

Information for patients and carers

Clinical Health Psychology Service

Pain Management Psychology Specialism

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue. The top band is a light blue, the middle is a medium blue, and the bottom is a dark blue.

Who is the leaflet for?

This leaflet provides information for patients (and their family or carers) with persistent pain who have been referred for a consultation with a psychological practitioner specialising in Pain Management who work within the Clinical Health Psychology Service at LTHTR.

It explains the purpose of the referral and the outcomes which might be expected.

What is the pain psychology specialism?

The pain management psychology specialism is staffed by qualified psychological practitioners with specialist skills and training in helping people to understand and manage the psychological and emotional impact of living with long-term health conditions, including persistent pain. Our team includes a range of psychological therapists including:

- Clinical psychologists
- Psychological wellbeing practitioners
- Assistant psychologists
- Trainee clinical psychologists

How can a psychological therapist in the pain service help you?

The psychological therapists within the service are qualified to deliver a range of therapies and make suggestions based upon an individual assessment and period of formulation (or 'sense making') with you.

They do this by working with you to better understand the complex interplay of biological, psychological, and social factors involved in your pain (the 'biopsychosocial' model of pain), and to help you make sense of your personal experience of pain and how this impacts upon your life.

The therapist will then work with you to explore and understand how you may be able to better manage and live with your pain symptoms with the aim of increasing your confidence and quality of life.

This work might include how to: -

- Develop and adapt your ways of coping with pain as you adjust to the ongoing self-management of your pain experience
- Attend to, and reduce, the psychological and emotional factors that may be ‘amplifying’ (turning the volume up on) your experience of persistent pain
 - Understanding and managing the ‘stress and distress’ associated with pain, including low mood and anxiety
 - Managing unhelpful or difficult thoughts and emotions
 - Looking for patterns in how you relate to your pain and to yourself, identifying how these impact on your pain experience and whether other options may be available for you
- Support towards adjusting to living with persistent pain
- Building a sense of choice and moving towards engaging in meaningful and valued activity in life
- Help to consider and think about decision making around your pain management, and support to improve your communication with other health professionals

Why have I been referred?

Unfortunately, there is no known cure for persistent pain. The fact that you have been referred means that we do take your pain seriously and believe it is real. The paradox of living with persistent pain is that some of the instinctive responses to pain (like pushing through, withdrawing socially and moving very little) coupled with as the heightened distress we feel as a result of the pain experience, can actually work against you. These may be areas to overcome as part of managing your persist pain.

This view of persistent pain takes into account your experience as a whole person. The focus is on what you do already that provides support and to build on this. Information about pain management skills is also provided, where needed, which may help to improve your well-being and enhance your quality of life for the long term.

What will happen at my initial appointment?

If you 'opt-in' to our pain psychology approach you will be placed on a waiting list for a screening assessment appointment with one of our psychological practitioners. They will then work with you in this appointment to form a shared understanding of the challenges you are facing and your hopes for change. At the end of this screening assessment appointment, you will be recommended one or more of the following:

- A follow-up assessment to better understand your situation
- Self-help information or signposting to another service that may be better placed to meet the needs/difficulties you have described in your assessment
- Individual psychological therapy sessions
 - A time-limited series of individual psychological therapy sessions using evidence-based therapies (typically of up to 8 sessions)
- Group psychological therapy sessions
- Pain management programme (onwards referral)
- Pain specialist physiotherapy (onwards referral)
- Other (where other outcomes are indicated, these will be discussed with you at the time)

Benefits

Whilst your pain will not be “cured”, psychological therapies have been shown to reduce pain related distress and enhance quality of life through improved mood, reduced pain related anxiety and increased engagement with meaningful activity and valued relationships.

It can also provide support to help you feel more able to engage with other elements of your pain management treatment and care plan.

Information from the national institute for health and care excellent (NICE) (<https://www.nice.org.uk/about/nice-communities/nice-and-the-public/making-decisions-about-your-care>) suggests that working together with patients in this way around their pain and pain-related experiences gives the best opportunity to lead a happier, healthier life, even with persistent pain symptoms.

Risks

There are no known frequently occurring risks associated with self-management skills and psychological approaches for persistent pain. Pain psychology aims to meet the recommended benchmarks and be up to date according to practice-based evidence.

Potentially you may feel worse at stages during therapeutic interventions. The patient and psychological therapist prepare for this in advance by discussing how the patient will manage this and the supports they have in place. Some patients may decide to postpone sessions until they feel they are able to manage this; in these cases, the options available for future input can be discussed with your practitioner.

Alternatives

If you wish to discuss this or other options, please contact the pain service, who will be able to direct your enquiry.

You may also wish to consider another option for accessing support for your emotional and psychological wellbeing via your GP.

What if I do not want psychological help?

Whilst the evidence base suggests that psychological approaches to pain management, such as those outlined here, are an important aspect of pain management approaches, you can choose not to participate.

Any referral to pain psychology should be discussed with you beforehand, by the member of the pain service you are working with and who is making the referral on your behalf.

Contact details

Should you require further advice or information please telephone: Clinical Health Psychology Service (CHPS) on **01772 523252** or the Pain Service on **01772 522687**

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

The Psychology of Pain

<https://vimeo.com/894528165/5436bb735f?share=copy>



Pain Concern Charity - <https://painconcern.org.uk/>

Emotional Impact of Chronic Pain

<https://www.youtube.com/watch?v=WpvjeDycWI8>

What is self-management?

<https://www.youtube.com/watch?v=tQ8YcTeHww8>

Why are medical investigations not always useful?

<https://www.youtube.com/watch?v=bFqnbKT9FjY>

British Pain Society - <https://www.britishpainsociety.org/>

Mind Charity - <https://www.mind.org.uk/>

Health and Care Professions Council - <https://www.hcpc-uk.org/>

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

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