

COMPLEMENTARY TECHNIQUES IN PAIN MEDICINE: Essentials of Psychological Treatment

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What is happening
inside is real or
imagination ?

Misperceptions about Pain Psychology

- You and the doctors must think that the pain is in my head and not real
- I'm crazy
- There's no hope for me
- I already know what is best for me so why do I need you?
- Doctors refuse to fix me and so they send me to you
- I've seen therapists before and worked through all of my issues
- This is voodoo

Facts about Pain Psychology

- Field was developed in 1960s
- Goals:
 - Alter the interpretation of the pain process
 - Improve quality of life
 - Increase coping skills
- Psychosocial models developed to understand, assess, and treat chronic pain
 - Operant Model
 - Peripheral Physiological Model
 - Cognitive and Coping Model
 - Central Neurophysiological Model

ROLE OF PAIN PSYCHOLOGIST

- EMPOWER PATIENT TO MANAGE THEIR PAIN CONDITION
- PROVIDE NON-PHARMACOLOGICAL TREATMENT TO PATIENTS INTERESTED
 - REDUCING MEDICATION USE
 - IMPLEMENTING BEHAVIORAL CHANGES
- CONDUCT EVALUATIONS FOR SERVICES/TREATMENT AND INVASIVE PROCEDURES
- SERVE AS A CONSULTANT TO PROVIDERS DEALING WITH CHALLENGING PATIENTS
- REDUCE MEDICAL PROVIDERS LIABILITIES

Risk Factors for Chronicity for Pain

- High emotional distress
- Passive coping
- High catastrophic thinking patterns
- Poor social support
- Occupational problems/Lack of employment
- Lack of physical activity
- Low motivation and compliance
- Fear avoidance (kinesiophobia)
- Poor expectations

Pain Psychology



BIOLOGICAL



- Pain-Stress Cycle

- Sympathetic vs. Parasympathetic
- Physiological, biological, and behavioral consequences to stress

- Gate Control Theory (Melzack and Wall, 1965)

- Relaxation strategies

- Biofeedback

EMOTIONAL



- DEPRESSION

- Decreased pain tolerance
- Poor treatment response
- Low motivation
- Low energy
- Hopelessness
- Helplessness
- Lack of physical activity

- ANXIETY

- Increased muscle tension
- Fear
- Anger
- Avoidance
- Hypervigilance
- Anxiety/Panic Attacks
- Overexertion

COGNITIVE



- Negative thinking → negative emotions → increased pain
 - Attention:
 - Shift attention from pain and negative life consequences
 - Distraction techniques (TENS, guided imagery, achievable goals)
 - Interpretation:
 - Interpret the meaning of pain that involves emotional processes that manifest into pain behaviors
 - CBT to challenge negative distortions and decrease catastrophizing
 - Expectations:
 - Holding inappropriate expectations
 - Expectation Management and Education

CULTURAL



- Pain Behaviors:
 - Some clients will cope with their pain by turning inward and consider their pain as a private and personal experience, whereas others will express their pain outwardly with crying, grunting, and grimacing
- Spiritual Belief to receive healing → decrease desire to make changes and instead wait on the Lord
 - “Faith without works is dead”: Healing is action oriented, not passive

FUNCTIONAL/BEHAVIORAL

- SLEEP

- Assess quality of sleep
- Educate on sleep hygiene techniques
- Provide relaxation strategies
- Challenge automatic thinking

- NUTRITION

- Educate on anti-inflammatory foods
- Reinforce nutritionist guidance
- Set goals to consume healthy foods

- EXERCISE

- Educate on deconditioning
- Set goals to engage in physical activities they have been cleared to do
- Address kinesophobia



ADDITIONAL FACTORS

- TRAUMA HISTORY
- FAMILY HISTORY
- SUBSTANCE ABUSE
- LOSS/GRIEF
- FINANCIAL
- LEGAL
- PRIOR HISTORY OF PSYCHOLOGICAL DISORDERS
- HEALTH BEHAVIORS

80/20 RULE

- Patients take a more active role in their treatment
 - Patients are 80% responsible for treatment for implementing techniques to manage their pain effectively
- Providers take a more consultative role in treatment
 - Providers are 20% responsible in providing evidence-based education and techniques to patients

WORKING WITH CHALLENGING PATIENTS



WORKING WITH CHALLENGING PATIENTS

- ACKNOWLEDGE THEIR THOUGHTS AND FEELINGS
- EXPECTATION MANAGEMENT
- ASSESS LEVEL OF MOTIVATION TO CHANGE
- SET BOUNDARIES
- APPLY 80/20 RULE



THANK YOU!



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