THE PSYCHOLOGICAL ASPECTS OF CHRONIC PAIN

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Objectives

1. Problems in treating chronic pain
2. Assessment in chronic pain
3. Interventions, Psychotherapeutic techniques
4. Next steps in treatment
Problems with Chronic Pain

- Numerous overlapping mechanisms
- Pain is expressed in a wide range of behaviors
- Therapy for chronic pain is expensive
- DSM 5 - No diagnosis for acute/chronic pain
- Chronic pain and suicide (a risk to a medical practice)

Relative to controls, risk of death by suicide appeared to be at least doubled in chronic pain patients

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Suicide risk factors in chronic pain patients

- Type
- Intensity
- Duration
- Sleep-onset insomnia co-occurring with pain, which appeared to be pain-specific.
- Helplessness
- Hopelessness about pain,
- Strength of the desire for escape from pain
- Pain catastrophizing and avoidance
- Problem-solving deficits
Problems in Carrying Out the Treatments

- Lack of knowledge about pain generally and chronic pain specifically.
- Maintaining hope and motivation.
Treatment of underlying disease may not be possible or may not completely relieve pain

- Chronic pain is a complex experience
- If other reasonable treatments have been unsuccessful in eliminating the pain, chronic pain management needs to begin.
- Continued unsuccessful attempts to diagnose and treat a suspected primary disease process can have unintended adverse effects.
Assessments/Evaluation

- Standardized Assessments
  - Minnesota Multi-phasic Personality Inventory-2-Revised Form (MMPI-2-RF)
  - Miller-Forensic Assessment of Symptoms Test (M-FAST)
  - Millon Behavioral Medical Diagnostic
- Review of medical reports
- Physician input
- Spouse and family members input (as appropriate)
Common Goals and Treatment Objectives in Psychotherapy

- Overcome sense of dependence and helplessness
- Decrease stress and anxiety
- Improve self-regulation skills
- Educate
- Resolve existential dilemmas
- Other objectives as appropriate
Interventions

- Cognitive-Behavioral Therapy (CBT)
- Education
Psychological Approaches

- Cognitive-behavioral therapy (CBT)
- Behavioral or operant therapy
- Self-regulatory therapies
- Eye Movement Desensitization Reprocessing Therapy
- Biofeedback
- Relaxation
- Hypnosis
COGNITIVE-BEHAVIORAL THERAPY

Generally, cognitive-behavioral therapy refers to a composite of:

- Cognitive-behavioral
- Operant conditioning
- Educational
- Self-regulatory therapies
ELEMENTS OF COGNITIVE-BEHAVIORAL THERAPY

- COGNITIVE ELEMENTS:
  - Identifying and restructuring negative or unrealistic thoughts, expectations, beliefs, and attributions
  - Developing coping statements

- SELF-REGULATORY ELEMENTS:
  - Relaxation, hypnosis, biofeedback, meditation, and visual imagery
  - Attention diversion techniques
EDUCATION

Education about pain transmission allows for discussion of the multiple factors that inhibit and facilitate pain. Education about the pain process can actually reduce the severity.

Attention directed toward pain increases pain perception. Pain shifts from foreground to background depending on where your attention is focused.
Cognitions influence affective and behavioral responses to pain.

Affect and pain modulation

Pain signal inhibition

Changes in affective states, attention, beliefs, and cognitions can influence both pain perception and pain coping.
IDENTIFYING AND RESTRUCTURING NEGATIVE COGNITIONS

CBT treats the negative thoughts, beliefs, and attributions that accompany pain.

Thoughts, emotions and behaviors are inter-related
COGNITIVE DISTORTIONS

- Catastrophizing
- All or nothing thinking
- Should statements
- Discounting the positives
RESTRUCTURING

Should” statement: “I should be able to clean the house in one day like I did before.”

Emotion: Frustration, anger.

Restructured statement: “I can’t do things like I did before, but if I do a little bit everyday, I can manage to keep the house looking neat.”

Emotion: Hopefulness.
Positive self-statements are used to replace negative and dysfunctional thoughts.

Coping self-statements:
“I’ve been through this before and it will pass.”
‘If I take a hot shower, do a little stretching, and use meditation I twill probably be better by this afternoon.”

Positive coping statements can be developed and used to replace negative thoughts as they are identified.
EMDR-Eye Movement Desensitization Reprocessing Therapy

Initially developed to treat trauma/PTSD
Chronic pain suffers receive relief via reprocessing the trauma of associated with their pain experience.
Specific protocols have been developed to work with this population
Practitioners may use eye movements, tones (for audio) or taps
HYPNOSIS

Hypnosis was a primary vehicle for anesthesia during surgery until the mid-19th century.

It is not uncommon to experience hypnotic-like states during everyday events.

Most hypnotic inductions include suggestions for relaxation and comfort.

Patients can be taught how to use self-hypnosis to relieve pain on a daily basis.

Hypnosis has been used for childbirth, dental procedures and for patients who are allergic to anesthesia for medical procedures.
Biofeedback provides information about physiological functions.

- Develops increased awareness.
- Allows the development of increased control over the function.
- Two most common are electromyographic and thermal.
Next Steps & Conclusions

The treatment of chronic pain patients is definitely challenging and often frustrating. It is also rewarding. Across disciplines, there are a variety of treatment approaches that can help patients to better manage their pain.

Even with comprehensive, multidisciplinary treatment, at best what we have to offer is a reduction of symptoms and improvement in functioning.

It can be difficult for both patients and healthcare professionals to accept less than totally satisfying solutions to a problem.