WHAT IS PAIN PSYCHOLOGY

- Identifying, treating, and monitoring ‘the fallout’ related to suffering from physical pain
- Relies on an integrative, collaborative team approach
- What Pain Psychology is not:
  - Strictly long-term psychotherapy or “talk therapy”
  - Treating only those psychological symptoms suspected to be related to pain
  - A “one size fits all” model
  - Primarily focused on alleviating or reducing pain
  - A cure
THE PATIENTS PERSPECTIVE

• “I am married to my pain. She is my wife. I may not always get along with her, but she is in my life and has made me who I am. We used to fight all the time, but now we have an understanding that she can’t control my life or make me miserable. In return, I’ve learned to really listen to her and to understand what she needs.”

53y.o., male, Post-Vietnam era Veteran

SHIFTING THE PARADIGM

• By its very nature, pain is unacceptable
• Providers seen as the “experts” with the key to the cure
• Locus of control and responsibility
  • Shift the focus
  • Pain signals are a message from the body
  • Teaching model
A SELF-MANAGEMENT APPROACH

• Defined as: “more than compliance with a set of instructions, but is a dynamic process of maintaining health in the setting of chronic illness”¹

• Additionally, it is “the ability of the individual, in conjunction with family, community, and health care professionals, to manage symptoms, treatments, lifestyle changes, and psychosocial, cultural, and spiritual consequences of health conditions”²


SPECIFIC CONSIDERATIONS

• Locus of Control
  • External locus of control is associated with depression, anxiety, and disease progression¹
  • Internal health locus of control is associated with greater disease knowledge, increased self-care, and more benign disease course²
  • Has implications for readiness to apply a self-management approach

• Self-Efficacy
  • Motivation is necessary but not sufficient
  • Providers present for only a fraction of the patient’s life (Barlow, 2003)
  • Nearly all outcomes are mediated through the patient’s behavior (Bodenheimer et al., 2002).


SELF-MANAGEMENT: THE ESSENTIALS

- Three broad processes underlying self-management have been identified\(^1\),\(^2\):
  1) Focusing on illness needs:
     - learning about the condition
     - developing strategies to manage illness tasks
     - taking ownership of health needs
  2) Activating resources:
     - identify and access various resources to support efforts, including health care, social, spiritual, and community supports
  3) Living with a chronic illness:
     - recognizing the emotional responses to living with a persistent illness and developing strategies to integrate wellness into daily life


HOW DO WE USE THIS INFORMATION TO DISSEMINATE USEFUL, PATIENT-CENTERED TREATMENT?

Oh what to do, what to dooo?
CURRENT MODEL OF PAIN MANAGEMENT

ILLNESS NEEDS: EDUCATION

- Chronic versus acute pain:
  - Not typically an indication of immediate danger
  - Biological mechanisms not always well understood
  - Can manifest as chronic emotional stress
  - Important to balance activity with contingent rest
  - Role of the provider: teacher and advisor
  - Role of the person with pain: partner in health care responsible for daily management
ILLNESS NEEDS: EDUCATION CONT’D

pain is in the brain!

You will not feel pain unless and until the brain believes that there is a threat to the body and hence an action is required.

Pain is influenced by your experiences, thoughts, culture, beliefs and attitude.

WHO HAS PAIN?

Slides courtesy of Brian Morrison, D.C.
ILLNESS NEEDS: COPING STRATEGIES

- Action plans
  - Meaningful, Realistic, Specific, Flexible, Positive, Written, How confident?
  - Don’t forget the follow-up
- Problem-solving: Identify, List ideas, Select, Assess, Rinse and Repeat, Accept
- Pacing
  - Monitor, Time-based, Plan ahead, Rest often

