# Case story Kim – formulation based on IMACC

In order to "bring the model to life" we have constructed a **fictitious case** based on presentations that are quite typical in pain management.

Kimberley – mid 50s, married, low back pain, beginning widespread pain
On long term sick leave, looking after elderly parents
Adult children, grandchildren
*Psychological issues*; Stress/anxiety, fatigue and low mood, adjustment difficulties

**SCHEMA LEVEL**

- **Interpersonal schema (relational style):** Kim is a fiercely independent woman. She finds it difficult to trust others to do things "the way they should be done" and she also feels that she needs to look after everyone, otherwise they make a mess of their lives. This indicates that Kim's adult attachment style is dismissive. Insecure attachment style has been shown to be a vulnerability factor in the development and maintenance of chronic pain. Pls. note that I include attachment theory within the schema area, using the term integratively
- **Health schema (health beliefs):** Kim used to be very effective in terms of getting things done and looking after everyone else, but in relation to her pain she has a marked external locus of control – "why can't they find out what's wrong and then fix it?" and she doesn't have time to look after herself, so her self-efficacy in PM terms is low. High external locus of control has been linked with poorer health status and higher cost of care, while high self-efficacy has been linked with better health status and lower cost
- **Self schema (identity)**: Kim's self-esteem is linked up with her capacity to do everything and look after everybody. She believes that if she cannot keep doing she will be seen as weak. So as her pain problems progress her self-esteem gets affected negatively
- **Procedural schema (habits):** As Kim never had time to look after herself she has never done any sports or exercise consistently. This is now a barrier to effective rehabilitation

**CRITICAL INCIDENT**

- For Kim the onset was slow and gradual and for a long time she was able to get on with her life as usual, in spite of the chronic pain. For her the critical

incident was the issue that she had to go on sick leave due to her pain and she was finding it impossible to get well enough to get back to work

**TAKING STOCK**

- For Kim there is an element of denial because it is too scary for her to contemplate being unable to work anymore

**LEARNING NEW**

- For Kim it's the misconception that if she just finds the right expert, then they will be able to sort out her problem and she can get back to normal. This prevents her from engaging with self-management strategies
- Once Kim is motivated she'll need to acquire the knowledge of pain management principles and strategies, e.g. pacing her activities, but more importantly, she needs to work on acquiring the skill to use these principles in ways that are helpful to her
- Once she gets to that stage she might find that some of her old attitudes get in the way
- For Kim there are several significant attitudes that get in the way of her learning to pace her activities – one is "I need to do everything myself to get it done properly" (stemming from her trust issues and insecure attachment) and another is "once you start a job you have to finish it before you sit down" (which is a learnt behaviour – probably also stemming from anxiety related to her attachment issues)

**SUPPORT**

- For Kim there is plenty of support around her, but her trust issues and her attitude that she needs to everything herself makes her perceive social support as low

**LETTING GO**

- Kim's challenge will be not only to grieve for the capacity she has lost, but also learning to let go of those attitudes, that are no longer helpful

**ACCEPTANCE AND INTEGRATION**

- Kim is unable to accept the chronicity of her problems, she is still fighting against acceptance – fighting a losing battle is having a negative impact on her self-identity, causing her anxiety and low mood