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Elizabeth C. Dykhouse

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# Behavioral Health Management of Chronic Pain

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Assistant Professor, Department of Family Medicine and Community Health,  
University of Massachusetts Medical School

# Agenda

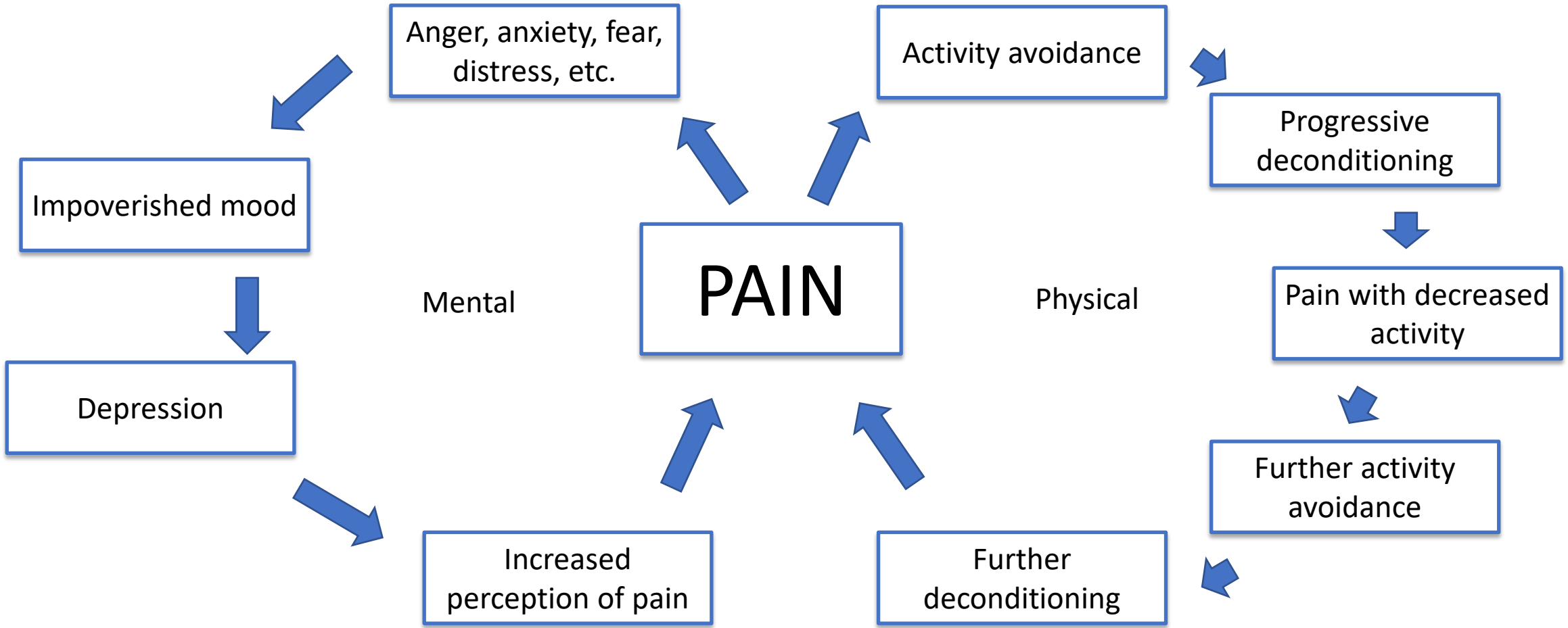
- Needs assessment
- Understanding pain/chronic pain
- Role as medical provider
- Behavioral health treatment modalities for chronic pain
  - Adaptation in medical practice?
- Medication considerations

What kinds of pain problems do you see?

