

# **Conducting rehabilitation groups for people suffering from chronic pain**

## **A short running title: Conducting rehabilitation groups**

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## **Abstract**

The aim of this study was to offer guidelines for counsellors who work with rehabilitation groups of patients with chronic pain. The sample involved nine counsellors engaged in a multidisciplinary pain management programme. Two focus group interviews were conducted. Data was analysed using qualitative content analysis. These indicate that main challenges facing counsellors were related to maintaining constructive group processes and being mentally prepared. The counsellors reported that knowledge concerning self-awareness, theoretical frameworks and counselling techniques was important. Personal learning included: group leadership, teamwork, grasping the inside story and obtaining supervision. The results show how important it is to have trained counsellors who are well prepared to prevent and deal with challenging group processes. Counsellors need to understand the concept of pain and be acquainted with cognitive behavioural framework and group processes. The results indicate that counsellors perceive regular supervision as supportive and is likely to promote good team functioning.

*Keywords:* Focus groups, counselling, chronic pain, multidisciplinary pain management programme

## INTRODUCTION

Despite advances in the understanding of physiological processes as well as medical treatments for chronic pain, pain relief continues to be a challenge in health care.<sup>1</sup> In the absence of a medical cure for many patients, the most appropriate approach is likely to be one that addresses cognitive, psychosocial and behavioural factors related to the pain.<sup>1</sup> During the past decade, group therapy has emerged as one of the major forms of psychological treatment for chronic pain. Research evaluating the efficacy of group therapy, including cognitive behavioural therapy (CBT), indicates that it can significantly reduce pain and improve life quality among patients presenting with chronic pain.<sup>1-5</sup> However, differences across studies in treatment forms, assessment methods and therapist experiences, appear to produce varied treatment results.<sup>3-8</sup> Although there is an emerging research literature on the efficacy of group therapy for patients with chronic pain, practical information on how to conduct such therapy seems not to be widely available.<sup>2</sup> This article seeks to contribute towards addressing the need for more information.

Group therapy has many advantages in the treatment of chronic pain. According to Keefe et al.<sup>2</sup>, a group provides a setting in which patients suffering from chronic pain can be in touch with others who have similar problems. Secondly, group therapy can help patients gain a better understanding of pain. Thirdly, patients can be taught effective coping skills.<sup>2</sup> However, Linton<sup>9</sup> notes that the content of group therapy and how the therapy is practised are good predictors of success or failure.

Conducting group therapy to patients with chronic pain is not always a straightforward affair, and a number of difficult clinical issues can arise. Among these, problems related to such as dealing with patient expectations, anger and emotional distress are emphasised.<sup>2</sup> Underlying all considerations that have to do with technique, there needs to be a consistent,

positive relationship between counsellor and patient. The relational style of the counsellor should be one of concern, acceptance, genuineness and empathy.<sup>10</sup> The counsellor must be alert to any potential factors that might compromise group collaboration. To succeed, MacKenzie<sup>11</sup> notes that good record keeping is a necessary part of group therapy and suggests a report form for monitoring and measuring change in group processes. To meet the challenges that may occur in counselling, De Stephano et al.<sup>12</sup> stress the importance of regular supervision. Supervision has been described by counsellors as being beneficial for a variety of reasons, including self-awareness, professional development and emotional support.<sup>13</sup>

Education, knowledge and understanding provide the foundation for positive change in therapy. As already indicated, the intervention model guiding the counsellors in the present study was based on CBT. Major aims of CBT are to improve quality of life, coping skills and physical functioning. CBT for chronic pain involves a variety of interventions and major features are summarised in the following points<sup>1</sup>:

1. Problem oriented
2. Educational
3. Collaborative
4. Homework included
5. Encourages expression of feelings
6. Addresses the relationship between thoughts, feelings and behaviour

Based on our experiences with a pain management programme the major aim of this study is to suggest guidelines for counsellors who conduct rehabilitation groups for patients suffering from chronic pain.

## **METHODS**

### **Study population and design**

We used a purposive sample, which involved nine counsellors engaged in a continuing but revised multidisciplinary pain management programme. Three nurses, one social worker, two physiotherapists, and three volunteers who had gone through the programme, participated in this study. They were all trained in counselling. The counsellors' experiences with conducting the pain management programme ranged from four to nine years. The programme offered was an eight-week intervention with five-hour sessions described elsewhere<sup>4-5</sup>, and consisted of three parts: supervised dialogue, physical activity and education. The topics for the sessions were: goals, physical activity, pain as a complex phenomenon, relaxation, coping, self-esteem, network and communication. Self-help educational material used as homework was included. The counsellors were provided with information about the purpose and method of the study, the fact that participation was voluntary and that confidentiality was guaranteed.

