfulness strategy, while still being extremely hesitant or even unaware of the benefits of adopting a pain self-management approach overall.

In the context of long-term pain management, engagement in the early stages may involve a focus on basic treatment goals such as establishing an understanding of the factors contributing to pain, locating appropriate treatment providers, exploring a range of treatment possibilities and engaging in any recommended medical action, such as appropriate use of medication. Engaging a patient may also need to include an initial phase of identifying and addressing some of the psychosocial barriers impacting on treatment progress. These can range from psychological factors, including a clinical level of anxiety and depression, and unrealistic treatment beliefs (such as the expectation of a “cure”), to social factors such as securing permanent housing, maintaining relationships with family and social supports, and resolving any ongoing stressors (such as pending legal action). These factors can be addressed by community providers if necessary, and will go a long way toward preparing a patient for an action-oriented pain-specialised treatment program if/when this can be made available to them.
Neuroscience and Pain

Persistent pain changes the brain. Understanding persistent pain from a neuroscience perspective provides an important “window” into the effects of pain. Not only are there marked changes in the brain as result of persistent pain (neurochemically, neurostructurally as well as shifts in neural networks), persistent pain affects the social brain like relationships, work, activities etc. (Lieberman and Eisenberger 2009). Many studies have explored these effects. New studies also point towards more effective strategies to manage persistent pain that foster more effective long term outcomes rather than short term chemical solutions (like increased use of benzodiazepines) to enhance neural proliferation (Lieberman & Eisenberger 2009).

Finally, the overarching goals of developing an understanding of pain, building confidence in the possibility of engaging in meaningful life activity and maintaining hope regarding the possibility of recovery cannot be overemphasised.

Facilitating treatment engagement and maintaining subsequent treatment gains, are long-term change processes, which can be supported by clinicians in any treatment setting, with a basic understanding of the neurobiological and psychosocial impacts of persistent pain; as well as some exposure to the principles of multidisciplinary pain self-management treatment. Given the prevalence of persistent pain, and the current gaps in service provision, access to quality training for treatment providers has been identified as an important goal of Australia’s National Pain Strategy.

The Brain and Persistent Pain

Want to know more? The neuroscience of engagement and other pain-specific clinical practice issues are covered in our upcoming workshop – The Brain and Persistent Pain: From Neuroscience to Practical Strategies for Treatment. Register HERE.

References


Neurobiology Essentials for Clinicians: What Every Therapist Needs to Know
(Norton Series on Interpersonal Neurobiology)
Arlene Montgomery (Author) With a Foreword by Allan N. Schore

A primer on brain functionality as it relates to therapeutic work.
This book presents an overview of the latest theories of affect regulation and focuses on how these theories work in clinical settings and how therapists can be taught to implement them. The notion of teaching and learning will be extended by the theories themselves—the author presents methods of education that enact the theories being taught.

The book is divided into eight chapters, each one highlighting a particular structure or related structures of the brain. Suggestions for learning how to clinically apply the neurobiological/neuroanatomical information are offered. What is so unique about this book is that the bulk of the chapters are clinical dialogue, accompanied by neurobiological commentary. Thus, readers can see for themselves, during the course of parts of sessions, just how a “neurobiological outlook” can inform therapeutic understandings of what clients are doing and saying. The result is a very user-friendly learning experience for readers, as they are taken along a journey of understanding various brain systems and how they relate to psychotherapeutic principles.

Elegantly bridging the gap between the academic and clinical domains, this book is essential for anyone interested in the application of neurobiological principles to psychotherapy and wishes to learn about neurobiology without feeling overwhelmed or intimidated.

THE NEUROPSYCHOTHERAPIST
NEUROPSYCHOTHERAPIST.COM
2014 WORKSHOPS – TWO DAYS

The Brain & Anxiety: Neurobiological information as Psychotherapeutic Tool
Continuing Professional Development Hours - 12 hours specialised training
Melbourne 6 & 7 June 2014 Royal Melbourne Hospital, Grattan Street, Parkville

The Neuroscience of Depression: New opportunities for Effective Treatment
Continuing Professional Development Hours - 12 hours specialised training
Sydney 29 & 30 May 2014 Portside Centre, Level 5, 207 Kent Street, Sydney

The Developing Brain and the Neuroscience of Memory and Trauma
Continuing Professional Development Hours - 12 hours specialised training
Brisbane 12 & 13 June 2014 RBW Hospital, Herston Rd, Herston, Brisbane

The Social Brain and the Neuroscience of Relationships
Continuing Professional Development Hours - 12 hours specialised training
Sydney 21 & 22 August 2014 Portside Centre, Level 5, 207 Kent Street, Sydney
Brisbane 28 & 29 August 2014 RBW Hospital, Herston Rd, Herston, Brisbane
Melbourne 05 & 06 Sept 2014 Royal Melbourne Hospital, Grattan Street, Parkville