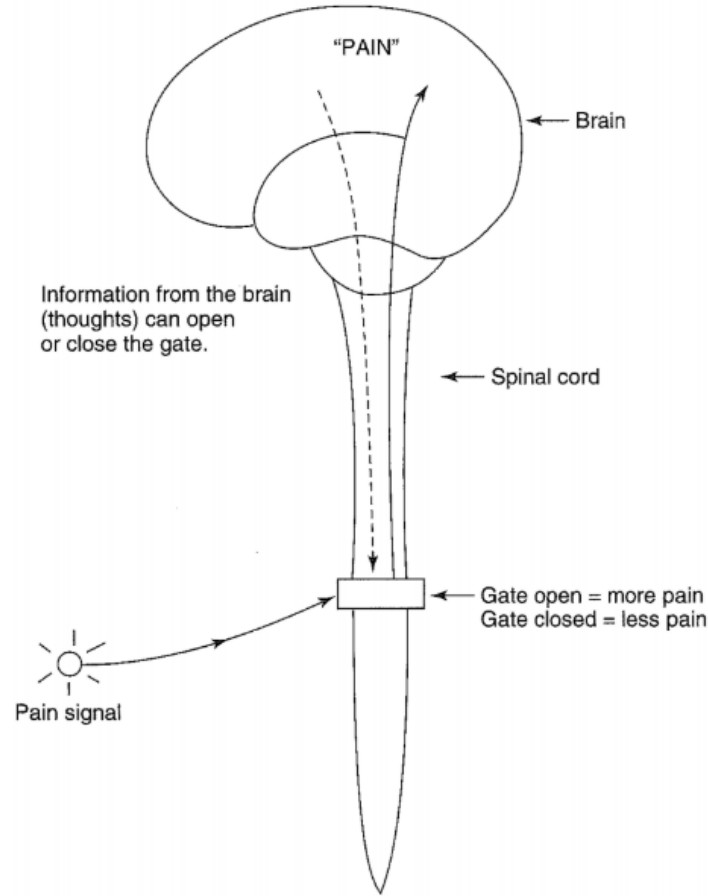
How do you approach treatment of pain?

What challenges do you face?

# The Pain Cycle



# Gate control theory of pain



**Figure 4.2**  
The Gate Control Theory

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**Table 4.1 Things that Open the Gate**

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Physical	Degenerative changes, muscle tension, drug abuse
Cognitive	Attention to pain, thoughts about uncontrollability of pain, beliefs about pain as a mysterious, terrible thing
Emotions	Depression, fear/anxiety, anger
Activity	Too much or too little activity, poor diet and other health behaviors, imbalance between work, social, and recreational activity
Social	Little support from family and friends, others focusing on your pain, others trying to protect you too much

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(Otis, 2007)

# Goals in BH treatment of pain

1. Reduce some pain with relaxation and stress reduction
  2. Acceptance of the pain that cannot be reduced
- Focus on functionality and quality of life rather than on sensation of pain
    - How has pain affected your social or family life?
    - How has pain affect your ability to work?

# Steps of treatment

1. Assessing patient's perspective



# Assessing patient's perspective

- “If I wasn't in so much pain, I wouldn't be so depressed.”
- Expectation that medicine has all the answers and that pain should be able to be fixed
- Longitudinal relationship in family medicine if possible

# Steps of treatment

1. Assessing patient's perspective
2. Assessment of comorbidities
  - Have you ever observed a relationship between your emotions and pain?

# Comorbidities

- When patient's have problems with pain, what other medical conditions do you often see?

# Comorbidities

- When patients have problems with pain, what other medical conditions do you often see
- Depression
- Anxiety
- Insomnia
- Substance use disorders
- Other medical problems?
- Others?

# Steps of treatment

1. Assessing patient's perspective
2. Assessment of comorbidities
  - Have you ever observed a relationship between your emotions and pain?
3. Avoid invalidating pain/rapport building

# Considerations for medical providers

- Avoid invalidating pain
- People with chronic pain get sick, too
- Awareness of implicit or explicit bias
- How to introduce concept of BH for pain
  - Patient is not “crazy” or making up the pain
  - Avoid presenting BH as a hoop to jump through before you get meds

