

The Biopsychosocial Model of Treating Chronic Pain

Opioids Seldom Work

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Program Learning Objectives

- Define trauma, acute pain, chronic pain, and chronic pain syndrome
- Articulate the mind-body connection
- Define Disability Proneness
- Describe Adverse Childhood Experience
- Describe psychological measures and tools helpful in assessment
- Discuss relationships among PCP, physician pain manager, and psychologist [add occ/rehab clr?]
- Describe the biopsychosocial model of chronic pain treatment
- Discuss identification of Complementary and Alternative Medicine (CAM)

Key Points

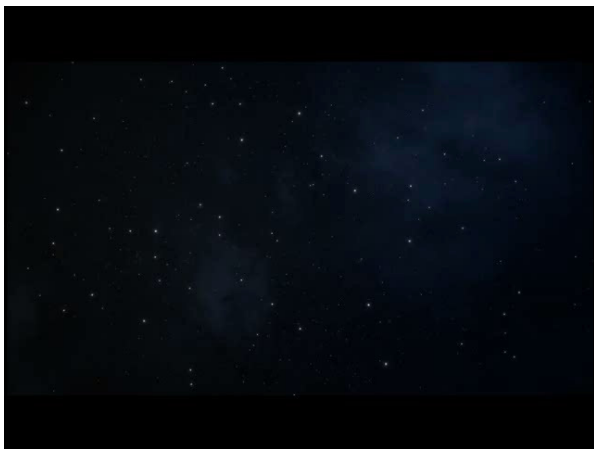
- 100 million American adults are living with chronic pain
- Annual cost of CP in the U.S. is between 560 and 635 billion
- Millions of people with CP are at risk for addiction
- Many physicians are unaware of the growing number of CAM
- Treating psychologists may need to case manage

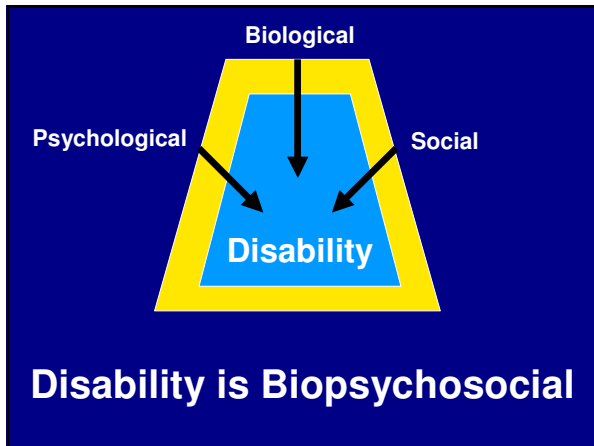
Trauma, Pain and CP and CPS

- Trauma is an Injury
- Pain is peripheral and the central nervous system responds to injury
- Chronic Pain is a pain lasting 3 to 6 months
- Chronic Pain Syndrome continues after expected tissue healing
- Chronic Pain is biological, psychological, and social
- Chronic Pain Syndrome is probably psychosocial

Types of Pain

- Nociceptive pain is "good" as it serves a biological purpose
- Inflammatory pain persists as long as the tissue remains damaged and swollen
- Dysfunctional pain serves no purpose
- Neuropathic pain alters the way nerves function





Disability Proneness

...the susceptibility of an individual to lose time following an explanatory event, not because of injury or illness per se, but because of the individual's psychological characteristics and social experiences antecedent to the injury or illness and not necessarily as a consequence of it.

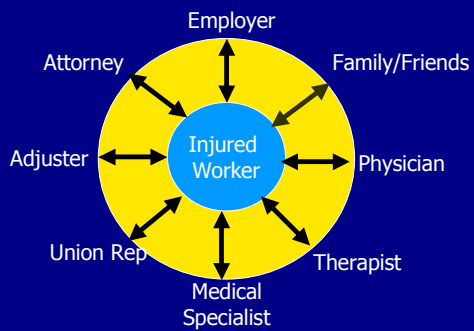
IALAC

- The Story of Norma Rae
- Chronic Pain is Biopsychosocial
- Taking Good Histories

Adverse Childhood Experience

- Emotional Abuse
- Physical Abuse
- Sexual Abuse
- Battered Mother
- Household Substance Abuse
- Mental Illness in Household
- Parental Separation/Divorce
- Incarcerated Household Member

The Lost-Time Process



Learned Helplessness

Learned Laziness

"If you don't know where you're going, you'll probably end up somewhere else."

Assessment

- Taking a Good History
- Medical Records
- Instrumentation

Measuring Tools

- McGill Pain Questionnaire (MPQ)
- Pain Patient Profile (P3)
- Minnesota Multiphasic Personality Inventory (MMPI-2)
- Millon Behavioral Health Inventory (MBHI)
- Millon Behavioral Medicine Diagnostic (MBMD)

Opioids Seldom Work

- May be necessary but rarely sufficient
- There is pharmaceutical money in pain research
- There are enough prescription opioids for all adults around the clock for one month
- There were 16,651 overdose deaths in 2010