Our main instrument for data collection was the focus group interview. The use of focus group research relies on interaction within the group based on topics that the researcher (and members of the group) decide to explore further.<sup>14</sup> The typical size of such groups range from 6 to 10 participants. The potential value of the focus group is to be found in taking the discussion a little further on the respondents' terms. This is achieved when the researcher becomes more of a co-ordinator than a conventional interviewer. When used properly, the focus group offers real potential for getting participants to share, compare and explain their self-reported behaviour with other members of the group.<sup>14</sup>

## **Procedure**

After two ordinary meetings for the counsellors to discuss routine issues, the first author and an assistant conducted a focus group interview. The fact that we took written notes during the interview made the note taking a non-intrusive activity. We addressed the following areas related to counselling during the focus group interviews: challenges, important knowledge,

learning and training needs. A questionnaire that was distributed to the informants prior to their involvement in the first interview raised the following questions:

1. What have been the biggest challenges with being a counsellor/volunteer in the courses?
2. What is the most important knowledge that a counsellor/volunteer needs to have in the courses?
3. What have you learnt from being a counsellor/volunteer in the courses that you consider to be most important?

Such open-ended questions allowed the counsellors to respond from a variety of dimensions. With this in mind, discussions in the first focus group interview centred on topics and the questions above. The first author started the second focus group interview by giving the participants a summary of the results from the first focus group interview orally as well as written. In addition, I asked them the following question to continue the discussion:

If you were asked to teach others how to be a professional counsellor, what would you focus on?

## **Analyses**

We chose qualitative content analysis on a group level in preference to individuals because individual statements are difficult to treat as personal disclosures as they are influenced by group dynamics.<sup>15</sup> There are no systematic rules for analysing data within this tradition, and a common feature is that many words of the text are classified into categories.<sup>16-18</sup> The analysis occurred as six stages (see Table 1 for details): 1. writing out the final copy of the notes, 2. reading the text several times, 3. performing content analysis<sup>18</sup>, 3. reflection and discussion, 5. selection of quotes and 6. validation.

**Please insert Table 1 about here**

## RESULTS

In this section, we shall present some data as direct quotations from the interviews to illustrate the most commonly reported aspect of each category, or to illustrate interaction and variation within the sub-categories. Major findings from focus group interview 1 and 2 are joined together and are presented in Table 2. These findings indicate that the main challenges facing counsellors were related to maintaining constructive group processes and being mentally prepared to meet patients with different personalities and specific problems. The counsellors reported that knowledge concerning, self-awareness, theoretical frameworks, counselling techniques, like being a good observer and motivator, was important. Personal learning and training needs that the counsellors identified included the following: group leadership, teamwork, grasping the inside story and obtaining the kind of supervision that boosted confidence and helped to maintain focus.

### Challenges

Interview 1. The challenges reported concerned getting the group started, keeping the right focus as well as being mentally prepared.

*“First of all, it is a challenge to get all participants motivated and create a good climate for change.”*

*“We have to find out good approaches to different problems which might occur.”*

*“Another main task is our ability to present the message in an understandable manner so that the participants consider the tools as useful.”*

Interview 2. They all agree that leading these groups is not a straightforward affair, and this means that they need to maintain close attention the whole time. One example was given when the counsellor was totally unprepared:

*“In the final session, all participants shared their positive results from the course. One participant ended up by telling us that this course had been terrible.”*

The counsellor’s uncertainty in the situation led to several suggestions from the other counsellors:

*“We must admit that we don’t always have the right answers. Here is a practical example from my own practice where I have asked: I saw you were frustrated today; is that correct?”*

*“It is first when the participant opens up we can start to get a bit of a grip on things.”*

*“Whatever, we must always have the last word.”*

### **Important knowledge**

Interview 1. The theoretical framework must lay the platform. Furthermore, introspection, group observation as well as important counselling and CBT techniques were highlighted:

*“Beyond all techniques, we need to know ourselves, our strengths as well as weaknesses.”*

*“We need to have a good antenna to sense different moods and to be a good judge of character.”*

*“We have to admit that this is hard work over time and at the same time we have to motivate the patients.”*

Interview 2. They refer to important counselling techniques:

*“For success, I also emphasise the importance of their own efforts in reaching their personal goals.”*

*“To meet the participants where they are and guide them onward, you have to be straight as well as emphatic.”*

*“I always prepare some good questions and remind myself not to give the answers, but instead to challenge the whole group.”*



## **Personal learning**

Interview 1. Several aspects of personal learning were apparent. Here are some illustrative examples:

*“As team workers, we need to trust each other and have a good chemistry as well as a unique interest.”*

*“I am now much more aware of the power of the group dynamics and all the resources available in the group.”*

*“I feel humiliated when meeting so much suffering and helplessness caused by pain, and in spite of this seeing their own will to fight.”*

