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Psychologically informed physiotherapy for chronic pain: patient experiences of treatment and therapeutic process

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Abstract

Objectives Psychologically informed physiotherapy is used widely with patients with chronic pain. This study aimed to investigate patients' beliefs about, and experiences of, this type of treatment, and helpful and unhelpful experiences.
Design A qualitative study using Interpretative Phenomenological Analysis of semi-structured interviews.
Participants Participants ($n = 8$) were recruited within a national specialist pain centre following a residential pain management programme including 2.25 hours of physiotherapy each day. Participants were eligible for inclusion if they had achieved clinically reliable improvements in physical functioning during treatment. Interviews were conducted 3 months post-treatment.
Results Participants reported differing experiences of physiotherapy interventions and differences in the therapeutic relationship, valuing a more individualised approach. The themes of 'working with the whole of me', 'more than just a professional', 'awareness' and 'working through challenges in the therapeutic relationship' emerged as central to behavioural change, together with promotion of perceptions of improved capability and physical capacity.
Conclusion Psychologically informed physiotherapy is an effective treatment for some patients with chronic pain. Participants experienced this approach as uniquely different from non-psychologically informed physiotherapy approaches due to its focus on working with the patient's whole experience. Therapeutic alliance and management of relationship ruptures may have more importance than previously appreciated in physiotherapy.

Keywords: Chronic pain; Physiotherapy; Cognitive behavioural therapy; Qualitative

Introduction

Chronic pain is disabling, and difficult to treat both medically and surgically; as such, pain management treatments have increasingly emphasised self-management of the condition using physical and psychological techniques [1]. Self-management approaches view disability and suffering as resulting from multiple factors beyond pain itself, including avoidant movement patterns, cognitions and coping styles [2].

There is increasing evidence that patients can benefit from physiotherapist-led cognitive behavioural self-management approaches for chronic pain [3]. For example, STarT Back is a stratified care model for patients with low back pain (LBP), targeting patients at high risk of chronicity [4]. The STarT Back model incorporates psychological concepts in both screening and treatment, and is now integrated into UK national pathways and guidance for LBP [5]. Undergraduate physiotherapy courses also increasingly emphasise 'biopsychosocial' approaches to treatment. Thus, psychologically informed physiotherapy (PIP) is becoming prevalent across care settings.

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The majority of outcome data suggest that cognitive behavioural therapy (CBT)-based treatments for chronic pain yield superior outcomes compared with 'treatment as usual' and waiting list controls. However, effect sizes are small and reduced at follow-up [6]. Thus, whilst CBT approaches are useful, they need to be developed to have more impact. As such, this article will use the broader term 'PIP' to describe all treatments where physiotherapy is delivered within a psychological framework. PIP treatments aim to use psychological techniques to increase the impact of physiotherapy, and to entrench the patient's long-term maintenance of exercise recommendations (e.g. by targeting low motivation or negative thinking patterns). Both CBT and other psychological models may be used in the service of these goals.

In order to develop a treatment, it is essential to understand how and why it works. Change process research has been common in the psychotherapy literature for the past 20 years [7]. In the chronic pain literature, changes in variables such as pain catastrophising and acceptance have been identified as active influences on treatment outcome [8–10]. However, there is little consensus on which treatment processes are most important, and the variables under inspection have generally been selected based on psychological theory, as opposed to arising from patient, or physiotherapy, accounts.

Where important therapeutic processes are understood, they can be targeted specifically to improve clinical outcomes and support efficient dissemination of effective practice. Physiotherapists do not always feel adequately trained to implement PIP despite recognising its value [11], and therapist 'drift' into ineffective clinical approaches is common across professions [12]. Both of these factors indicate that more in-depth training is required. Identification of important treatment processes should support clinicians to target consistent, evidence-based variables.

Some studies have investigated patients' overall experiences of self-management treatment. However, this study aimed to focus more specifically on those processes that are important within PIP treatments. Currently, minimal data exist on this topic; indeed, there are cautionary data indicating that both treatment adherence and perception of benefit can be poor in self-management approaches for back pain [13]. The authors chose to explore this topic in participants with severe chronic pain who had: (a) received a high 'dose' of PIP at a specialist service; and (b) shown evidence of benefiting from this treatment. This allowed their experiences to be explored with confidence in the adequacy and competence of the PIP treatment.

Methods

Participants

Eight individuals who had undergone routine, yet intensive, residential pain rehabilitation treatment, including a substantial component of PIP, within a national specialist service participated in this study. Only those participants who demonstrated clinically reliable treatment gains were included (definition below). There were no specific exclusion criteria, although routine clinical assessment prior to treatment had already excluded individuals with inadequate treatment readiness or poor spoken English language skills. This study received ethical approval from the relevant National Health Service Research Ethics Committee, and was also approved by the Hospital R&D Committee.

Eight people took part in the study, with a mean age of 37 years (range 20 to 51 years) and a duration of chronic pain of 40 to 316 months (median 94 months). Six participants were female. All participants had severe non-malignant chronic pain (mean Numeric Rating Scale score 5.75/10 at 3-month follow-up) necessitating treatment at a national tertiary service. All participants had previously accessed secondary care pain clinic treatment and outpatient physiotherapy. The mix of chronic, non-malignant pain diagnoses in the group included failed back surgery and fibromyalgia.

Procedure

Participants underwent a 3- or 4-week group residential pain rehabilitation programme (previously described in Vowles and McCracken [14]; McCracken and Gutierrez-Martinez [15]), including approximately 2 hours of physiotherapy input each day. The programme used acceptance and commitment therapy (ACT) as its consistent psychological model. ACT is a form of behavioural therapy that emphasises developing the ability to accept unpleasant sensations and emotions, and focuses on the hazards of struggling to change events that are chronic and often uncontrollable (including chronic pain). ACT focuses on helping patients to live well in the face of chronic difficulty, and, like CBT, has specific techniques for targeting problematic thinking patterns (for further details, see Hayes *et al.* [16]). This informed the physiotherapy intervention, delivered by experienced, specialist clinicians. The physiotherapy intervention included teaching a range of modifiable exercises targeting strength, flexibility and cardiovascular fitness, attending a public gym, and outdoor mobility practice. All physical exercises were taught within a context of deliberate self-awareness, paying attention to the cognitive, emotional and motivational aspects of movement and behaviour change.

At the end of treatment, potential participants' scores were reviewed on a routinely applied clinical measure of disability, the Sickness Impact Profile (SIP) [17]. Statistical criteria defined individual potential participants as treatment 'responders', eligible for recruitment. The change in disability (using the SIP total score) needed to constitute a clinically reliable improvement was calculated, using the method described by Vowles and McCracken [14] and Jacobson *et al.* [18] (see Appendix A, online supplementary material). This