

CLINICAL INTERVIEW STRUCTURE FOR CAPTURING PSYCHOLOGICAL MODULATORS OF PERSISTENT PAIN

Psychologists use a semi-structured interview format to ensure that information related to numerous influences is collected. (Few structured interviews have been developed for use with clients /patients with persistent pain and research regarding their validity and reliability is scarce.)

| DOMAIN | SAMPLE QUESTIONS |
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| 1. Pain history | <ul style="list-style-type: none"> • Precipitating events? • Course of pain over time (intensity, frequency, nature of pain)? • Client's understanding of cause? |
| 2. Precipitants of increased pain | <ul style="list-style-type: none"> • Biological, psychological and social factors that increase pain? |
| 3. Pain management history (including medical, physical and psychological) | <ul style="list-style-type: none"> • Interventions that have helped? • Interventions that have not helped? • Current pain management regime? |
| 4. Physical effects of pain | <ul style="list-style-type: none"> • What does the person do in a typical day? • What activities does the person do less often and more often? • What activities have been modified? |
| 5. Social effects of pain | <ul style="list-style-type: none"> • Frequency and type of contact with friends/family prior to onset of pain? • Frequency and type of contact with friends/family since onset of pain? • What prevents person from socialising? |
| 6. Impact of pain on work | <ul style="list-style-type: none"> • Was RTW attempted and what was outcome? • Does person perceive work environment to be supportive? • Has person considered changing jobs? |
| 7. Impact of pain on family | <ul style="list-style-type: none"> • How has persistent pain affected family? • How does person's partner respond to her/his pain? • How has the person's role in the family changed? |
| 8. Developmental History | <ul style="list-style-type: none"> • Were developmental milestones ages appropriate? • Family history of persistent pain/psychiatric disorders? • Description of childhood? • Abuse/neglect? • Attachment to parents? • Current level of contact with family? |

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| 9. Educational/Vocational History | <ul style="list-style-type: none"> • Learning/behavioural difficulties? • Peer relationships at school? • When/why did person leave school and training/employment since leaving school? • Attempts at return to work? |
| 10. Relationship History | <ul style="list-style-type: none"> • Description of past significant relationships. • Description of current relationship, including sexual relationship? • Description of relationship with children? |
| 11. Psychiatric History | <ul style="list-style-type: none"> • History of contact with psychologists/psychiatrists or counsellors? • Whether person found helpful? • History of trauma? • History of use of antidepressants? |
| 12. Medical History | <ul style="list-style-type: none"> • Has person had difficulty recovering from injuries in the past? • Other medical diagnoses that could be impacting upon person's ability to cope with pain? |
| 13. Legal Issues | <ul style="list-style-type: none"> • Is there any ongoing litigation regarding person's pain? |
| 14. Substance-use | <ul style="list-style-type: none"> • Current use of caffeine, alcohol, cigarettes and illicit drugs? • History of substance-use? |
| 15. Current psychological functioning | <ul style="list-style-type: none"> • Is the person suffering from depression/anxiety or another affective disturbance as a consequence of his/her pain? |
| 16. Cognitions | <ul style="list-style-type: none"> • Person's attitudes, beliefs and expectations regarding pain? |
| 17. Motivation | <ul style="list-style-type: none"> • How motivated is the person to engaging in physical/psychological therapies? |

Psychologists complement clinical interviews with pencil & paper **self-report measures** to aid case formulation & as 'before & after' measures of intervention success. (Author's preference: The West-Haven Yale Multi-Dimensional Pain Inventory. A most comprehensive yet brief measure, with impressive reliability and validity that assesses multiple dimensions of adaptation.) There are about ten others considered to have high levels of evidence for clinical use with the chronic pain population, with choice depending on the domain being measured.

Adapted from: Queensland Health publication "Best Practice Guidelines for Psychological Management of Acute & Chronic Pain" (2004) Contact author of this presentation for copy via www.fmcdonald.com

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