STAGES OF CHANGE

Image credit: Engender Health, 2003
ENHANCING READINESS FOR CHANGE

Confidence

<table>
<thead>
<tr>
<th>Importance</th>
<th>1 - small action plans</th>
<th>2 - note and affirm progress</th>
<th>3 - how they had made hard choices</th>
<th>1 - how they resolved a difficult situation in the past</th>
<th>2 - plan for relapse</th>
<th>3 - identify and remove obstacles to maintaining course of action</th>
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</table>

| Importance | 1 - provide information | 2 - offer assistance at every visit | 3 - accept the situation | 1 - explore discrepancies in information | 2 - explore pro’s and con’s of the change | 3 - discuss hierarchy of values |

STAGES OF GRIEF

- Active
- Stability
- Anger
- Denial
- Bargaining
- Testing
- Depression
- Acceptance

Emotional Response: Active > Stability > Anger > Denial > Bargaining > Testing > Depression > Acceptance

Time: Shock > Depression
ACTIVATING RESOURCES

- Provider plays a pivotal role
- The peer-connection

LIVING WITH A CHRONIC ILLNESS

Courtesy of Vanderbilt Health: http://www.vanderbilthealth.com/integrativehealth/10951
PHYSICAL BODY

- Mat or Chair Yoga
  - energy & fatigue
- Tai Chi/Qi Gong
- Massage and self-massage
- Reconnect with body

ENVIRONMENT

• Fostering positive relationships
• Support groups
• Community groups
• Spiritual communities
• Pets

CONNECTION

SOCIAL
• Vocational Counseling
• Volunteering
• Hobbies

INTELLECTUAL
EMOTIONAL HEALTH

Gratitude ritual
Positive Reframing
Play
Mindfulness

WHAT IS MINDFULNESS?

-Consciously bringing awareness to the ‘here-and-now’ experience with openness, interest, and receptiveness
-Primary elements:
  - Living in the present moment
  - Engaging fully in what you’re doing rather than ‘getting lost’ in your thoughts
  - Allowing your feelings to be as they are, rather than trying to control them
- Mindful eating exercise
ACCEPTANCE AND COMMITMENT THERAPY (ACT)

- Rooted in the tradition of empirical science and has been termed ‘existential humanistic cognitive behavioral therapy’
- Considered part of the ‘third wave’ of behavioral therapies along with Dialectical Behavior Therapy (DBT) and Mindfulness-Based Stress Reduction (MBSR)
- ACT gets its name from one of its core messages: accept what is out of your personal control, and commit to action that improves and enriches your life

TENETS OF ACT

- Symptom reduction is not the primary goal
  - Attempts to get rid of symptoms fuels the clinical disorder
- ACT does not rely on an assumption of ‘healthy normality’ or that psychological suffering is abnormal
  - An estimated 1 in 10 Americans experiences depression (CDC, 2010)
  - Each year, more than 36,000 Americans take their own lives (CDC, 2009) and about 465,000 people receive medical care for self-inflicted injuries (CDC, 2010)
  - ACT assumes that suffering is a part of the human condition, and often a byproduct of the ‘normal’ human mind
TENETS OF ACT CONT’D

ACT breaks mindfulness skills down into 3 categories:
1) Defusion: distancing from, and letting go of, unhelpful thoughts, beliefs and memories
2) Acceptance: making room for painful feelings, urges and sensations, and allowing them to come and go without a struggle
3) Contact with the present moment: engaging fully with your here-and-now experience, with an attitude of openness and curiosity

http://contextualscience.org/

WHAT THE RESEARCH SAYS

1) Small sample of MS patients: decreased depression, extent of thought suppression, impact of pain on behavior, and improved quality of life
2) MS patient sample over 12 months: acceptance associated with improved adjustment
3) CBT versus ACT:
   ✓ ACT participants improved on pain interference, depression, and pain-related anxiety
   ✓ there were no significant differences between the treatment conditions
   ✓ ACT participants reported significantly higher levels of satisfaction compared to the CBT participants

THANK YOU!

CARYN SEEbach, PSY.D.
PAIN CLINIC PSYCHOLOGIST
WASHINGTON, DC VA MEDICAL CENTER

CARYN.SEEBACH@VA.GOV