Pain Management Counselling

Consumer – John: Hello.

Psychologist – Scott: Hi John. Can you hear me?

Consumer – John: Yep. No problem.

Psychologist – Scott: Great, great. I can see you well, hear you well. It sure looks good today. You're at home, I can see it in the background.

Consumer – John: Yep. Yep.

Psychologist – Scott: No one else around at the moment – we've got some privacy?

Consumer – John: Yep. Yep. No problem.

Psychologist – Scott: Okay so, been a couple of weeks since we caught up. I thought I'd check in to see how you've been going activity wise, pain wise, that sort of stuff.

Consumer – John: I haven't been doing too bad. The biggest thing I'm still having – I'm getting better at it – but that's catching myself - not being - the self-criticism. Because the self-criticism, it's just I've been doing it for so many years. It's really hard to stop yourself from doing it but at least I'm catching myself every time I do it. It's like 'Woah! You shouldn't have said that. That was not…' It's just trying to stop doing it all together is a different story.

Psychologist – Scott: It seems it was so automatic before.

Consumer – John: Yeah.

Psychologist – Scott: And I think as we've sort of mentioned before, don't put that pressure on yourself that your brain suddenly will stop doing it. I don't really think that's the end goal, right? It's just that one, you notice it so it's not running in the background affecting you. And two, that it doesn't dictate what you're doing. It doesn't then make the choices for you, just based on how critical you are of yourself or those old sorts of scripts. They'll still pop up but that ability for you to brush it off a little bit easier or at least notice it's their and choose something different. That seems to be what you've been doing a bit more of, right?

Consumer - John: That sounds about right.

Psychologist – Scott: Yeah, yeah, cool. And I guess, one of the places that it always seems to pop up is pain relief stuff or activities that you can't do because it hurts a lot or that it's flared you right up and put you out of action, right? And it's pretty easy for your head to have something to say about how you wish you could do more, or you used to do more, or you should be able to do more by now. All these things, right? So, how's that been going with trying to do things, just with a state of mind.

Consumer - John: I've been trying to stick to what you said. Instead of doing I'm going to do something, don't worry about getting it done, just do a bit and then stop and go back and finish it another day. Because, it's like you say, if I keep going then I end up sick for a few days instead of just

doing a little bit a day and being okay for a week instead of laying in bed in pain for three days. I'm slowly getting better at it. It's still a hard thing sometimes.

Psychologist – Scott: For sure. And that's something your brain won't necessarily help you with, right? So, as we talked about before, the more you know about your patterns with how much you can do before the pain really starts to kick in and what your limit, kind of, is before you're going pay for it tomorrow or pay for it later tonight. That sort of stuff, you've got to keep testing that out. Your brain won't just know. Let me know if this comes up okay. Your screen's probably gone white but I can just share it…

Consumer - John: Yep, it has.

Psychologist – Scott: Just bringing it up now. Did that come up okay in your screen there?

Consumer - John: Yep.

Psychologist – Scott: Great, great. So, this is kind of the…

Consumer - John: It happens to me.

Psychologist – Scott: Exactly. So, this I guess is very familiar because this is just the graph version, the textbook version, of basically how you describe things over the years.

Consumer - John: Yeah, that's exactly what happened to me.

Psychologist – Scott: You used to be able to do a bit, and do a fair bit probably, from the way you described things. And then pain would maybe catch up with you later or it would just be like a niggling pain, but you could kind of ignore it. Am I remembering right?

Consumer – John: Yeah, but after all this happened the pain was kind of pretty full-on constant. I just keep moving until I couldn't move and then I would stop which by then it was pretty severe by then.

Psychologist – Scott: Exactly right. And so, for you, these sort of crashes after a flare up, where your activity level basically has to go to nothing when you're recovering. And then it really does depend on how long you stay down the bottom here before you feel like you need to get going again. I mean, what could influence you there? Would that purely be how much pain you've got, or would it be other stuff?

Consumer - John: Well mostly it would influence me with how much pain, like if I had a severe day like sometimes, I'd crash as in not move at all for at least three or four hours and then I could get up and just wander around a little bit. But I sometimes couldn't do nothing for a few days. Being able to do something for one day doesn't add up for how long you have to take to recover for it.

Psychologist – Scott: So, this graph here, sort of highlights that other point that you and I were talking about which is so one you pay a price, two you pay a price in time out. But also in terms of your brain and body start to learn this protective cycle where you then next time need to be told by your body, "Hey!". And so, that pain threshold is lowered. So, you don't get away with quite as much because this line before the pain kicks in again, it drops each time you go back and have another crack. I guess what can happen is when you get down to this really low limit, it could be anything

that sets you off and that idea of pushing through that and flaring up is now really low down. So that's now really not much at all. So, if up here was a few hours of work, then down here becomes a few minutes of work. And that's a huge adjustment to make. Now we've been talking about that, that's where your head gets stuck because it notices that gap really strongly. And you sort of can feel how much it used to be able to do and then that gap down to where the pain kicks in nowadays, it feels like such a big loss.

Consumer - John: Well, that's what I think made me so depressed all the time was the fact that I couldn't do it. For a while there I couldn't do anything. It was friggin' not very good at all.

