



BEHAVIORAL TREATMENT OF CHRONIC PAIN

Evidence-Based Techniques

Moving People
from
Hurt to Hope

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OVERVIEW

The following information is provided as an educational tool to better understand what affects chronic pain in addition to empirically researched and evidence-based behavioral techniques for treatment of chronic pain.

Definition of Pain, Acute Vs. Chronic Pain

Pain can be defined as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage” according to the International Association for the Study of Pain. Pain includes physical and emotional components and is also subjective.

Acute pain:

- Less than 3 months
- Is a symptom-temporary
- Has identified cause (body’s response to an injury)
- Responds to treatment and diminishes over time

Chronic pain:

- More than 3 months
- Is a condition-no end point-consistent
- May have known or unknown cause
- Persists beyond expected healing time and/or despite treatment
- Chronic pain onset can be emotional or physical

Central Sensitization Processing

This is a scrambling of signals in the brain which processes pain and is a pain contributor due to the processing disorder. This is evidenced on brain MRI’s and is treated by re-wiring the brain through behavioral interventions (Teater Health Solutions, Dr. Don Teater, M.D., M.P.H.; videos available at <https://www.teaterhs.com> under ‘multimedia’). Research findings imply that behavioral interventions help to de-scramble and rewire the brain to better process pain. The primary approach for treatment is CBT or cognitive behavioral therapy.

Emotions and Pain

Stress, anxiety and depression all have a negative impact on one's perceived pain level. In turn, the perceived pain level has a negative impact on stress, anxiety and depression. Higher emotional distress increases pain. Lower emotional distress decreases pain with better pain control. People who resist and state they 'suffer' from ongoing pain tend to have higher perceived pain levels. Lowering resistance to pain helps reduce suffering and the emotional aspect of pain. In general, the more you resist and fight against the pain, the more likely it is to worsen.

Interventions and Techniques That May Reduce Pain:

- Physical therapy
- Increased activity level with effective rest periods
- Use of distraction to focus on other things
- Challenging negative thoughts (avoid rumination or catastrophizing thoughts, reframe negative thoughts toward pain, increase focus on abilities and less on disabilities /limitations)
- Relaxation techniques
- Increasing pleasant activities on day to day basis
- Using time-based pacing for physical movement (taking rest periods)
- Positive social interaction-support with family, friends, community, etc.
- Mindfulness (focused breathing, visualization, muscle relaxation, meditation/prayer, yoga)
- Sleep (reduce daytime bed use, increase daytime activity, no heavy eating or drinking near bedtime, reduce opiate, alcohol, caffeine and nicotine intake, keep a regular sleep-wake cycle, sleep in a dark and cool environment and manage emotional distress)
- Stress management
- Massage
- Cold/heat
- TENS unit

- Water therapy
- Ergonomics
- Biofeedback
- Multidisciplinary pain-management program
- Acupuncture
- Proper nutrition
- Tai-Chi
- Anger management
- Behavioral-Talk Therapy

INCORPORATING CHANGE

Goal Setting:

- Develop realistic goals that you can support
- Increase socialization-decrease isolation
- Improve physical and emotional functioning
- Change negative thoughts about pain, reframe thoughts
- Implement behavioral techniques
- Focus on one area you would like to improve functioning

Kinesiophobia:

- Kinesiophobia is a term for fear of movement
- Avoidance of movement increases anxiety and muscle tension which increases pain level
- Exposure to movement is key in treating kinesiophobia
- Learn to reduce fear of movement by increasing physical activity through time-based pacing

Increasing Activity Level:

- Do activities enough to see they aren't damaging
- Continue until the activity is no longer feared
- Start with activities that are pleasurable and rewarding several times weekly

Time-Based Pacing:

- Activity breaks are based on time intervals, not on how much of the job is completed
- Steady pacing helps to avoid pain flare ups from over activity
- Longer rest periods may be needed in the beginning before recovering well enough to work again
- Avoid a push-crash-burn cycle (pushing through the pain which creates severe pain in which extended rest cycles are needed)

Pleasant Activity Scheduling:

- Make a list of things that make you happy
- Make a list of things you do every day
- Compare the lists
- Adjust accordingly to increase pleasant activity

Relaxation:

- Relaxation activity must be intentional and purposeful
- Ways to relax include: physically, mentally, emotionally, socially and spiritually
- Increased relaxation helps to decrease pain and reduce stress
- Develop ‘mental tool box’ of relaxation techniques and use daily

Mindfulness:

- Non-judgmental stance
- Awareness of present experience with acceptance, not resistance
- Observe pain with less reactivity, increase pain or symptom tolerance
- Helps to foster cognitive changes
- Soothing the mind and body also calms the nervous system
- Mindful activities include yoga, progressive muscle relaxation, meditation-prayer, deep breathing and guided imagery to name a few.

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