GOAL SETTING FOR PAIN REHABILITATION

"Goal Setting for Pain Rehabilitation" is part of a series of six Whole Health tools designed to assist clinicians who want to enhance Veteran's chronic pain self-management skills. For additional information, refer to the other materials in "Self-Management of Chronic Pain".

INSTRUCTIONS FOR CLINICIANS

THE IMPORTANCE OF GOAL SETTING

It is very common for people with chronic pain to feel overwhelmed and isolated because of their condition. As pain persists, ineffective coping patterns often develop, and activity levels can decrease. People with chronic pain may become preoccupied with the single goal of decreasing their pain, spending a lot of time and resources trying to do so. Having pain reduction as a solitary goal puts people at risk for frustration, depression, and decreased participation in care.[1] It is important to help Veterans recognize that pain may or may not improve, but their level of functioning and management of their condition most definitely can.

Chronic pain requires day-to-day management by each person affected by it, and clinicians are in a unique position to educate and prescribe self-management approaches for them. Some approaches include having patients set functional goals and encouraging them to work on improving their quality of their life despite their pain. A survey of people with pain also supports an increased focus on functioning and overall well-being relative to pain intensity (Turk et al., 2008).[2] Goal setting approaches have been shown to increase patients' progress toward mutually agreed upon goals and to foster adherence to physicians' recommendations.[3,4] Goal setting helps create a successful individualized pain rehabilitation plan, improves physician-patient communication and contributes to improved pain related outcomes.[3-6]

Both the Centers for Disease Control Guideline for Prescribing Opioids for Chronic Pain and the National Pain Strategy recommend greater consideration of patient-generated treatment goals as outcome measures in clinical practice and research.[7,8] Patient-generated goals may enhance treatment engagement, adherence and efficacy by facilitating a focus on what patients consider most relevant what they value, and their own motivations to change.[9,10]

Successful goal setting builds confidence in coping with pain. It involves having the patient identify what they want to achieve in their life and what changes are important to them and coming up with goals agreed upon between the patient and the health professional. Typically, patients are encouraged to set a combination of short- and long-term goals in various areas to give patients a plan to follow. It is important that goals set are **s**pecific, **r**ealistic, **a**chievable, **m**easurable, **r**elevant, and **t**ime specific (SMART) to make them

achievable. Motivation is enhanced if the goal meets the intrinsic needs of the individual.[11]

Major barriers to setting goals were found to be related to time and a perceived lack of skill and confidence in setting goals.[11] If a clinician is engaged in "patient-centered practice," then the plan developed during goal setting must related to the patients' expressed needs, values and expectations.[12] The approach to goal setting described above is different than the practice under a biomedical model in which the decision-making process is often unilaterally driven by clinicians who may not be fully informed of an individual patient's needs.[12-14] Time is limited during visits, but it is important to make goal setting with Veterans with chronic pain a priority. Collaboratively setting goals with Veterans' input leads to higher compliance than provider-mandated goals.[15] A clear, agreed upon treatment plan with concrete tasks to accomplish between appointments will assist the Veteran in moving forward.

Goal setting is a tool that encourages patient accountability, fosters their self-efficacy through development of active coping strategies, and allows them to gain some control over their condition. It allows clinicians to monitor the patient's progress and determine whether continued treatment is warranted. Goal setting also provides opportunities for clinician feedback on goal completion and such feedback reinforces future goal setting.[16]

HOW TO SET GOALS WITH VETERANS

By teaching Veterans a process for setting goals, clinicians can help them achieve small successes that they can use to rebuild their lives. Begin setting goals with them the first time you meet them and follow-up on their progress in subsequent appointments.

It is important to address faulty beliefs that may hinder Veterans from setting effective goals.

