

A mixed methods evaluation of a third wave cognitive behavioural therapy and article info

a b s t r a c t

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Introduction: The aim of this study was to evaluate the implementation of a 'third wave' cognitive behavioural therapy and osteopathic treatment programme (OsteoMAP) and explore its effect on pa-

Table 2
Baseline pain characteristics of the OsteoMAP patients.

Site of pain	% of cohort (N = 147)	n
Back	79	115
Leg	55	80
Neck	53	77
Shoulders/arm	53	78
Headache	26	38
Other	28	45
Pain longer than year	77	116

with others (62%), received education beyond age 16 (75%), were not currently in paid work (59%) and had pain for more than 12 months (77%). The most common sites of pain were back and leg pain (Table 2).

3.2. Patient reported outcomes

Paired outcome data after 6 months, showed that patients reported significant improvements in pain mood and coping as shown by change in the Bournemouth Questionnaire (a clinically meaningful change of >47%) and in psychological flexibility as shown by changes in the revised Acceptance and Action Questionnaire. No changes were seen in reports on general health or the Freiburg Mindfulness Inventory (Table 3).

We asked patients about healthcare resource use during the previous six months: one person had attended Accident and Emergency, none had any unscheduled hospital admissions. However 30 people (48%) had an MRI, CT scan or X-ray, 21 (33%) had a pain relieving injection and three (5%) people had surgery.

Temporary worsening of symptoms were reported by 19 people (30%) but nearly all respondents 60 (95%) were satisfied or very satisfied with their experience on the programme. No serious adverse events were reported.

3.3. Patient interviews

Twelve patients were interviewed, of whom 9 (75%) were female (see Table 4). None of the non-completers approached accepted the invitation to be interviewed and no reasons were

Table 3
Patient reported outcomes, matched paired analysis (n = 63).

Outcome measure	Baseline (n = 63)	6 months (n = 63)	Change
Bournemouth questionnaire	Mean 39.57 (range 12-64)	Mean 22.98 (range 1-55) (SD 14.2)	Change 58.1% (6 months score/baseline score x 100)
Scale 0-70 (70 worst) (>47% change is clinically meaningful)	Mean 39.57 (SD 12.3)	Mean 22.98 (SD 14.2)	Difference in means: 16.59 (CI 95% 12.61: 20.57) P <

given for declining.

Four key themes emerged from the interviews were i) the environment, ii) course delivery, iii) the therapeutic process and iv) the psychological challenges.

3.3.1. Environment

There were no issues reported with course administration, BSO clinic reception or appointment procedures. The physical environment of the BSO clinic was found to be satisfactory, although there were a few minor suggestions for improvements.

“a bit softer less clinic like and that the rooms were rather cold” (Patient (P) 6520) and “a bit dark” (P6511).

3.3.2. Course delivery

Participants commented on the personal challenges, difficulties and commitment required to complete the course. The range of responses are illustrated in the quotes below:

“Be prepared to make an effort to get the most out of it” (P6511),

“100% go... but I found it a very emotional experience” (P6521),

“An excellent course... but it is not a self-help/support group or a pity party” (P6517),

“This is not a quick fix, not for moaners or whingers”. (P6551)

All the participants referred to the kindness, professionalism and empathy of the OsteoMAP tutors and student practitioners.

“Very compassionate and welcoming” (P6524),

“... .. Well held ’ and professional. It was really nice. ”(P6543)

3.3.3. The therapeutic process

Patients expressed a wide range of responses to the OsteoMAP process and its impact on them. Reported benefits included decreases in negative ‘autopilot’ thought processes and emotional reactions to symptoms, increased ability to cope with stressful life situations, increased confidence and social interaction and some decreases in medication usage. Positive change was attributed to being more in the present and acceptance. Mindful body scans, though challenging for some, were used to improve sleep (P6512, P6521) and to calm anxiety and fear induced by exacerbations of symptoms (P6521, P6567). For example:

“...stopping/breathe/relax/feel/carry ongave me positive ways to deal effectively with physical and mental pain and stress”.

“OsteoMAP taught me to slow down and think about things” (P6512)

A patient suffering from fibromyalgia found that using the 'Notice, Breathe, Expand, Allow' exercise helped her to gain "a totally different way of looking at pain relief Amazing to feel that you have the power to change your thoughts". She felt she was no longer struggling in a fight with an external entity and getting resentful and "beating myself up" "The pain is part of

consistent with the evidence from the adherence evaluation that the practitioners were weaker in two domains: using barriers to guide the intervention, and integrating ACT and mindfulness exercises with physical examinations. More intensive mindfulness training for all practitioners involved in service delivery may be beneficial, based on the principles of good practice as outlined in the current UK mindfulness teaching guidelines [19].

Combination and adjunctive psychological approaches such as OsteoMAP, mindfulness based stress reduction (MBSR), mindfulness based cognitive therapy (MBCT) and self-management programmes are increasingly being explored [13,20,21]. These non-pharmacological approaches to chronic pain have a number of advantages and in some cases they have been shown to be as effective as pharmacological treatments for depression [18,19]. They have the potential to encourage behaviour change for healthier lifestyles and consequential health gains without the side effects often experienced with pharmaceutical agents [7,9,22].

The strength of the OsteoMAP intervention is that it integrates a psychological intervention approach with manual therapy in each patient clinical encounter: it is adapted flexibly to the needs and