

Case Story Exercise

Pain management

For those unfamiliar with pain management please find below a super-brief introduction to the life-style changes typically required to achieve progress:

- Physically; self-care, e.g. regular exercise at the right level for the condition, pacing of activities (regular breaks), awareness of what makes the pain worse, self-care plans for flare-ups of pain.
- Activities of daily living; relevant adaptations at work (or not working anymore), changes to habits, e.g. when hoovering, not doing the whole house, but one room a day.
- Psychologically and interpersonally; acceptance that pre-pain function is likely to be a thing of the past, learning that there is more to interpersonal relationships than what you DO for someone.

Case story Kim

Please formulate the below **fictitious case** using the IMACC and the 'strengths and snags' sheet:

Kimberley is a middleclass woman in her mid 50s, she is married, has three adult children and two young grandchildren, whom she adores. She also has elderly parents, who are increasingly depending on her for support.

Kim has for a long time suffered from low back pain, but she has just been 'getting on with it' and not paying much attention to self-care. Her back pain had got steadily worse, and the last couple of years she had been experiencing more widespread pain. Eventually, her pain became so prominent that she was unable to continue her job in the local supermarket and she is currently on long term sick leave. She has nevertheless kept filling her time with looking after everyone in her family.

To help her cope with the pain, and hopefully return to work, Kim was referred to the specialist pain management service. When she presented in the service, she reported symptoms of stress, fatigue and low mood, which seemed to not only stem from the pain, but from difficulties adjusting to living with chronic pain.

Kim was offered a short course of CBT to help her address the adjustment difficulties and learn to better manage her chronic pain. In course of the therapy further information came to light:

Kim was a fiercely independent woman. She found it difficult to trust others to do things “the way they should be done” and she also felt that she needed to look after everyone, otherwise “they make a mess of their lives”. She reported that “I need to do everything myself to get it done properly” and “once you start a job you have to finish it before you sit down”.

Kim used to be very effective in terms of getting things done and looking after everyone else, but in relation to her pain she doesn't have time to look after herself and she is not taking responsibility for adapting her activities to match the capacity of her body. She expects the medical profession to sort out her problem; “why can't they find out what's wrong and then fix it?” Kim felt angry about the ‘inability’ of the doctors to help her. She refused to accept that her pain was chronic and that she might not be able to work again.

Kim's self-esteem was linked up with her capacity to do everything and look after everybody. She believed, that if she couldn't keep doing this she would be seen as weak. So as her pain problems progressed her self-esteem got affected negatively.

As Kim never had time to look after herself she has never done any sports or exercise consistently, she always thought it was a waste of time and energy.

Kim reported feeling that she didn't have much support. She had some good friends and her adult children said they wanted to help her. However, Kim didn't want to accept help from others, because “they mess it up”, “I should be able to do it myself”, and “they mean well, but they have enough with their own, and I think they are just offering help because they feel sorry for me”.