- Help them avoid falling into the trap of thinking that all their pain must be gone to set functional goals or to start doing more physical activity.
- Educate them about the difference between what "hurts" and what "harms" their body. Knowing that the pain does not cause long-term harm can empower them to work towards functional goals without being worried their actions are causing long-term physical damage.
- Encourage them to focus on what they can still do, as opposed to what they can no longer do. It is easy with chronic pain to over-focus on losses, which can have a negative effect on mood, motivation, and activity level.
- Also help them avoid setting unrealistic or vague goals, such as "I want to be able to do everything I did before." **Remember to have your patient focus on function, not on the pain.** A person can become lost in their symptoms, and when pain is chronic, focusing on intensity, location, duration, etc., is not necessarily productive.

Strategies in goal setting which have been found to cultivate improved habit development include:[17]

- **Motivate action:** thinking about others (versus oneself) can motivate action (e.g., washing hygiene in hospitals, rates of soap use increased by 45% when thought about patient health).
- **Translate intention into action:** written if-then plans to anticipate and plan for barriers and obstacles. This provides for identifying obstacles to taking action and planning for a way to respond effectively. It has been associated with better outcomes, including medication adherence in epilepsy and stroke patients and physical capacity in chronic back pain patients.[18]
- **Disrupt existing habits:** changing the context and modifying the environment to disrupt the routine of the existing habit that the patient is working on changing. (e.g., changing the visibility or arrangement of food choices)
- **Develop routines creating new habits:** create visual cues as a reminder and motivator to engage in the new habit, removing cues that inhibit new habits and piggy-backing new habit onto existing habit.

SEVEN ASPECTS OF PAIN SELF-MANAGEMENT

Heapy et al (2018) developed a typology of chronic pain patients' self-generated treatment goals through their participation in Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP) and categorized them into the following domains:[19]

1. Physical Activity
2. Functional Status
3. Wellness,
4. Recreational Activities
5. House/Yard Work
6. Socializing,
7. Work/School

They found that clinically meaningful improvements in pain-related interference, pain intensity and depressive symptoms were related to goal accomplishment. Improved depressive symptoms was greater among participants who had a greater number of Physical Activity, House/Yard Work, Recreational Activities, and Wellness goals. It may be that these goals and their association with behavioral activation and self-care help reduce depressive symptoms. Additionally, an important predictor of clinically meaningful improvement in pain intensity was having a greater number of House/Yard Work goals. Interestingly, 90% of patients had a goal in at least one of the two categories of Physical Activity and Functional Status. This suggests the desire and willingness of participants to set behavioral goals and the importance of targeting improvement in pain functioning versus reductions in pain intensity in goal setting in overall patient outcome.[20]

THE IMPORTANCE OF GOAL SETTING

Help them identify one area they would like to work on, and then have them set goals in this area during their appointment. You might say something like,

- *"Let's work together to come up with some goals for your pain rehabilitation plan."*
- *"How will we both know that you've met your goal?"*
- *"What would we be able to specifically notice that you do once you've met your goal?"*

MAPPING TO THE MAP

Also consider helping patients identify what their mission, aspiration and purpose (MAP) is and supporting them in reflecting on these questions to shine a light on what is true for them. Once this is identified, their MAP can be centered in their health care plan. Clinician and patient goals don't always overlap, and patients are more likely to have success with goals that they set for themselves (adherence and engagement). Mapping to the MAP in goal setting personalizes care and centers it on the patient which is more patient centered. It is important to be clear about your agenda, do you have major concerns that need to be addressed? At the same time, it is also important to explore what the patient want to do and support the patient's choice of a goal. These questions can be woven into a conversation. Sometimes the answers to these questions arise as the relationship between clinician and Veteran develops over time.

- What really matters to you in your life?
- What do you want your health for?
- What brings you a sense of joy and happiness?
- What gets you up in the morning?

OTHER SUGGESTIONS

Remember to:

- Discuss goals in the patient's language
- Put goals into the electronic medical record in a place where all the members of the health team can review them
- Follow up with the goals at their next visit
- Provide positive reinforcement for any attempt taken, as this increases their motivation to adopt a self-management approach to their condition
- Anticipate possible barriers and obstacles. Having intentions to work towards a goal only moderately predicts the actual goal-directed behavior.[21] It is important to have the patient problem-solve how to navigate possible challenges to reach their goal.

