

Group-Based Psychological Treatment for Chronic Disease Management: Applications for Chronic Pain

Haczkeicz, K., Iftikhar, Z., Cameron, C., & Gallant, N. L.

01. Background

- Given that individuals with chronic diseases comorbid with mental disorders experience worse clinical outcomes than those without mental disorders, treatment of the psychological sequelae that accompanies chronic diseases is of utmost importance (Cully et al., 2006; Pumar et al., 2014).
- An important consideration in the psychological treatment of chronic disease is chronic pain.
- Chronic pain can be a disease in and of itself (e.g., complex regional pain syndrome, fibromyalgia) or associated with an underlying chronic disease (e.g., chronic cancer-related pain, chronic neuropathic pain; Treede et al., 2019)
- In designing a group-based psychological treatment for chronic disease management, considerations for preferences among this population are important.
- Thus, the present study aimed to examine treatment preferences among adults living with chronic disease in Saskatchewan and to explore the literature to begin to develop a chronic pain module for this treatment.

02. Methods

- A total of 208 adults living with chronic disease and associated psychological distress as well as residing in Saskatchewan participated in the present study.
- To participate in the study, participants completed a set of online self-report questionnaires assessing treatment preferences (e.g., format, frequency, length, goals) for a new group-based psychological treatment.
- Throughout this process, we engaged regularly with patient partners (N=5) living with chronic disease as well as residing in Saskatchewan, clinical psychologists (N=2) who have worked with chronic disease populations, and a physiatrist (N=1) working at a tertiary rehabilitation program.

05. Discussion

- Findings offer insights into the format and content of group-based strategies psychological treatment for this population and also support the inclusion of a pain management module within the treatment.
- It is important to take into account treatment preferences when developing treatments for a population.
- Findings from this study may not be generalizable beyond Saskatchewan or for all experiences of chronic disease and pain, so replication is needed.
- Future studies should consider developing, implementing, and evaluating a group-based psychological treatment for chronic disease management with a pain management module that also incorporates treatment preferences as outlined in this study.

03. Results for Treatment Preferences

- **Goals:** Learning coping skills to manage chronic disease (2,3,6)
- **Sessions:**
 - **Activities:** Group discussions (1-5)
 - **Format:** Hybrid or virtual format
 - **Frequency:** Every two weeks
 - **Length:** An hour or less
 - **Duration:** 9 to 12 weeks
- **Group Membership:**
 - Group of 7 to 9 members
 - Relatively closed group with occasional new members (1,3)
 - Members with the same chronic disease (3)
- **Group Leadership:**
 - At least one professional living with chronic disease (2)



04. Results for Chronic Pain Module

- Psychoeducation about pain mechanisms is an important component of a chronic pain module (McCracken, 2020; Sharpe et al., 2020).
- Evidence-based approaches to treatment include the following:
 - Cognitive-behavioural therapy and mindfulness-based stress reduction results in pain severity reductions (Burns et al., 2022).
 - Acceptance and commitment therapy and mindful self-compassion further improves pain acceptance and pain interference (Gilpin et al., 2018; McCracken, 2021; McCracken et al., 2022).
 - Acceptance and commitment therapy also reduces experiential avoidance and disability and decreases depressive symptoms (Gilpin et al., 2018; McCracken et al., 2022).
 - Mindful self-compassion also increases self-compassion and decreases anxiety symptoms (McCracken, 2021).
- In all these therapies, strategies to increase activity are a necessary component (Sharpe et al., 2020).
- Relapse prevention needs to be included (Sharpe et al., 2020).

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