Psychologist – Scott: And I think the fact that you have been trying as hard as you can not to be too hard on yourself. To notice some of that stuff, it gives you that ability if you can accept that gap between where you were able to do things and how long you were able to do things versus where you are now. The more you can accept that gap then the more chance you get to close it over time. But imagine that difference between you living your life and having to overdo it just because things happen, versus that's your default option all the time. That's the autopilot option all the time, overdo it then have to crash for a while, overdo it then have to crash for a while. There's a big difference between you having to do it sometimes or forgetting about it sometimes versus pretty much every time that's the same pattern, right? And we need to be careful, you don't have to put that pressure on yourself to get it right every time. That's falling for the same trick just with a different spin on it, right?

Consumer - John: Yeah. And when I've been exercising lately, by sticking to the way lower routine, I'm not getting as big of a crash the next day. Even though it feels like I should do more and it's like yeah but if you do, you pay for it. So, I'm just sticking to my lower…man, it's so low it makes me sad. But if I stick to it, I don't have any big crashes. I can just do it and at least I've done something.

Psychologist – Scott: Wow, so for me that's you refocusing on actually giving yourself a bit of compassion and actually saying I accomplished something by looking after myself, rather than purely saying how much did you get done.

Consumer - John: You see before I would go "How much did I get done?" and it would be all about volume and that's what counted. So, it's totally opposite to what I'd normally do.

Psychologist – Scott: Hey, that hasn't just been around for a few weeks. That's a rule you've had in your head for a lifetime. That one's not always going to feel comfortable at first. And speaking of which, it looks like I've probably kept you for long enough pinned to a chair. I feel like you're starting to get a bit worn out.

Consumer – John: Oh yeah, it's starting to hurt sitting in one spot.

Psychologist – Scott: Shall we practise what we preach and get you to finish up so you can move around again and not get stuck in a chair.

Consumer – John: No problem. No worries. Thanks for the session today. I appreciate it.

Psychologist – Scott: Any other things you wanted to…

Consumer - John: No, no that's good.

Psychologist – Scott: Great, great. Alright, good to see you John and we'll get that other appointment sent to you for next time.

Consumer - John: No worries. You have a good day. Thank you very much.

Consumer - John: My name's John. I live out at Kingaroy, which is three hours from Brisbane and I'm accessing telehealth. I did physiotherapy, cardiac rehab, dietitian, and psychologist. And I've found it really good. The fact that I could actually see somebody versus not seeing somebody has been really good. It's really helped me in moving forward with what's happened.

Psychologist – Scott: The psychology services via telehealth are really broad so my work in the musculoskeletal sort of chronic pain area certainly doesn't have anything special about it that can't be applied across psychology over any telehealth setting. I've found telehealth to work with different health presentations, mental health presentations, in hospital too. So, nothing too special, just for the chronic pain thing it is really easy to use across different clinical presentations.

Consumer - John: It's almost just like being there. There's no real difference than just not being there. You're just not standing beside the person.

Psychologist – Scott: One of the adjustments I had moving to telehealth for psychology was around that interpersonal relationship, because with psychology, you really are trying to use the connection between you and the patient interpersonally. And immediately putting some technology between you and the other person, if that's going really well then, it's a really nice replica of face-to-face therapy.

Consumer - John: If I had to go to Brisbane to do a consultation, it would take three hours to drive there one way and it would take three hours to drive back. So that's a large chunk of your day. And as bad as you feel sometimes, just driving one way is enough.

Psychologist – Scott: The psychology telehealth has the advantage people who are either - their own anxiety which could be the reason you're seeing them, or their pain, or health condition - make it hard for them to get into the clinic. That by itself is suddenly opened up a bit because they can connect from home. So, whereas sometimes you get someone cancelling because they're having a low day, an anxious day, a sore day, they can still see you from their bedroom and they often do.

Consumer - John: Driving all the way down to Brisbane to see somebody would be stressful and you know it would be stressful. Whereas here there's no drama, you can just do it and it's not adding to how you feel about what's going on because the stress isn't there and the worry and the hassle.

Psychologist – Scott: Some of the challenges as a psychologist over telehealth are it doesn't quite map up with your skillset that you've learnt probably in your training. So, it is a new area that you probably feel a bit stretched in. I think that's something that you can overcome with experience and practice, but it will probably stretch you a little bit at first. I think then combining that with any IT issues that you hit, suddenly you are having to figure things out a bit more on the fly. You probably feel a little bit more of a novice clinician, I think. Even if you're very comfortable with the area you're working in. And that's a bit of a teething problem that should pass over time. It did for me. I feel much more comfortable on telehealth now, but it certainly wasn't from the get-go.

Consumer - John: When I'm at home here, it's easy because I can use my pain strategies while I'm sitting and doing the interview. So, it just makes it easier. It's just so much more convenient and less hassle, less drama.

Psychologist – Scott: For patients where their presentation might not be a good match for telehealth at that time, I think then you can have a discussion about whether local services exist that can supplement telehealth. So, you don't have to withdraw the telehealth, but it will be a hybrid of face-to-face and telehealth. For other patients though, even though from an evidence-based perspective you might think this isn't the ideal candidate for telehealth, you've got to also consider the fact that they might not have local services to use. As a psychologist, ethically being able to provide something to that patient at least until they can find maybe more suitable, higher intensity, face-to-face services. That's the ability to bridge the gap that a face-to-face clinic doesn't have.

Consumer - John: A lot of people out here just won't get the help because of the distance that they have to travel. And by bringing the telehealth into their home a lot more people will get the help they need. And that's the biggest thing - is getting people the help they need. And out here in the rural, there's a lot of people who don't get the help.