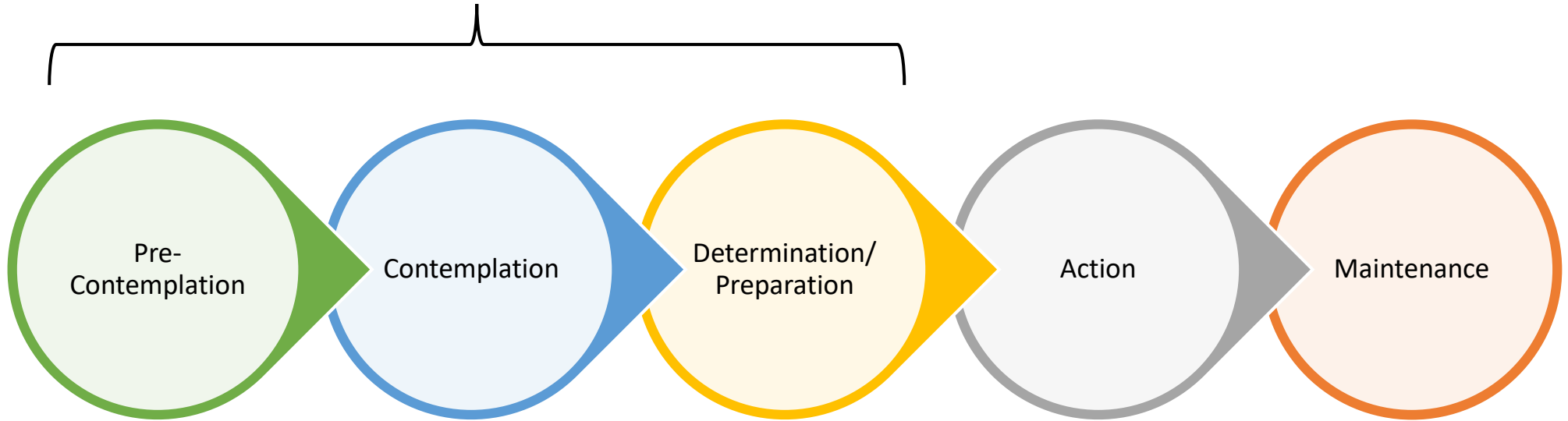
# Steps of treatment

1. Assessing patient's perspective
2. Assessment of comorbidities
  - Have you ever observed a relationship between your emotions and pain?
3. Avoid invalidating pain/rapport building
4. Motivational interviewing



# Stages of Change

Motivational Interviewing





# Steps of treatment

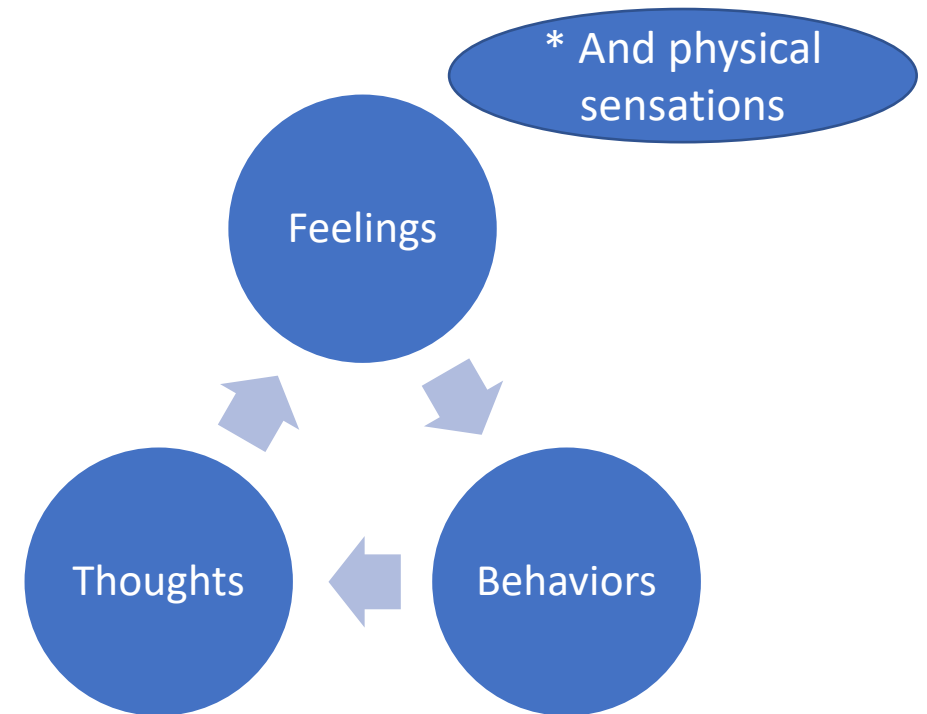
1. Assessing patient's perspective
2. Assessment of comorbidities
  - Have you ever observed a relationship between your emotions and pain?
3. Avoid invalidating pain/rapport building
4. Motivational interviewing
5. CBT interventions?

