# Key Behavioral Health Concepts

for the Treatment of Chronic Pain

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# Pain related Beliefs

## E.R.A.S.E. Emotions/Reflections

*"Beliefs about the nature of pain, fears of hurting, harming and further injury, and self-efficacy beliefs are the most important beliefs to consider." (Main, 2010)*

- **Fear:** Measurements of fear are better predictors of disability then imaging or other "physical" measurements, including pain ratings. (Crombez, 1998)
  - Fear is often complex and may be related to pain itself, the impact pain upon life, worry about reinjury, etc.
  - Can be addressed thought normalizing pain (hurt vs harm), providing education, behavioral experimentation, coping skills
- **Catastropization:** Beliefs and descriptions of pain that tend to be exaggerated
  - Can be addressed through pain neuroscience education, identification and reframing catastrophized statements, increasing objective descriptions of pain

# The Case of Mark

- **The case of Mark and Disc Degeneration**

| Age (Years) | 20 | 30 | 40 | 50 | 60 | 70 |
|---|---|---|---|---|---|---|
| Disc Degeneration MRI finding | 37% | 52% | 68% | 80% | 88% | 93% |

Brinjiki W, et al. Am J Neuroradial. 2015, 36 811-816

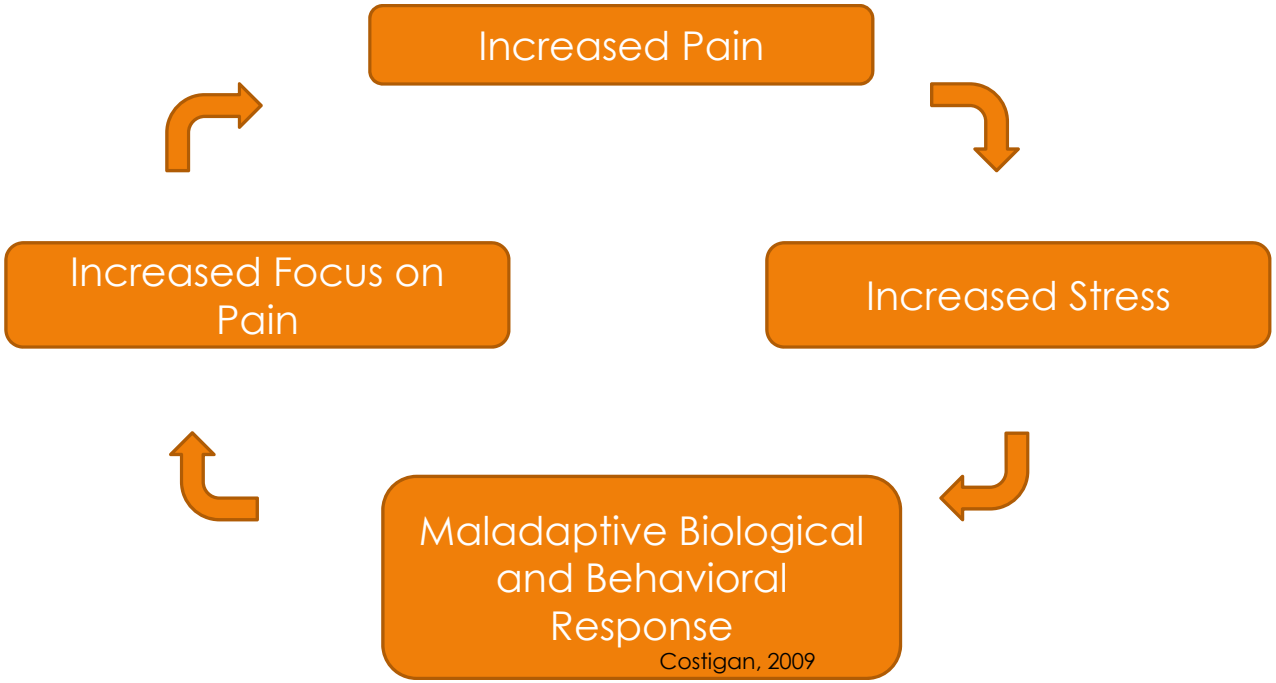
# Dysfunctional Pain Behavior

## E.R.A.S.E- Actions/Environment

Common Behavioral Changes related to pain

- Decreased leisure activities
- Decreased social interaction
- Missed work
- Reduced contact with family

Duenas, 2016




Costigan, 2009

# Dysfunctional Pain Behavior

## E.R.A.S.E- Actions/Environment

- **Pain related behavior to target in treatment**
  - **Avoidance:** Anticipated pain leads to widespread reduction in behavior, which can increase rumination on pain, cause additional distress, and increase psychosocial stressors
    - Encourage exposure, behavioral experimentation, education on effect of reduced activity, normalizing pain
  - **Passive Coping:** A focus on passive or interventional procedures, poor follow through, focus on pain needing to be "fixed"
    - Encourage active coping (self efficacy), develop accountability and realistic goals, direct patient toward functional improvement
- **Increased Function vs. Pain Elimination**
  - Collaborate with patient on functional goals that can be implemented at the current time
  - Consider what the patient values, and what the patient is willing to do *despite pain*
  - *Acceptance of pain is associated with better mood, decreased functional impairment, and decreased pain intensity (Ramirez-Maestre C, 2014)*

# Effective Behavioral Health Treatment

- **Evidence Based Practice for Chronic Pain:**
  - Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Emotional Expression and Awareness Therapy, Mindfulness Based Stress Reduction (MBSR)
  - Relaxation Training
    - Biofeedback
- **Who to refer**:
  - Individuals who are not progressing in treatment as expected
  - High levels of stress
  - High Levels of pain focused thinking or behavior
- **Mental health issues are not a prerequisite for pain psychology**
  - Depressive and Anxiety symptomology are common responses to pain
  - Mental health and substance abuse issues need to be addressed
  - Trauma: Individuals who have reported exposure to psychological trauma were 3 times more likely to have persistent pain, regardless of the type of trauma (Edwards, 2016)

# References


- Main CJ, Foster N, Buchbinder, R; How important are pain beliefs and expectations for satisfactory recovery from back pain?(2010) *Best Practice & Research Clinical Rheumatology*, Volume 24; 205-217.
- Crombez, G., Vlaeyen, J., Heits, P., Lysens, R. (1999) Pain-Related fear is more disabling than pain itself: evidence on the prole of pain-related fear in chronic back pain disability. *Pain*. 80:329-339.
- Brinkikji, et. Al. (2015) Systematic literature review of imaging features of spinal degeneration in asymptomatic populations. *American Journal of Neuroadiol*. 36(4);811-816.
- Duenas M, Ojeda B, Salazar A, Mico JA, Failde I. (2016) A review of chronic pain impact on patients, their social environment, and their health care system. *Journal of Pain Research*. 9:457-467.
- Costigan M, Scholz J, Clifford W. (2009) Neuropathic Pain: A Maladaptive Response of the Nervous System to Damage. *Annual Review of Neuroscience*.32:1-32.
- Ramirez-Maestre C, Esteve R, Lopez-Martinez.(2014) Fear-Avoidance, Pain Acceptance, and Adjustment to Chronic Pain: A Cross Sectional Study on a Sample of 686 Patient with Chronic Spinal Pain. *Ann. Behav. Med*. 7/:402-410
- Edwards, R., Dworkin, R., Sullivan, M., Turk, D., Wassan, A., (2016) The Role of Psychosocial Processes in the Development and Maintenance of Chronic Pain. *Journal of Pain*. 17 (9)70-92.