OPTIMIZING BEHAVIORAL HEALTH IN PAIN MANAGEMENT

Eric Lake, LLP, CADC

DISCLOSURE

I am employed as a pain psychologist with the Mary Free Bed Pain Rehabilitation program

I have no other disclosures

WHAT DOES BEHAVIORAL HEALTH PROVIDE?

Addresses dysfunctional beliefs and behavioral responses to pain

Education on chronic pain

Development of effective coping skills for managing pain

Helping patients to increase quality of life despite pain

KEY PSYCHOLOGICAL TARGETS

E.R.A.S.E. EMOTIONS/REFLECTIONS

- **Beliefs:** "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)
    - Addressed though education, normalizing pain (hurt vs harm), behavioral experimentation, and coping skills development
  - **Catastrophizing:** Beliefs and descriptions of pain that tend to be exaggerated
    - Addressed through education, Pain Neuroscience Education (PNE), identification and reframing catastrophic thinking, and 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%

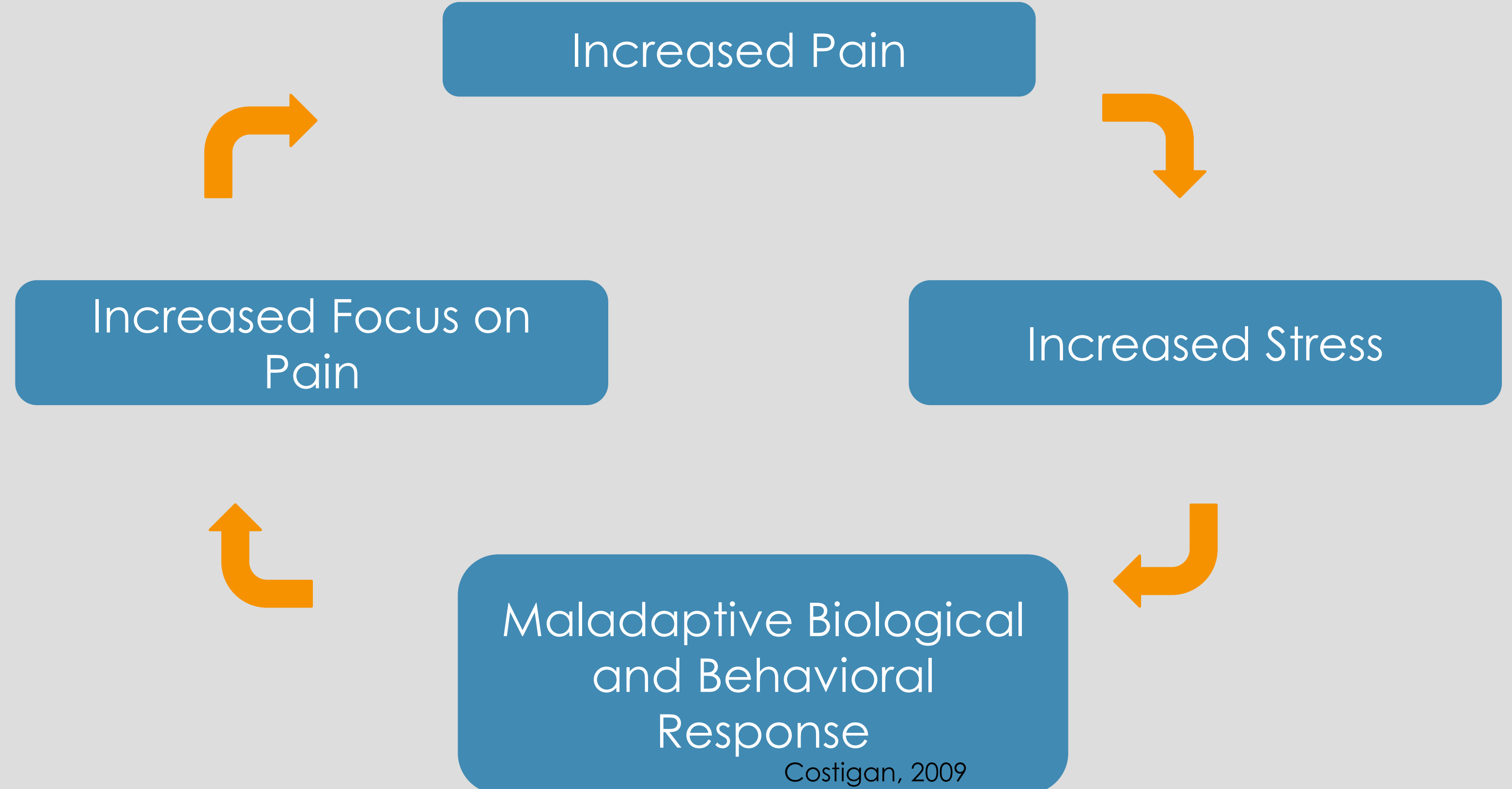
Brinjiki W, et al. Am J Neuroradial. 2015, 36 811-816

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



INCREASING SELF EFFICACY
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
    - Addressed through 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"
    - Addressed through increased active coping (self efficacy), accountability, realistic goals, directing a patient toward functional improvement
- **Increased Function vs. Pain Elimination**
  - Focus 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)*

EVIDENCE BASED TREATMENT

- **Interventions**
  - Cognitive Behavioral Therapy
  - Acceptance and Commitment Therapy
  - Emotional Expression and Awareness Therapy
  - Mindfulness Based Stress Reduction
  - Additional interventions may be utilized but have a smaller evidence base
- **Understanding a providers discipline (psychology, counselor, social work, etc.) and theoretical orientation are important for effective referral**
  - Most behavioral health providers have limited experience in the treatment of pain which may result in the need for more targeted referral
- **Services can be performed individually, in group, via telehealth**

COLLABORATING WITH BEHAVIORAL HEALTH

- **Establish relationships with community providers (even if they do not specialize in pain treatment)**
  - Know their theoretical orientation, discipline, specialty, and comfort with pain treatment
- **Who to refer**
  - Patients demonstrating *extensive fear, avoidance behavior, passive coping*, or *major mood change* in response to pain
  - Individuals with indicators of *central sensitization* or who are *not progressing as expected* in treatment
  - *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)
- **Provide Justification for Referral**
  - Multiple conversations with the patient or referrals may be needed
  - Use resources and examples to help patient understand referral, the "its not all in your head talk"
- **Communicate with treatment providers**
  - Specific targets for treatment (i.e. address fear of pain, or avoidant behavior)
  - Coordinate treatment and provide updates
- **Reinforce patient effort and engagement in behavioral health treatment**
  - Follow up consistently with patient, encourage active use of skills, and provide reinforcement for progress

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