# Cognitive Behavioral Therapy

- Primary goal: Shift from helpless to...
  - personal responsibility
  - self-control
  - confidence
- Active problem solving encouraged

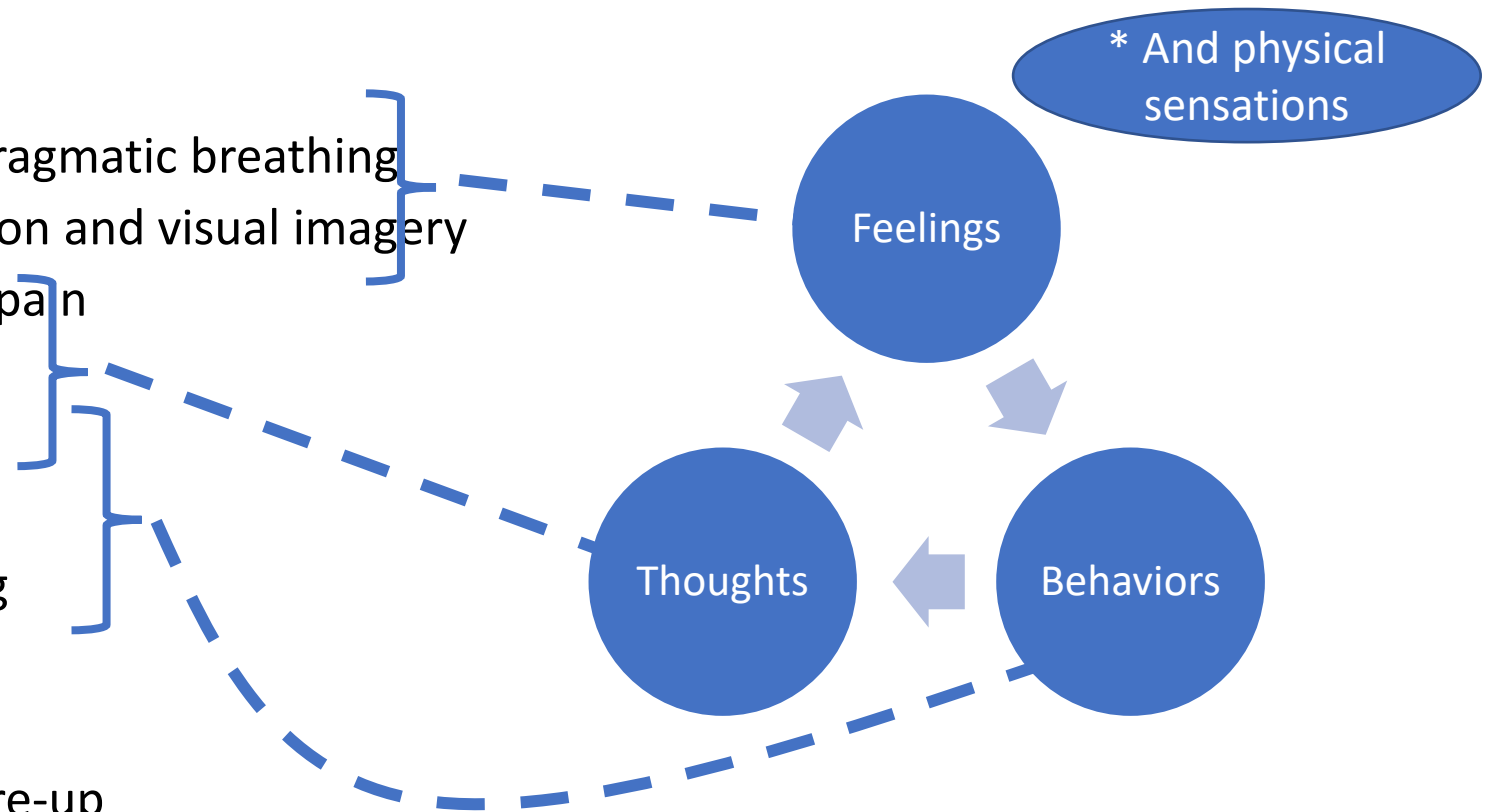
# CBT – Otis (2007) 11 sessions

1. Education on chronic pain
2. Theories of pain and diaphragmatic breathing
3. Progressive muscle relaxation and visual imagery
4. Automatic thoughts about pain
5. Cognitive restructuring
6. Stress management
7. Time-based pacing
8. Pleasant activity scheduling
9. Anger management
10. Sleep hygiene
11. Relapse prevention and flare-up



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Physicians in  
Family  
Medicine?