Feeding the Need Between 1997-2005

- Oxycodone – 588%
- methadone – 934%
- fentanyl – 423%
- morphine – 154%

**Narcotics, the most commonly
prescribed class of drugs in U.S.**

Risks v. Rewards

- Opioid Analgesic Effect much less than Drug Half-Life
- Opioids may increase pain by working on the glial cell receptors calling for increased dosage
- 70% of street drugs come from initially legitimate sources
- When opioids are used to treat chronic pain, a substantial number of patients do not achieve the chief goals of treatment to improve pain, function and quality of life. Jane Ballantyne (2008), "Efficacy of Opioids for Chronic Pain"
- Opioids have efficacy in treating pain & some forms of CP

National Center for Complementary and Alternative Medicine (NCCAM)

- Acupuncture
- Massage
- Mindfulness Based Meditation
- Hypnosis
- Yoga
- Pilates
- MELT

Exercise is the Key



The Mind Body [in pain]

"Sensory information streams in through our sensory system and is immediately processed through our limbic system. By the time a message reaches our cerebral cortex for higher thinking, we have already placed a 'feeling' upon how we view that stimulation – is this pain or pleasure? Although many of us may think of ourselves as *thinking creatures that feel*, biologically, we are *feeling creatures that think*."

– Jill Bolte Taylor (2008), "My stroke of insight; a brain scientist's personal journey"

Psychological Models & Treatments for Chronic Pain

Model	Treatment(s) associated with model
• Operant Model	• Contingency Management
Peripheral psychological models	Relaxation training Biofeedback-assisted relaxation Autogenic training

Jensen, MP & Turk, DC (2014). Contributions of Psychology to the Understanding and Treatment of People With Chronic Pain. *American Psychologist*, Vol. 69, No2, pp.105-118.

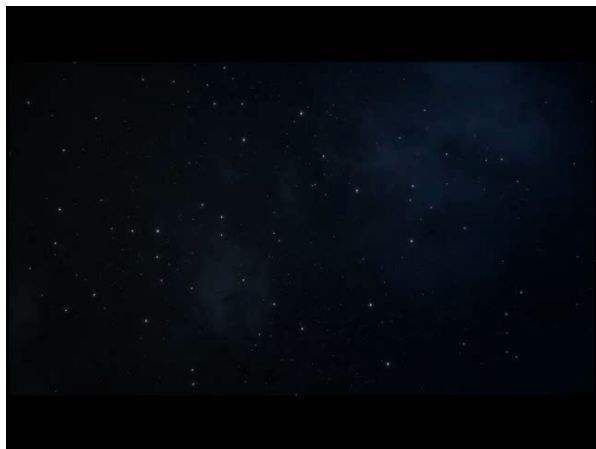
Psychological Models & Treatments for Chronic Pain (con't)

Model	Treatment(s) associated with model
<ul style="list-style-type: none"> Cognitive & coping models 	<ul style="list-style-type: none"> Cognitive therapy Cognitive restructuring Motivational interviewing Cognitive-behavioral therapies: <ul style="list-style-type: none"> Coping skills training Problem-solving training Stress management Communication skills training Graded exposure in vivo Mindfulness-based stress reduction Acceptance & commitment therapy

Psychological Models & Treatments for Chronic Pain (con't)

Model	Treatment(s) associated with model
<ul style="list-style-type: none"> Central neurophysiological models 	<ul style="list-style-type: none"> Neurofeedback: <ul style="list-style-type: none"> EEG biofeedback fMRI biofeedback Hypnosis Graded motor imagery Mirror visual feedback Sensory discrimination training

Note. Although treatments are listed with specific models, there is often overlap, and treatments may be used with more than one model. EEG = electroencephalographic; fMRI = functional magnetic resonance imaging.



Things I love to do
Lifeline
Behavioral Contract

Positive Psychology

- Resilience
- Gratitude
- Courage
- Values in Action
- Empathy
- Learning the Art of Happiness



Additional References (p.1)

- Anderson, N.B. (Ed.). (2014). Chronic Pain and Psychology [Special Issue]. *American Psychologist*, 69(2).
- Aviv, R. (2014, May 5). Prescription for disaster. *The New Yorker*, 50-59.
- Ballantyne, J.C., & Shin, N.S. (2008). Efficacy of opioids for chronic pain: A review of the evidence. *The Clinical Journal of Pain*, 24(6), 469-478.
- Caudill, M.A. (2009). *Managing pain before it manages you*. New York, NY: The Guilford Press.
- Foreman, J. (2014). *A nation in pain: Healing our biggest health problem*. New York, NY: Oxford University Press.
- Grzesiak, R.C., & Ciccone, D.S. (Eds.). (1994). *Psychological vulnerability to chronic pain*. New York, NY: Springer Publishing Company.

Additional References (p.2)

- Institute of Medicine. (1987). *Pain and disability: Clinical, behavioral, and public policy perspectives*. Washington, D.C.: National Academy Press.
- Institute of Medicine. (2011). *Relieving pain in America: A blueprint for transforming prevention, care, education, and research*. Washington, D.C.: The National Academies Press.
- International Association for the Study of Pain. (2014). *Pain outcomes measurement bibliography*. <http://www.iasp-pain.org/Education/Content.aspx?ItemNumber=3317>. Retrieved on June 16, 2014.
- International Association for the Study of Pain. (2014). *Opioid Treatment Bibliography*. <http://www.iasp-pain.org/Education/Content.aspx?ItemNumber=3401>. Retrieved on June 16, 2014.

Gratitude is the best attitude.

THANK YOU
