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A hybrid emotion-focused exposure treatment for chronic pain: A feasibility study

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HIGHLIGHTS

- Exposure in-vivo is helpful, but not sufficient for patients suffering chronic pain.
- We developed a hybrid by combining exposure with an emotion-focused approach.
- We tested the hybrid in a single-subject controlled design.
- Participants improved on key outcomes often to normal levels.
- The hybrid shows promise and should be further tested in RCTs.

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ABSTRACT

Background and aims: Exposure in vivo for patients with fear-related chronic pain has a strong theoretical base as well as empirical support. However, the treatment does not work for every patient and overall the effect size is only moderate, underscoring the need for improved treatments. One possible way forward might be to integrate an emotion regulation approach since emotions are potent during exposure and because distressing emotions may both interfere with exposure procedures and patient motivation to engage in exposure. To this end, we proposed to incorporate an emotion-regulation focus into the standard exposure in vivo procedure, and delivered in the framework of achieving relevant personal goals. The aim of this study then was to test the feasibility of the method as well as to describe its effects.

Method: We tested a hybrid treatment combining an emotion-regulation approach informed by Dialectical Behaviour Therapy (DBT) with a traditional exposure protocol in a controlled, single-subject design where each of the six participants served as its own control. In this design participants first make ratings to establish a baseline from which results during treatment and the five month follow-up may then be compared. To achieve comparisons, participants completed diary booklets containing a variety of standardized measures including pain catastrophizing, pain intensity, acceptance, and function.

Results: Compared to baseline, all subjects improved on key variables, including catastrophizing, acceptance, and negative affect, at both post treatment and follow up. For 5 of the 6 subjects considerable gains were also made for pain intensity and physical function. Criteria were established for each measure to help determine whether the improvements were clinically significant. Five of the six participants had consistent results showing clinically significant improvements across all the measures. The sixth participant had mixed results demonstrating improvements on several variables, but not on pain intensity or function.

Conclusions: This emotion-regulation hybrid exposure intervention resulted in considerable improvements for the participants. The results of this study underscore the potential utility of addressing emotions in the treatment of chronic pain. Further, they support the idea that targeting emotional stimuli and using emotion regulation skills in conjunction with usual exposure may be important for obtaining the best results. Finally, we found that this treatment is feasible to provide and may be an important addition to usual exposure. However, since we did not directly compare this hybrid treatment with other treatments, additional research is needed before firm conclusions can be made.

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Implications: Addressing emotional distress in the treatment of patients suffering chronic pain appears to be quite relevant. Emotion regulation skills, employed together with exposure in vivo, hold the promise of being useful tools for achieving better results for patients suffering fear-related and emotionally distressing chronic pain.

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1. Introduction

Chronic pain is a pervasive and difficult problem to treat and consequently exposure in vivo for pain-related fear of movement has offered a much welcomed treatment with a clear target and a strong theoretical base [1]. While this exposure-based treatment provided a breakthrough and has gained considerable empirical support, controlled trials nevertheless suggest that it has only a moderate effect [1,2]. Hence, while exposure is a step forward, more effective methods are clearly needed [1].

There are three salient problems that hamper exposure in vivo for pain-related fear. First, there is a problem in identifying the exact stimuli that provoke fear and are the targets for exposure [3]. Standard procedures assume fear of movement. However, there may be a host of other triggers such as emotional states [4] or internal stimuli including the pain itself [2]. Thus, restricting exposure only to movements may compromise its effectiveness. Second is the issue of safety behaviors. While exposure requires considerable effort from the patient, it also provokes intense fear and challenges common sense ideas that provoking pain is dangerous. It is not surprising then that exposure is often a least preferred treatment, with dropout rates of 30–50% [1] which may propel safety behaviours. The role of safety behaviours during exposure is hotly debated, since they might reduce the effects of exposure [5]. However, skillful reduction or titration of negative affect may actually allow the person to participate in the exposure [6]. One way of framing the issue is to cast it in a motivational context [7]. Thus, when presumed “safety behaviours” serve to achieve a goal they may instead be a valuable “coping” strategy [7]. Third, is the documented problem of generalizing results to daily life, where relapse after usual exposure procedures is common [8]. Improvements in these areas then should enhance the results of exposure treatments for pain-related fear and related problems.