# Education about pain

## Gate control theory of pain

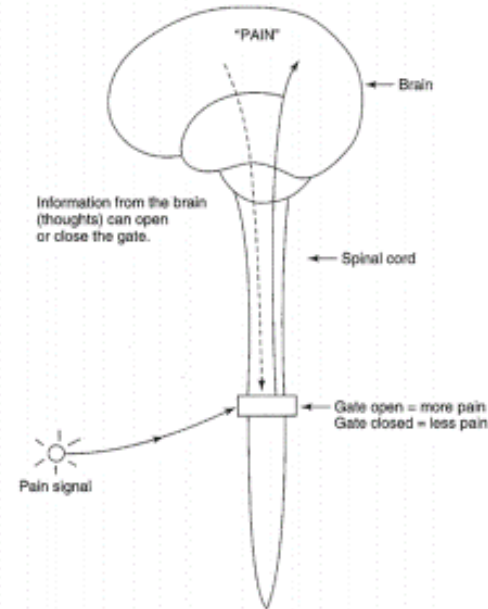
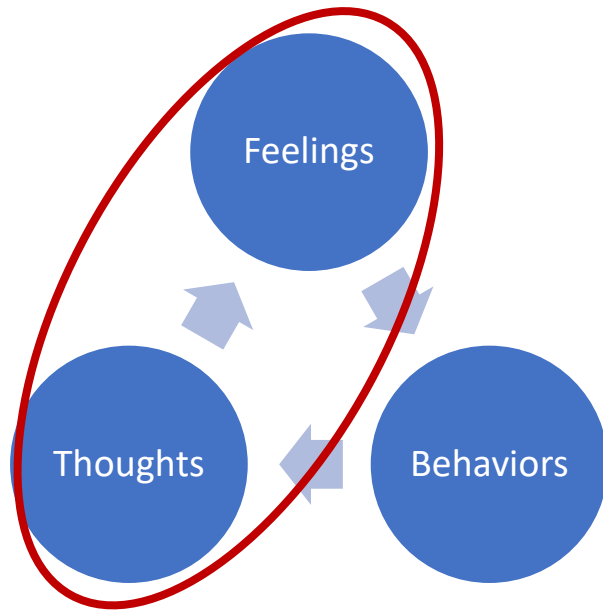


Figure 4.2  
The Gate Control Theory

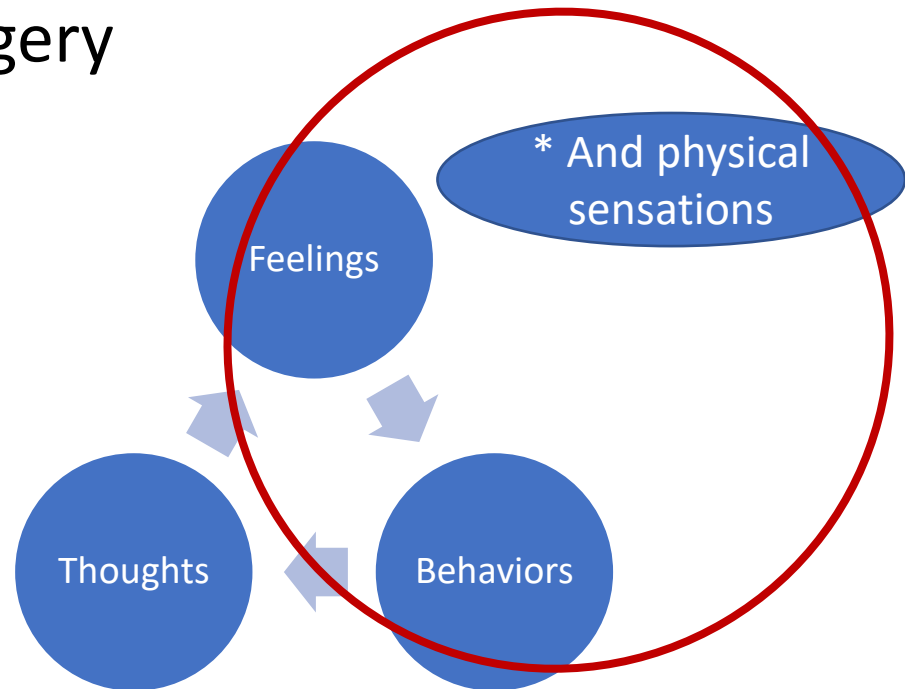
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# Relaxation

- Diaphragmatic breathing
- Progressive muscle relaxation
- Imagery



## Deep Breathing



**Deep Breathing:** a relaxation technique performed by purposefully taking slow, deep breaths. When practiced regularly, deep breathing provides both immediate and long-term relief from stress and anxiety.