The problem of unpredictability was also mentioned: *“Participants who seem not well suited for the course in the beginning may succeed, while the opposite may also occur.”*

Interview 2. Supervision of the team members during the course is important to their role performance in different ways:

*“This contributes to optimal team functioning by creating a common ideology or platform.”*

*“The most important thing for me is to get feedback on my own way of thinking and performing my role.”*

*“The supervision techniques our supervisor uses has been of great help in my own role performance.”*

**Please insert Table 2 about here**

## **DISCUSSION**

Our aim in this study is to suggest guidelines for counsellors who are conducting rehabilitation groups for patients suffering from chronic pain. We have structured the

discussion according to the following categories that emerged: Challenges, Important knowledge and Personal learning (Table 2).

### **Challenges**

As indicated by the respondents, several challenges were related to getting the group started, group functioning, and especially how to meet unexpected situations representing threats to stability and continuity in the group. As we see it, the main emphasis regarding the counsellors' role is actively to structure the group and provide an atmosphere of comfort and acceptance, as described by Yalom.<sup>10</sup> The counsellors were also of the view that each group member should be encouraged to take responsibility for her/his own progress as well as contributing to the group as a whole. In the programme each session began by giving a brief summary of the last group meeting led by one of the counsellors, followed by patients sharing positive experiences over the past week. The counsellors indicated that this way of proceeding was not entirely satisfactory for the participants. While it is important to promote positive thinking, it is also crucial not to underestimate the difficulties that many patients face on a daily basis. As Wormnes and Manger<sup>20</sup> argue, obtaining the full picture must always be the aim of effective dialogue. As such, there seems to be a clear need for the counsellors to explain more and to emphasise that positive opportunities do exist, and that a positive interpretation can be made a priority and chosen.<sup>20</sup>

A review of the group members' home work provided a platform for the ensuing supervised dialogue. The counsellors had to balance between focusing on the actual topic for each session and specific problems in the group. In addition, the counsellors had to repeat basic ideas, such as "acceptance" of the situation caused by chronic pain and "self-medication" through use of the bodies' own healing mechanisms. This means, among other things, a new orientation and avoidance of passive strategies. According to Butler<sup>20</sup>, an

effective adaptation can be achieved through a better understanding of pain physiology and regulating factors that may increase as well as decrease pain. A common finding was that patients expressed a number of pain-related losses related to daily life. Yet, patients found this problem easier to handle if they came to accept that feelings of loss are common in chronic pain, such as the grief that follows a traumatic event. Another common finding in each group was that the participants were usually at different stages in coping with their situation. This was often expressed by outbreaks of frustrations and crying. Furthermore, the presence of different personality types and behaviour among the participants seems to require identification of processes that might, if not dealt with sensitively, hinder constructive group processes.

### **Important knowledge**

The counsellors highlighted the importance of feedback on their own role performance in order to promote better self-awareness. They also asked for in-depth knowledge about the different topics in the programme and practical aids. The most important knowledge seems to be the psychology of pain, which had to be understood in order to give the patients a basis for self-understanding and for the application of self-help techniques.<sup>2,20</sup> Our data also indicate the need for practical knowledge about strategies to secure progression and continuity in the group. One important strategy was to link the different themes together. That way, it was easier for the patients to discover the totality of their own situation and alternatives actions. Another successful strategy was to use the patients' own ways of conceptualising pain-related phenomenon, thereby bringing more patient voice into the formulation of programme aims. Given that people differ in their interpretations, different illustrations in counselling provision were highlighted.

As our data show, the counsellors also identified the need for additional knowledge, such as how to practice CBT and counselling techniques to induce behavioural change. For example, implausible beliefs about the relationship between pain and controllability may need to be revised. Moreover, behaviour that needs to be strengthened must be identified, like increasing activity level or being able to communicate personal needs clearly.<sup>9</sup> Here we identified several efforts for the counsellors in initiating such changes, like encouraging the participants to do their homework, seeing the value of sharing their experiences as well as looking for alternative solutions to their problems.

### **Personal learning**

All the counsellors have clear ideas about their own learning progress. They had obtained a deeper understanding of what it is like to suffer from chronic pain. This insight brought with it a certain respect. Not only were the counsellors better placed to empathise with the patient's suffering, they were also able to understand the importance of the patient's struggle and resolve. There are lessons to be learnt here with regard to dealing effectively with complex situations related to chronic pain and associated disability.

