

Role of Pain Psychology

WEEK II

Classes: Pain management tools, such as distraction and relaxation

Stress – Pain connection

Stress management

Identifying negative thoughts

Catastrophic pain thoughts (re-injury)

Depression thoughts (eg, “Why bother?”)

Challenging negative thoughts

Individual: Cognitive – behavioral intervention

Challenging negative and self-defeating thoughts

Encouraging re-activation (to maximize PT)

(rather than “if it hurts, don’t do it”)

Encouraging behavioral flexibility (to maximize OT)

(rather than “I’ve always done it this way”)



Role of Pain Psychology

WEEK III

Classes: Stress management: Skills Training

Communication

Assertiveness

Problem solving

Individual: Cognitive – behavioral intervention

Continued pain intervention

Patient's individual stressors

Identifying stressful situations

Developing attitudes & skills to cope more effectively



Role of Pain Psychology

WEEK IV

Classes: Stress management tools

- Relapse prevention

- Identifying high risk situations

- Developing a plan to prevent relapse

Individual: Cognitive – behavioral intervention

- Anxiety management

- Return to work or vocational rehabilitation

- Identifying patient's strengths and resources

- Increase confidence and self-efficacy



Insurer's Actions/ Attitudes

Facilitators

Towards Team

- Refers appropriate workers
- Authorizes requests
- Understands program
- Trusts the team
- Reacts promptly
- Flexible

Towards Worker

- Informs worker of rights
- Knowledge of case

Obstacles

Towards Team

- Does not understand program
- Delays communications
- Withholds information
- Poor knowledge of case
- Impatient
- Doubts team's competence

Towards Worker

- Does not inform worker
- Easily influenced by worker
- Splitting team and worker
- Too much bureaucracy

Organizational obstacles

- Employer's lack of understanding of injury
- Belief workers must be “cured” before RTW
- Lack of modified work
- Co-workers unhelpful attitudes
- Loss of contact and communication with workplace
- Rigidity of rules of employment



Rehabilitation Team Strategies to Overcome Barriers to Collaboration

<p>Worker</p>	<p>Pain management Relaxation Education Confrontation Rational polypharmacy: (analgesia, sleep, mood)</p>
<p>Employer</p>	<p>Education Asking for employer's opinion on RTW setting Sensitize the employer to its support role in relation to the worker Asking insurer to use its authority to exert influence on the employer</p>
<p>Insurer</p>	<p>Education Sensitize to issues involved in intervention Clarification of roles and objectives Meeting with the insurer's case worker to ensure consistency in information delivered Acting without interfering Asking for the case worker's support for intervention</p>
<p>Physician</p>	<p>Inform physician about rehabilitation process Convincing him/her to take action to facilitate return to work</p>



Multidisciplinary rehabilitation for CLBP: systematic review Guzman et al, BMJ 2001;322.

- Back Review Group of Cochrane Collaboration
- Systematic literature review
- 22 of 32 failed criteria, 10 studies included
- 4 MPCs, 2 non-MPCs
- Programs: Daily intensive
 Once or twice weekly
- Standard duration, limited individualization



Multidisciplinary rehabilitation for CLBP: systematic review

Guzman et al, BMJ 2001;322.

Results:

1. Strong evidence for MPCs when compared to inpatient or non-MPCs
2. Moderate evidence for MPCs reducing pain as compared to non-MPCs
3. Contradictory evidence regarding vocational outcomes
4. Less intensive MPCs, no improvement



References

- American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, edn 4. Washington, DC: American Psychiatric Association:1994.
- Barsky A, Orav EJ, Bates DW. Somatization increases medical utilization and costs independently of psychiatric and medical comorbidity. Arch Gen Psych 2005;62:903-10.
- Engel GL. “Psychogenic” pain and the pain-prone patient. Am J Med 26:899-918, 1959.
- Fink P, Hansen MS, Oxhoj M. The prevalence of somatoform disorders among internal medical inpatients. J Psychosom Res 2004;56:413-18.



- Fink P, Ornbal E, Toft T, et al. A new, empirically established hypochondriasis diagnosis. *Am J Psychiatry* 2004;1680-91.
- Fordyce WE. Behavioral methods for Chronic Pain and Illness. 1976. St. Louis, MO: Mosby.
- Geisser ME, Roth RS. Knowledge of and agreement with chronic pain diagnosis: relation to affective distress, pain beliefs and coping, pain intensity, and disability. *J Occup Rehabil* 1998;8(1):73-78.
- American Physical Therapy Association. Occupational Health Guidelines. Program 32. www.APTA.org/am/template/2007.
- Keefe FJ, et al. Psychological approaches to understanding and treating disease-related pain. *Annu Rev Psychol* 2005;56:601-30,



- Keefe FJ, Crisson JE, Maltbie A, et al. Illness behavior as a predictor of pain and overt behavior patterns in chronic low back pain patients. *J Psychosom Res* 1986;30(5):543-51.
- Loeser J, Butler S, Chapman C, et al, eds. *Bonica's Management of Pain*. Philadelphia, Pa: Lippincott Williams & Wilkins;2001:241-254.
- McCracken LM. Learning to live with pain: Acceptance of pain predicts adjustment in persons with chronic pain. *Pain*; 1998;74:21-27.
- McCracken LM, *J Back Musculoskel Rehab*; 1999.
- Melzack R. Pain and the Neuromatrix in the Brain. *J Dent Education* 2001;65:1378-82.



- Noyes R, Graig H, Happel R, et al. A family study of hypochondriasis. *J Nerv & Mental Dis* 1997;185(4):223-32.
- Pilowsky I, Spence ND. Illness behavior syndromes associated with intractable pain. *Pain* 1976;2(1):61-71.
- Schnurr, PP, Green BL. 2004. In PP Schnurr & Green (Eds). *Trauma and health: Physical health consequences of exposure to extreme stress*. Washington, DC: Amer Psych Ass.
- Sternbach RA. *Pain Patients: Traits and Treatments*. New York, NY, Academic, 1974



- Turk DC, Flor H. Etiological theories and treatment for chronic back pain. II. Psychological models and interventions. *Pain* 1984;19:209-33.
- Turk DC et al. Chronic pain and depression-Role of perceived impact and perceived control in different age cohorts. *Pain* 1995;61:93-101.
- Weisenberg JN. Personality and personality disorders in chronic pain. *Cur Rev Pain* 2000;4:60-70.