### How Deep Breathing Works

During periods of anxiety, the body triggers a set of symptoms called the **stress response**. Breathing becomes shallow and rapid, heart rate increases, and muscles become tense. In opposition to the stress response is the **relaxation response**. Breathing becomes deeper and slower, and the symptoms of anxiety fade away. Deep breathing triggers this response.

### Instructions

Sit back or lie down in a comfortable position. Close your eyes, if you would like to do so. When you're learning, try placing a hand on your stomach. If you breathe deeply enough, you should notice it rising and falling with each inhalation and exhalation.



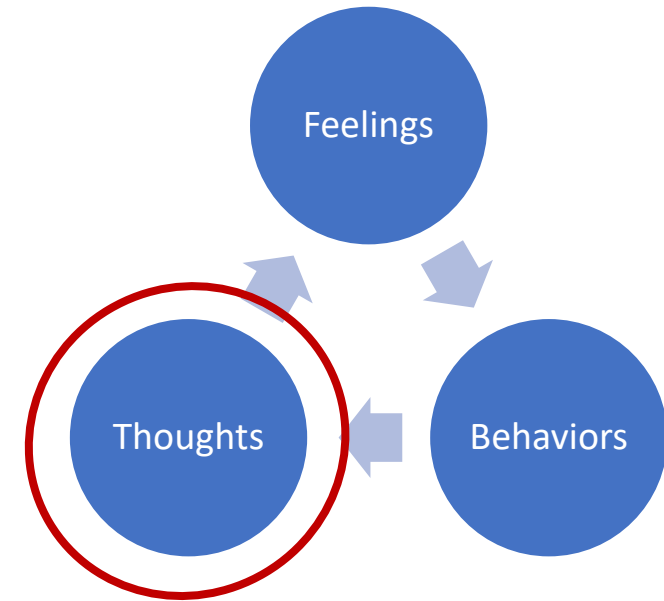
- 1 **Inhale.** Breathe in slowly through your nose for 4 seconds.
- 2 **Pause.** Hold the air in your lungs for 4 seconds.
- 3 **Exhale.** Breathe out slowly through your mouth for 6 seconds.  
Tip: Pucker your lips, as if you are blowing through a straw, to slow your exhalation.
- 4 **Repeat.** Practice for at least 2 minutes, but preferably 5 to 10 minutes.

### Tips

- If it isn't working, *slow down!* The most common mistake is breathing too fast. Time each step in your head, counting slowly as you do so.
- Counting out your breaths serves a second purpose. It takes your mind off the source of your anxiety. Whenever you catch your mind wandering, simply return your focus to counting.
- The times we use for each step are suggestions, and can be lengthened or decreased. Lengthen the time if it feels natural to do so, or decrease the time if you feel discomfort.

