

Preface

The idea for this monograph came to me following a review of my book *Chronic Pain, Loss and Grief* by Professor Harold Merskey, a leading figure in the field of chronic pain. He wrote that he was happy to see a book that had departed from the idea of “one treatment (Cognitive Behavioral Therapy: CBT) fits all.” This volume is an exploration of psychosocial interventions beyond, but not excluding, CBT that may be used to one degree or another by the practitioners in the field. And the related question is, “How good are they?” Another fact that contributed to the actual shape of this book emerged from my graduate seminars on psychotherapy with individuals. One aspect of that course is to consider the evidence for each and every kind of psychotherapy that students choose to discuss. Contribution of my students in the development and shaping of this volume is beyond measure, and I take this opportunity to thank them.

It has to be acknowledged at the outset that the dominance of CBT in treating chronic pain patients and the evidence to justify its application is impressive. Numerous randomized controlled trials (RCTs) testify to that (see Chapter 8). Yet, CBT is not a panacea. Our research also revealed that many practitioners, including myself, were engaged in implementing a wide variety of psychotherapeutic interventions with or without the benefit of strong empirical evidence. At times such evidence was close to nonexistent, particularly when judged against RCTs, the gold standard for all outcomes. However, other kinds of evidence such as clinical or qualitative or less sophisticated quantitative methodology were offered to justify the choice of therapy. We have included such interventions. One critical question that all psychotherapists must ask is the fit between a particular problem and the choice of therapy. A common problem that confronts all therapists is not always having the information about the rationale behind the choice of therapy. Are there clear or as clear as possible guidelines about patient characteristics or the problems that may determine the choice of therapy? More often than not, there is no such guideline. Is it possible that the dominance of CBT to treat chronic pain has had a dampening effect on research to explore the effectiveness of other types of psychotherapeutic interventions? Our research suggests that indeed that may be the case. So, we cast a wide net and report on many and varied psychotherapeutic interventions that have been used to one extent or another to treat chronic pain sufferers. It is our hope that clinicians will give consideration to the choices available to them.

As for research evidence, a number of therapies discussed in this volume are wanting, and because the evidence is poor or inadequate, there is little or no impetus for research. This cycle needs to break. Another related issue is that different therapeutic interventions claim (justifiably) to be effective in treating a particular problem. An example of that would be the effectiveness of CBT, interpersonal psychotherapy (IPT), or psychodynamically oriented psychotherapy in treating grief related to loss. Unless convincing evidence emerges to show the superiority, or otherwise, of one over the other, the selection of one therapy over another becomes a matter of personal choice. Only research can settle the matter.

This book has 11 chapters. Chapter 1 addresses in broad terms the pros and cons of an evidence-based psychosocial approach. It would appear that although the value of evidence-based approach is widely acknowledged, its application is less than universal. Research-based practice for psychotherapists engaged in treating chronic pain sufferers or medically ill patients may not be the rule. Evidence of the effectiveness of many psychotherapeutic interventions is not always convincing. This could be a function of the very high scientific requirement of what might be considered acceptable evidence, should other kinds of evidence, such as qualitative or even quantitative (falling below the rigor of CBT), be taken into account. We discuss the effectiveness of solution-focused therapy (SFT), a widely used method by clinical social workers, to deal with a multitude of psychosocial problems.

Chapter 2 is a consideration of the nature and extent of psychosocial problems commonly encountered by our patients. A critical question that emerges from this pursuit is the choice of therapy we often make to treat our patients. More broadly, do the therapies we use succeed in alleviating or even eliminating the psychosocial problems?

Chapters 3 through 10 present different types of psychotherapeutic interventions that may be used to one degree or another to treat our patients. We preface these chapters, where possible, with case illustrations. An intervention such as CBT is widely used and derives its strength from solid research. Other interventions, such as family therapy or psychodynamic psychotherapy, are reported in the literature, but the evidence for their effectiveness is somewhat wanting. Nevertheless, our objective is simply to offer a rationale for their application and urge for more research.

Chapter 11 tries to focus on the state of the art, highlighting the trends and the gaps. We also urge an open-mindedness in the choice of therapy, and a shift in focus to further refine the notion of matching therapy with the problems. Even CBT, for all its success, is not a panacea.

This project may not have materialized without the encouragement and support of my wife, Margaret. As always, she helped me in numerous tangible and intangible ways to finish this book. She has my undying gratitude and love. I also want to thank Dr. Michael Thomas, my friend and research partner for over 25 years. Without his friendship and patience, much of our work could not have been accomplished. Thank you, Michael!

About the Author

Ranjan Roy is Professor in the Faculty of Social Work and Department of Clinical Health Psychology, University of Manitoba, Winnipeg, Canada. He is also a consultant (scientific) in the Department of Anesthesiology, Health Sciences Center, Winnipeg. Ranjan Roy is Fellow of the Royal Society of Canada, Canadian Academy of Arts, Science, and Social Science. He has published extensively on the psychosocial aspects of chronic pain.