

Services Provided:

- Individual therapy
- Group therapy
- Pre-surgical evaluations
- Psychological evaluations



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Chronic Pain

Chronic pain does not have adaptive value and is associated with a variety of reactive behaviors such as compensatory posturing or restrictions of daily activities and can be associated with secondary gains by eliciting nurturance and attention or avoidance of responsibilities (Thompson & Gustafson, 1996). Health psychologists focus attention on the role of cognitive and affective interpersonal factors and sociocultural factors in the perception, interpretation, and behavioral responses to pain. Efforts to improve coping with pain use cognitive-behavioral

approaches to regulate pain perception and modify social and environmental processes that affect the behavioral expression of and response to pain. Coping strategies characterized by passive adherence and catastrophic thinking and thoughts of fear and anger are associated with functional impairment. Coping strategies characterized by multiple cognitive and behavior techniques including diverting attention, calming thoughts, reinterpreting pain sensations, and various relaxation methods such as progressive muscle relaxation, breathing methods, and visual

imagery are associated with less functional impairment (Thompson & Gustafson, 1996). Considerable empirical support has been provided for the effectiveness of CBT for the treatment of chronic pain conditions such as back pain and persistent disease-related pain conditions such as arthritis; CBT is considered a well-established treatment for headaches and chronic pain.

This is the third of our monthly CHP newsletters. Please feel free to email us with topic requests, questions, etc. for future issues.

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Psychological Treatment for Chronic Pain

(Chronic Pain Medical Treatment Guidelines, 2007: www.painmed.org)

Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain inter-

ference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested:

1. Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention.
2. Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options including individual or group therapy.
3. Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach.



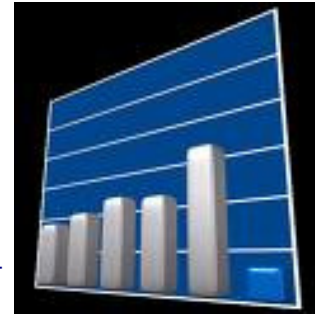
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Chronic Pain Statistics

- In a study of chronic disabling occupational spinal disorders in a large tertiary referral center, the overall prevalence of psychiatric disorders was 65% (not including pain disorder) compared to 15% in the general population. These included major depressive disorder (56%), substance abuse disorder (14%), anxiety disorders (11%), and axis II personality disorders (70%) (Dersh, 2006).
- 26% of Americans (an estimated 76.5 million) age 20 years and older report that they have had a problem with pain of any sort (NOTE: does not account for acute pain) that persisted for more than 24 hours in duration (www.painfoundation.org)
- The annual cost of chronic pain in the United States, including health-care expenses, lost income, and lost productivity, is estimated to be \$100 billion (www.painfoundation.org)
- When asked about four common types of pain, respondents of a National Institute of Health Statistics survey indicated that low back pain was the most common (27%), followed by severe headache or migraine pain (15%), neck pain (15%) and facial ache or pain (4%) (www.painfoundation.org)
- Back pain is the leading source of disability in Americans under 45 years old. More than 26 million Americans between the ages of 20-64 experience frequent back pain (www.painfoundation.org)
- 1/5 of adults 65 years and older said they had experienced pain in the last month that persisted for more than 24 hours (www.nationalpainfoundation.org)
- 3/5 of adults 65 years and older with pain said it had lasted for one year or more (www.nationalpainfoundation.org)
- 15% of adults experienced migraine or severe headache in the past three months. Adults ages 18-44 were almost three times as likely as adults 65 years and older to report migraines or severe headaches (www.nationalpainfoundation.org)



Psychological Factors Related to Pain

(Disorbio, 2007; www.nationalpainfoundation.org)

A painful condition can affect almost every area of one's life. There are psychological reactions, social and environmental and physical effects. People experiencing pain often report feelings of:

- Depression
- Anxiety
- Sadness
- Loss
- Anger
- Low motivation

Pain is both a physical and psychological experience that effects enjoyment of life, productivity, relationships with family and friends, and one's work experi-



ence. Individuals dealing with pain often feel misunderstood and alone in their pain experience. Most painful conditions are not physically apparent. When someone has a broken leg with a cast others can see this and express sympathy and understanding due to noticing their problem. Since many painful conditions are not visible to others, it is not surprising that feelings of depression, sadness and anger happen when a person dealing with pain receives no sympathy or understanding from others.

Psychological treatments for pain management are very important parts of the care for the person living with

pain. If pain can be reduced and the day-to-day function of the person can be improved, often the psychological factors of dealing with pain, such as anxiety and depression, tend to improve greatly.

The process of a pain condition evolves and develops. In the early stages of the painful condition, most people are experiencing pain and trying to deal with all parts of their life. Once the person realizes that they are part of the solution to their care and treatment, there is a shift in attitude, which causes them to recognize they are living their life, and having pain. Learning to live your life first, then managing the pain is the common goal of the person and the health care team.