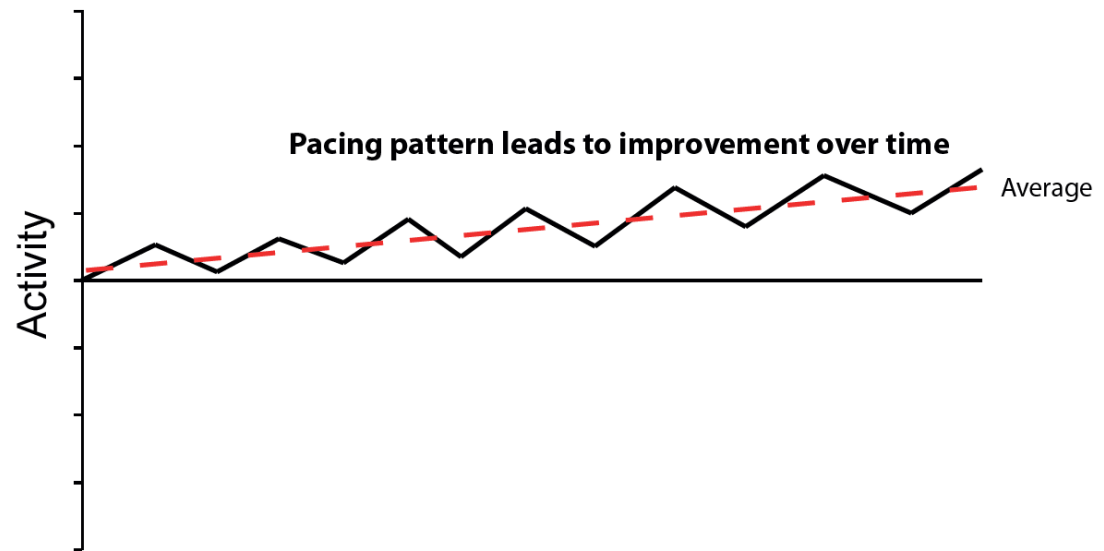
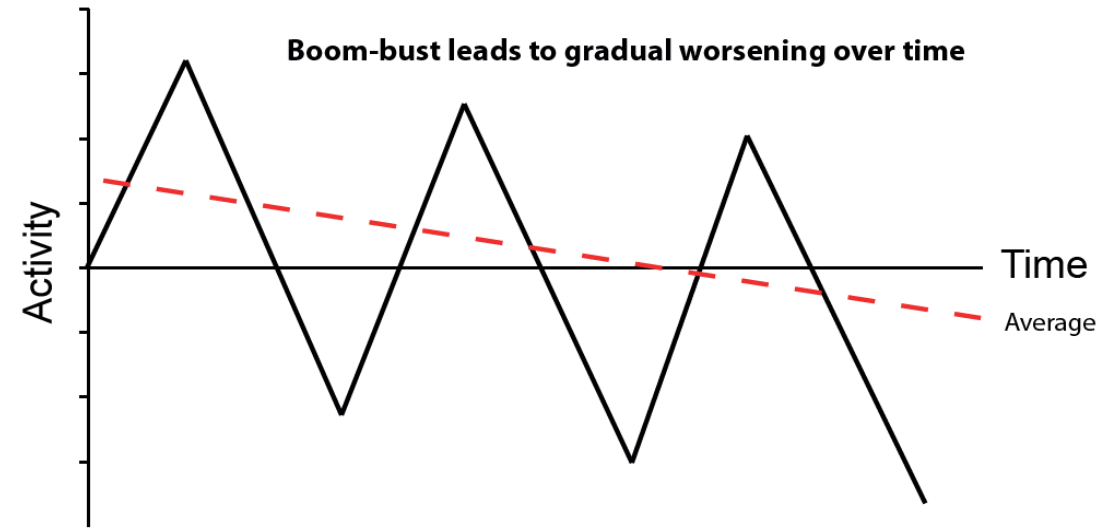
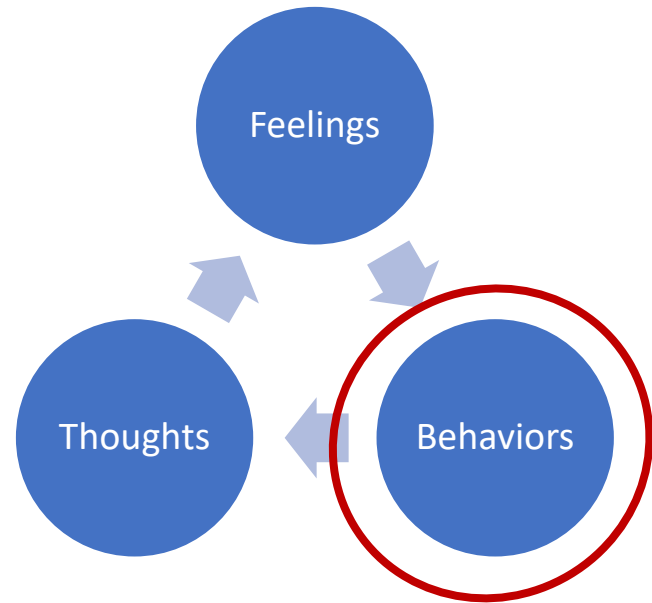
# Automatic thoughts

- Identification of unhelpful thinking styles
- Identification of automatic thoughts
- How does thinking influence pain, and how does pain influence thinking?
- What thoughts have you heard from your patients?





# Pacing



# Additional areas for intervention

- Sleep and pain
  - Sleep hygiene
  - CBT-I
- Increase social support system
- Communication with other providers if warranted
- Inclusion of family and social supports
  - Facilitating conversations?
- Self-care

# Pain medications

- How is this managed here?
- What challenges do you run into?

Questions/Discussion

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