The counsellors also noted that regular supervision gave them a greater understanding of patient behaviour and counselling, although views about areas of importance varied. This might be explained on the basis of different backgrounds and different forms of participation in the team. The supervisor, who is also the first author, gave structured supervision for the purpose of clarifying theoretical and procedural aspects according to the various steps of the programme. The counsellors considered the report form<sup>11</sup> as a helpful tool when summarising later sessions and to maintain a regular check on progress. An unexpected finding, when validating the second focus group interview, was that regular supervision reassured the patients that those who were treating them were under a watchful eye. Summing up, we think

that regular supervision probably benefits team functioning, by, for example, maintaining focus and ensuring progression. Similarly, we identified personal benefits in terms of a sense of security and confidence, which may be valuable forms of emotional support to the counsellors. Our results correspond with Valance's findings<sup>13</sup>, who discovered that supervision improved understanding of the counsellors' own feelings and responses. Our findings are also supported by De Stefano and colleagues<sup>12</sup>, who argue that supervision to counsellors is often the catalyst that transforms experiences into usable learning. Moreover, the results indicate that supervision is helpful in assisting counsellors to resolve difficulties by increasing self-awareness and providing support and validation.

A summary of practice points to be considered when conducting such rehabilitation groups is given in Box 1 below.

### **Box 1. Practice points**

- keep a positive focus
- help patients to take responsibility for their own progress
- be aware of different group processes
- structure the group discussions
- assess homework tasks
- maintain good records
- maintain regular supervision to the counsellors

There are several limitations in our study. The first author's understanding and experience with the pain management programme may have had a self-fulfilling effect on the interpretation of the findings. If we had used a digital or tape-recorder during the focus group

interviews, we could have used transcript checks in the validation process. Another limitation was a small sample, which makes generalisation inappropriate. However, the use of content analysis gave an overview of commonly occurring categories and sub-categories that may be used to inform future research. Another positive factor was that all supervisors in the programme were involved and validated the findings. The second author (PS) helped to ensure that our English translation of a Norwegian text conveyed the original message. Furthermore, the findings are consistent with findings from two other studies.<sup>12-13</sup>

### **Nursing implications and recommendations**

Given the complex nature of chronic pain and counselling, we suggest that the use of a variety of resources for support and development is needed. In spite of the benefits of participating in groups, it is also important to pay attention to possible negative effects that may hinder effective group processes. The results show how important it is to have trained counsellors who are well prepared to prevent and deal with such negative effects and challenging group processes. The counsellors should have an updated theoretical understanding of pain theory, and be acquainted with group leadership and the cognitive behavioural framework. As the results indicate, we also think that receiving regular supervision might contribute to support and inspiration and thereby influence team functioning and final results in positive ways.

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**Table 1** Stages of the qualitative content analysis

1. Writing out the final copy of the notes from the interviews	<p>The copy was carefully read and discussed to gain a contextual understanding of the participants' experiences.</p> <p>Important nuances were discovered by searching for common and distinctive features as well as variations.</p> <p>Patterns in the data was identified by dividing the text into meaning units (e.g. constellation of statements that relate to the same central meaning), condensed meaning-units, identifying categories (e.g. group of content that share communality) and sub-categories (e.g. sentences to be sorted and abstracted into a category).</p> <p>Agreement about three categories, sub-categories and condensed meaning-units, and these are presented in Table 2.</p> <p>Agreements about quotes who were selected to illustrate each category.</p> <p>The counsellors agreed with and acknowledged the relevance of the findings after each interview. They also highlighted other areas of importance which were included, such as how to handle outbreaks of loss, anger and crying. In addition, they emphasised that supervision to the counsellors also gave safety to the patients.</p>
2. Reading the text several times	
3. Performing content analysis	
4. A process of reflection and discussion	
5. Selection of quotes	
6. Validation of the findings	

**Table 2** Results from the first (1) and the second (2) focus group interviews, addressing challenges, important knowledge and personal learning among supervisors. N= 9

Categories	Inter-view	Sub-categories	Condensed meaning-units
Challenges	1	Optimal group functioning	Get the group off to a good start Highlight main goals and topics in an understandable manner Care for each individual Focus on possibilities rather than limitations Maintain a positive focus
	2	Being mentally prepared to meet challenging situations	Meet common expressions of: -emotional distress -pain-related losses -repetitive negative focus -resistance to change
Important knowledge	1	Self-awareness	Know ones own strength and limitations Admit the importance of role performance
		Theoretical frameworks	-know about pain and coping theory, CBT
		Counselling techniques	Develop strategies to: -induce behavioural change -secure progression and continuity -not give answers but let the group find their own solutions -tell what we see
	2	Counselling techniques continued:	-ensure that things are understood in the right way -being silent when needed -keep the right focus -change negative aspects
Personal learning	1	Group leadership	Keep a common ideology or platform
		Teamwork	Receive supervision contributes to good team functioning
		Increased understanding	Experience humility when meeting so much suffering Gain insight how it is like to suffer from chronic pain
	2	Regular supervision is important	Receive regular supervision because this: -helps to keep the right focus -secures progression -gives support -inspires -gives safety to the counsellors and patients