Below are examples of what clinicians can offer patients to assist them with self-management of chronic pain. Note, however, that the VA has specific requirements regarding materials that are directly given to patients, including that materials must be kept at a certain reading level. Clinicians are invited to offer some of these suggestions as part of what they discuss in a clinic session, but this material is not formally approved to be used as a patient handout.

A SAMPLE PATIENT WORKSHEET

WHY SET WORKING GOALS?

Rehabilitation starts with well-constructed goals. Patients should discuss their goals with their clinicians the first time they meet. Setting goals helps a person focus on what is important in their pain rehabilitation plan and gain some momentum and confidence in learning how to better manage their pain condition. Chronic pain requires day-to-day management and setting goals can give people a plan to keep them on track.

Reaching goals assures that progress is being made in pain rehabilitation. There are many areas that people address when they commit to improving their day-to-day functioning and coping with chronic pain. Think about these areas and prioritize which areas to work on first.

SETTING SPECIFIC AND REALISTIC GOALS

Problems that have resulted due to pain have not happened over night. They may have developed over many years. As a pain condition persists, it is common to experience mood changes (such as depression, anxiety, agitation, frustration, and anger), physical deconditioning, weight gain, social isolation, loss of meaningful life activities, changes in identity, decrease in activity, shifts in family roles and responsibilities, changes in work, reduced energy/fatigue, sleep disturbance, concentration/memory problems, increased stress, and unhelpful responses such as catastrophizing or thinking the worst.

Encourage the Veteran to start by making a list of areas to work on. Common areas to address are:

- Exercise (strengthening, stretching, aerobics),
- Relaxation/meditation/quieting response,
- Social support/social activity,
- Meaningful life activities (work, volunteer, responsibilities to family/church, etc.),
- Pleasurable activities (hobbies, interests, diversions, distractions, social, and
- Attitude/mood/thinking

Note how well these correlate with various parts of the green circle within the "Circle of Health."

Have the Veteran pick one area that is workable and changeable. It can be helpful to break the goal down into smaller, specific and reasonable parts. You can provide help by encouraging them to begin writing a plan for how to reach the goal.

THE 90% CONFIDENCE RULE

Do not expect that a person can be pain-free every day of the week. This will set them up for failure. Use the 90% confidence rule to decide whether a goal is realistic. Here is how it works: If a person is not 90% sure that they can reach that smaller goal within two weeks, they have set the goal too high. Scale back.

SMART GOAL SETTING SYSTEM

Use the SMART goal setting system to help Veterans set precise goals. A well-written goal allows a person to track progress and answer the question, "Did I achieve this goal?" with a clear "yes" or "no" answer. By successfully achieving smaller goals, a person can develop the confidence to tackle larger goals in the future. "SMART" stands for: Specific, Measurable, Action-oriented, Realistic, and Timed.

WRITING A PERSONAL SMART GOAL

Use the SMART goal setting system to set a goal. Start by making small changes one step at a time. Remember, anything a person does today to move toward that goal is a step in the right direction.

For practice on writing a personal smart goal, please visit this exercise.

ADDITIONAL SUPPORT

It can help to identify one person who can offer support and encouragement as a patient works to attain a goal. Ask this person to keep the goal setter accountable. This provides an opportunity for feedback on the process of completing a goal and motivation for future goal setting. Think about a reward for reaching a specific goal; the more motivational, the better.

You might recommend an app to a patient for additional support in pain management. Some of the recommended ones which have been found to have evidence-based psychological components are Curable, Pathways and Vivify.[22]

RESOURCE LINKS

- Circle of Health: https://www.va.gov/WHOLEHEALTH/circle-of-health/index.asp
- Self-Management of Chronic Pain: https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/self-management-chronic-pain.asp
- Curable App: https://www.curablehealth.com
- Pathways App: https://www.pathways.health
- Vivify Health App: https://www.vivifyhealth.com

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