

Chronic Pain – Non-Pharmacological Interventions

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Presentation Objectives

- Operationally define pain
- Pain perception
- Stress-pain cycle
- Medications and limitations
- Assessment strategies
- Helpful interventions
- Self-regulation strategies
- Coping skills

Who is affected by pain?

- Up to 80% of all physician visits
- 56 million Americans affected annually
- 60 (Dunn et al, 2013) - 80% (Rosenblum et al, 2003)
methadone maintenance clients
- Up to 78% inpatient substance use
treatment clients (Rosenblum et al, 2003)
- More or less everyone, sometime, for
some reason

More effects of pain (SAMHSA TIP 54)

- 32% people with chronic pain may be addicted
- 36% experienced disabling pain in past year
- 57% people over 65 had pain for > 1 year
- 29-60% of people with opioid dependence report chronic pain
- 5% population reported misuse of prescription medications

What is Pain?

Pain = Physical Sensation + Person's Reaction

Physical
Cognitive
Emotional

Pain Definition

International Association for the Study of Pain (Merskey & Bogduk, 1994)

- An unpleasant sensory and emotional experience, associated with acute or potential tissue damage, or described in terms of such damage.
- Both sensory and emotional experiences must be considered in context of pain
- Fundamentally subjective experience

Acute vs. Chronic Pain

Oaklander, A.K. (1999)

- Acute Pain

- Adaptive, beneficial response necessary for preservation of tissue integrity

- Chronic Pain

- Traditionally defined as > 6 months
- It is pain that has outlived its usefulness

Types of Chronic Pain

- Nociceptive - detected in soft tissue/organs by sensory nerves called nociceptors
- Neuropathic – dysfunctional nerves
- Psychogenic – psychological factors
- Idiopathic – no known organic cause

Factors Affecting Pain Perception

(Eccleston, 2001; Eimer, 1998; Jensen, 2009)

- Injury
- Context: pain beliefs and expectations
- Acceptance beliefs
- Cognitive Factors: hypervigilance, attention, and catastrophizing
- Emotional State: fear and anger
- Mood: depression, anxiety

Additional Factors Affecting Pain Perception

- Self-worth and denigration
- Coping style: active versus passive
- Trauma History
- Meaning – making related to pain
- Social – familial
- Adverse childhood events (ACES)
- Personality Issues
- Secondary gain

Maladaptive Factors Affecting Pain Coping (Jensen, 2011)

- Catastrophizing
- Medication beliefs
- Disability beliefs
- Harm beliefs
- Pain management responsibility beliefs
- Asking for assistance
- Guarding
- Resting
- Medical cure beliefs

Stress Pain Cycle



Medications Important but Limited

- Opioids widely used
- WHO reports opioids effective in treating moderate to severe pain
- Turk (2007) reported that opioids reduce pain intensity by 30% in 40-50% of clients
- Antidepressants & Anticonvulsants
- Cannabis
- Client selection critical to ensure efficacy
- Contracts

Who needs help managing chronic pain?

- Almost everyone at some time
- Co-morbid psychopathology
- Behavioral risk factors present
- Substance abuse
- Depression/anxiety
- Suicidal
- Hopeless

Adaptive Factors Associated with Coping (Jensen, 2011)

- Control and self-efficacy beliefs
- Acceptance beliefs
- Coping self-statements
- Pacing
- Exercising & stretching
- Task persistence
- Seeking social support

Helpful Interventions

- Assessment
- Psycho-education
- Individual psychotherapy
- Group psychotherapy
- Self-regulation interventions
- Relapse prevention
- Coping skills development
- Coordination of care with other providers

Assessment Elements – A Biopsychosocial Approach

- Thorough Biopsychosocial History, plus...
- Pain onset, duration, and description
- Severity Now, Daily Average, and Worst
- Triggers
- Coping Skills/Relievers
- Previous Treatment
- Limitations
- Despite Pain, Activities
- Secondary gain potential

4 A's of Pain Assessment

(Nicholson & Passik, 2007)

- Analgesia – how much pain relief obtained
- ADLs – how is your physical and emotional functioning
- Adverse effects of treatment – med side effects, getting worse, etc.
- Aberrant behaviors – taking meds as prescribed, following tx recommendations, “doing your part”

Cognitive Behavioral Therapy (CBT)

“Men are disturbed not by things, but by the view which they take of them”

Epictetus
1st Century AD

CBT basics

- Action-oriented
- Cognitive and behavioral interventions
- Addresses 3 maladaptive belief systems
 - Cognitive triad – self, world, future
 - Cognitive spiral – relationships between core beliefs, thoughts, mood, and perceptions
 - Systematic distortions – affects information processing, preventing change

More CBT basics

- Primary Assumption – Core beliefs create automatic thoughts; when negative, cause or maintain disorders
- Requirements for usage
 - Therapeutic relationship
 - Understand application of interventions
 - Problem-solving training
 - Goal-setting
 - Homework and practice

Typical Automatic Negative Thoughts

(Burns, 1989)

- All or Nothing
- Overgeneralization
- Mental Filter
- Discounting the Positive
- Jumping to Conclusions

Typical ANTs

- Magnification
- Emotional Reasoning
- Should Statements
- Labeling
- Personalization and Blame

Responding to ANTs

(Burns, 1989)

- Identify the distortion
- Examine the evidence
- Double-standard method
- Experimental technique
- Thinking in shades of gray

More Responding to ANTs

- Survey method
- Define terms
- Semantic method
- Re-attribution
- Cost-benefit analysis

Nine R's of Pain Management Psychotherapy (Eimer, 1999)

- Recondition/Restoration
- Regular Routine
- Relaxation & Self-Regulation
- Reactivation therapy
- Redirection
- Reducing reliance on narcotics

Nine R's continued

- Responding to, refuting, reframing, reinterpreting, and restructuring
- Rehearsing
- Reviewing, re-experiencing, and reprocessing upsetting pain-related memories

Coping Skills

- Four A's for self-directed management
 - Awareness
 - Study sensation objectively
 - Opening up, into and around the pain areas
 - Observing automatic thoughts/images
 - Avoidance – distracting self
 - Alleviation – reducing intensity
 - Alteration – transforming pain

Self-regulation interventions

- Breathing exercises
- Guided imagery & relaxation training
- Gratitude practice
- Self hypnosis
- Mindfulness meditation
- Exercise
- Leisure skills
- Self CBT

More Self Directed Coping Skills

- Sleep hygiene
- Positive affirmations
- Relaxation
- Humor
- Goal-setting
- Pacing
- Social connections

Clinician Recommendations

- Remain empathic, engaged, and optimistic
- Use motivational interviewing interventions
- Provide psychoeducation
- Reinforce coping behaviors
- Facilitate good sleep hygiene
- Remember pain is a subjective experience
- Coordinate with other providers, reassure client about adherence to pain contract

Summary Points

- Acute and chronic pain treatment must rely on multiple modalities, not just medication.
- Chronic pain is as much psychological as physical in nature
- Practitioners need to be open-minded, increase their understanding of chronic pain, and adapt/develop new skills to empathically assist clients.
- Clients ultimately must be empowered to participate and drive their own care.

Natural Pain Relief

