A CBT inpatient chronic pain management model:

Factors impacting treatment outcomes

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Declarations

Statement of Originality

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to this copy of my thesis, when deposited in the University Library**, being made available for loan and photocopying subject to the conditions of the Copyright Act 1968.

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Acknowledgement of Collaboration

I hereby certify that the work embodied in this thesis has been done in collaboration with other researchers. I have included as part of this thesis a statement clearly outlining the extent of collaboration, with whom and under what auspices.

Acknowledgement of Authorship

I hereby certify that the work embodied in this thesis contains a scholarly work of which I am a joint author. I have included as part of the thesis a written statement, endorsed by my supervisor, attesting to my contribution to the joint scholarly work.

Signed:

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Christopher Maddison       Date
Thesis Abstract

Scope: This paper reviews the current understanding of chronic pain and how it is managed. It also discusses perpetuating factors of chronic pain and the importance of a broad biopsychosocial approach to treatment. Currently, research into chronic pain interventions has neglected the common factors of effective treatments, that is, extra-therapeutic factors, the therapeutic alliance and the client’s confidence in the treatment, in addition to the treatment model and techniques.

Purpose: The purpose of this article is to assess the impact of extra therapeutic factors on the effectiveness on an inpatient chronic pain management program. This is a pilot study to demonstrate the applicability of research into extra therapeutic factors in chronic pain interventions.

Methodology: A two week in-patient Cognitive Behaviour Therapy (CBT) pain management program was conducted. Outcome measurements were obtained for 23 participants at pre-treatment, 23 at 2 weeks and 20 at 12 weeks. These included the Chronic Pain Acceptance Questionnaire Revised (CPAQ-R), Pain Beliefs Questionnaire (PBQ), Depression Anxiety Stress Scale 21 (DASS 21), Posttraumatic Stress Disorder Checklist-Specific (PCL-S), State-Trait Anger Expression Inventory 2 (STAXI-2) and the Impact Event Scale - R (IES-R). Inferential statistics were used to investigate bivariate relationships between the psychometric outcomes and potential factors, including demographics and predictive scales. T tests or F tests, or their non-parametric equivalents, were used depending on the distributions of the outcome variables.

Results: The authors found that participants increased their pain acceptance and their belief in psychological aspects of pain over the course of the pain intervention. They also decreased their symptoms of depression and beliefs that their experience of pain is only physical. They found that there were client factors that impacted the effectiveness of
treatment. For example, greater pain acceptance was achieved with age; the fewer previous interventions the participants undertook, the greater the decrease in depressive symptoms; and the lower the distress in previous treatments, the greater the increase in psychological pain beliefs. These results show that here there are a range of identifiable factors that can influence pain management intervention outcomes.

General Conclusions and Implications: This study had a small participant size and low statistical power. As a pilot study, this study therefore serves to highlight areas of future research particularly psychosocial therapeutic factors that impact pain management outcomes. Its findings suggest that a broader psychosocial approach as an adjunct to medical intervention offers practical common factors for use in chronic pain programs. Shifting the culture of pain management to focus on the client as a source of information about what works in pain management rather than the treatment itself has implications for future treatment.
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