2014 - NEW RELEASE ONE DAY WORKSHOP

The Ageing Brain and Neuropsychotherapy
Continuing Professional Development Hours - 6 hours specialised training
Canberra 01 November 2014 Calvary Private Hospital, Mary Potter Cct, Bruce, ACT
Adelaide 08 November 2014 Hackney Hotel, 96 Hackney Road, North Adelaide
Melbourne 15 November 2014 Royal Melbourne Hospital, Grattan Street, Parkville
Brisbane 21 November 2014 RBW Hospital, Herston Rd, Herston, Brisbane
Sydney 28 November 2014 Portside Centre, Level 5, 207 Kent Street, Sydney
Perth 12 December 2014 St Catherine’s Coll, UWA, 2 Park Rd, Nedlands, Perth

Registration Form or Register online: www.mediros.com.au
REGISTRATION FORM

The Brain and Persistent Pain: From Neuroscience to Practical Strategies for Treatment

Two-day workshop with 
Dr Pieter Rossouw and 
Pain experts Rachel Kovacevic & Steve McCrea 

12 Professional Development Hours

Title, Name and Surname: ___________________________________________________

Address: __________________________________________________________________

Postcode and State: _________________________________________________________

Mobile Phone: __________________________________________________________________

Email address: __________________________________________________________________

VENUE: Please Tick

[ ] Melbourne: 18 and 19 July 2014, Royal Melbourne Hospital, Grattan Street, Parkville.

[ ] Perth: 8 and 9 August 2014, St Catherine’s College, Uni WA, 2 Park Road, Nedlands.

[ ] Sydney: 11 and 12 September 2014, The Portside Conference Centre, 207 Kent Street

[ ] Canberra: 26 and 27 September 2014, Calvary Private Hospital, Mary Potter Cct, Bruce.

[ ] Brisbane: 4 and 5 December 2014, Education Centre, RBW Hospital, Herston

Amount: Please Tick:  
[ ] Early Bird: $ 595.00   - 60 days prior to event
[ ] Standard Registration: $ 645.00
[ ] Student Rate: $ 495.00   - include copy of student card
[ ] Group Rate (4+): $ 490.00

Included in price: GST, Handouts, Worksheets, Morning and Afternoon Tea, Certificate of attendance

PAYMENT OPTIONS

1. Credit card – (Visa/MasterCard only)

Card Number: ___________________________ Expiry Date: ___________________________

Name on card: ___________________________ 3 digits at back of card: __________

Amount: ___________________________ Signed: ___________________________

2. Cheque included: Tick box if yes [ ] Payable to Mediros Pty Ltd

3. Bank Transfer: Tick box if yes  [ ] Bank details will be on Tax Invoice that will be issued

Email to:  admin@mediros.com.au  OR andie@mediros.com.au

Mail: Pain Workshops - Admin, PO Box 6460, St Lucia, 4067, Qld

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Recent findings in Neuroscience demonstrated the unique role of talking therapies as enriched environment to facilitate changes in the brain. Neuropsychotherapy is the “language” used in the interaction between the clinician and the client to guide the client in the process of restructuring the brain towards higher levels of functioning and well-being. It uses information from neurosciences to assist clients suffering from a wide range of biological, psychological and social challenges to apply strategies to down regulate unhelpful neural stress responses and up regulate neural activation towards neural change. Understanding the neurophysiology of these disorders and activation patterns of neural pathways as well as discussing practical applications, assist clinicians greatly to apply more effective strategies to treat depression, anxiety and trauma.

Pieter is the Director of the Mediros Unit for Neuropsychotherapy – a company that provides training in Neurobiology and Neuropsychotherapy. He also teaches at the University of Queensland in the School of Psychology and the School of Social Work and Human Services. Currently he is involved in full time teaching and research in the fields of neurobiology and neuropsychotherapy as well as clinical training for clinicians, psychologists and general practitioners.

Pieter is a member of the Australian Psychological Society and the APS College of Clinical Psychologists. Pieter was a Professor in Clinical Psychology at in South Africa and also taught at Universities in Canada and Holland. He also spearheaded a Psycho-Therapeutic Assistance Program to support people being exposed to trauma. He provided Mental Health training for GPs for the Royal Australian College of General Practitioners. In Sydney (1999 - 2010) he worked as Senior Clinical Psychologist - Department of Health and he was the Clinical Director of both St John of God Psychiatric Hospitals (Burwood and Richmond).

Pieter specialises in Neuropsychotherapy and is an expert in anxiety and mood disorders. He has published 6 Scientific Books and 60 scientific articles. He has been involved in research in extensive clinical trials and presented research papers at 40 International Conferences worldwide. Pieter’s latest book – BrainWise Leadership was published in Oct 2013 and is co-authored with Connie Henson. He is passionate about teaching – and in 2012 was the recipient of The University of Queensland Faculty of Behavioural Sciences prestigious award for Excellence in Teaching. He provides global leadership in counselling and is invited on regular basis as keynote speaker at leading international conferences.

He is a member of the Global Association for Interpersonal Neurobiology Studies, the International Society for Traumatic Stress Studies, the International Association for Family Therapy and the Professional Association for Drug and Alcohol Workers, the Australasian Cognitive Neuroscience Society and the Board of the Neuropsychotherapist. He is the director of the Mediros Unit for Neuropsychotherapy, as well as the editor of the International Journal for Neuropsychotherapy and an author of the editorial board of The Neuropsychotherapist.