One way to address these problems might be a hybrid treatment that combines usual exposure with an emotion regulation approach conducted in a goal pursuit context [9,10]. First, this would allow consideration of stimuli other than movements like emotions and pain. Indeed, chronic pain is clearly linked to emotional processes such as catastrophic worry, anger, shame, and depression [9]. Passionate emotions may generate unhelpful escape or safety behaviours [11]. Rather than only avoiding movement then, these patients may learn to avoid a variety of personally relevant, emotional stimuli [4]. And like other forms of phobia, this avoidance, which reduces negative affect in the short term, paradoxically may increase it in the long term. Second, engagement might be improved by providing support and skills to deal with the intense negative emotion involved (e.g. fear). Developing personally relevant goals also would seem to be essential from a motivational perspective [7]. Third, providing emotion regulation skills should encourage and empower patients to engage in exposure and continue until their personal goals are achieved [12]. Finally, tackling exposure from an emotion regulation angle might open the door for generalization since personal goals would be in focus rather than simply being able to do a certain movement [7].

A hybrid treatment might be based on the available exposure in vivo method combined with an emotion regulation approach informed by procedures in Dialectical Behaviour Therapy (DBT)

since DBT highlights emotion regulation skills and incorporates goal pursuit. Thus, integrating emotion focused DBT techniques into the exposure in vivo treatment for pain related fear might be a way to discover triggers and address the intense emotional states, the avoidance of negative affect, and the catastrophic worry so common in chronic pain. In fact, two studies have explored treatments focusing on emotion [4,13]. While showing promise, both involved pilot studies with treatments that were not fully developed and more data is urgently needed.

The purpose of this paper is to test a hybrid treatment that combines a DBT inspired, emotion-regulation focused, treatment with standard exposure treatment as a proof of concept. We hypothesized that targeting negative affect, pain, and movements would result in a reduction of their threat value, thereby reducing their potential as negative reinforcers. Therefore, we expected that this treatment would reduce negative affect such as catastrophic worry and enhance rehabilitation as seen in acceptance and activities of daily living while not provoking average pain intensity ratings.

2. Method

2.1. Overview of the design

A replicated single-case AB design [14] was employed to test the hypothesis that the DBT exposure therapy would reduce catastrophizing, negative emotions, and increase function, while not exacerbating pain intensity. Repeated measures, for each participant, were first taken during the baseline phase (A), when no treatment was provided. Subsequently, repeated measures were taken during the treatment (B) phase so that a comparison could be made. Thus, the baseline (A) serves the same function as a no treatment control group and if changes during treatment occur relative to the baseline, it can be assumed that this is related to the intervention. Follow up data provides comparison for determining longer term utility. Replication was achieved via additional participants which strengthens the findings and increases generality.

2.2. Participants

Six volunteer patients participated in the study. Inclusion criteria were: chronic low back pain (current episode >3 mo), a high level of catastrophic worry (Pain Catastrophizing Scale, >24), and no red flags, co-morbid medical problems, or other ongoing treatments. Fifty-three patients applied to an advertisement in a local newspaper and the first 8 who fulfilled the screening criteria were invited for a full assessment. Two were excluded (1 = co-morbid disease (Parkinson's disease); 1 = ongoing medical treatment (physical therapy)). A description of the 6 participants is presented in Table 1. We followed the Helsinki ethical guidelines and obtained informed consent.

2.3. Assessment

Outcome and process variables were assessed via diaries and standardized questionnaires. A booklet contained daily ratings, questionnaires to be completed every third day as well as questionnaires that were completed once during baseline, post treatment, and at the five month follow up. Booklets were completed

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