

Alternative to Opioids: Behavioral Pain Management

John T. Mullen, PhD, LP

john.mullen@allina.com

Courage Kenny Pain Clinic
Courage Kenny Rehabilitation Institute
Minneapolis, Minnesota

No Disclosures

Introduction

Definitions and distinctions

Conceptual ideas

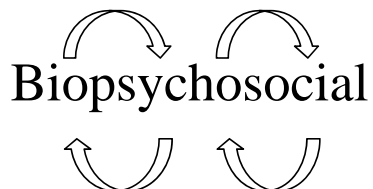
The clinical process

Acute Pain vs. Chronic Pain

	Acute Pain	Chronic Pain
Duration	< 3 months	> 3 months
Location	Tissue Damage	Nervous System (sensitization)
Source	Physiology	Psychophysiology
Course	Linear	Cyclic
Treatment Goal	Cure, Fix	Manage, Stabilize
Target	Pain	Contributing Factors
Provider Role	Do to and Do for	Guide, Educate, Support
Patient Role	Passive (Wait)	Active (Do and Learn)
Treatment Relationship	Directive	Collaborative

Chronic Pain Syndrome

- Persistent pain
- Broad and “disproportionate” impairment
- Deterioration in mood, outlook, sleep
- Maladaptive coping patterns
- Psychosocial challenges and impact



Biomedical vs. Biopsychosocial

	Biomedical	Biopsychosocial
Relationship	Directive	Collaborative <small>(compassion, empathy, trust, hope)</small>
Patient Role	Passive	Active
Perspective	Impersonal	Individualized
Scope	Specific / Narrow	Holistic / Broad
Condition	Acute	Chronic
Objective	Cure / Fix	Stability / Management

Biopsychosocial Model

- Broad framework for organizing information
 - multifaceted nature of chronic health conditions
- Captures a range of potential variables
 - pain condition and physical status
 - unique individual factors
 - contribution of, and impact upon, the context and circumstance

Biopsychosocial Model

Biology	Psychology	Social/ Environment
Medication	Thoughts	Family
Procedures	Emotions	Community
Rehabilitation	Behaviors	Work

Biopsychosocial Model

- Central role of the individual:
 - active processor of information
 - thoughts-feelings-behaviors in context
 - behavior is influenced by person and situation
 - capacity to learn adaptive skills and strategies
 - involvement of individual in treatment process

Illness behavior

- An individual's efforts to manage the current health challenge
- Adaptive vs. maladaptive patterns:
 - effective, but not adaptive

Treat the chronic pain condition
and
Manage the illness behavior pattern

Stages of Change

- Pre-contemplation
 - Limited problem acknowledgment
- Contemplation
 - Ambivalence regarding change
- Action
 - Efforts to create changes
- Maintenance
 - Efforts to sustain achieved change

Therapeutic Relationship

Providers:

- express compassion – care and concern
- demonstrate empathy – understanding and attention

Patients:

- feel hope – possibility of change
- experience trust – safety and respect

The Patient's Brain
F. Benedetti

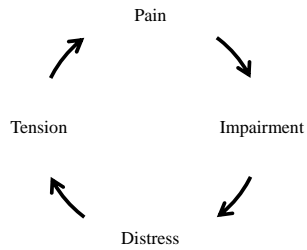
Motivational Interviewing

Avoid argumentation	Open questions
Express empathy	Affirmations
Develop discrepancy	Reflective listening
Support self-efficacy	Summaries

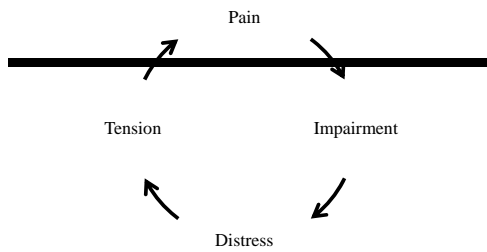
Treatment Goals

- Increase adaptive activity
- Use chemicals safely and effectively
- Manage stress/distress
- Increase independence
- Improve quality of life

Cycle of Chronic Pain



Cycle of Chronic Pain



Contributing Factors

- Disruption and dysregulation
 - result from the pain and its impact
 - add to the overall pain experience
- sleep disturbance
- emotional experience
- family and work problems
- financial concerns

Pain Experience =

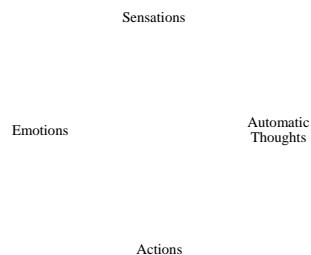
Pain condition + deconditioning + distress +
sleep disturbance + negative thoughts +
impairment + family concerns + mood +
muscle tension + frustration + etc...

Target: overall pain experience, not pain *per se*
i.e., address the contributing factors

Context is Critical: Person and the Pain Condition

- Chronic pain patients:
 - Biopsychosocial framework
 - Illness behavior focus – coping style
- “Contributing factors”
 - Habits, beliefs, skill deficits, behavioral excesses
 - Add to and amplify pain experience
 - Feed the cycle of chronic pain

Cognitive-Behavioral Model



Sensations

- Pain = multifactorial, integrative phenomenon
 - psychophysiological process
 - peripheral and central factors
 - deconditioning
 - tension / guarding response
 - etc.

Automatic Thoughts

- Catastrophic thinking
 - Preoccupation, magnification, helplessness
- Unrealistic expectations
- Misunderstanding of pain condition

Emotions

- Excessive fear or distress
 - Anxiety, worry
- Significant depressive symptoms
 - Low energy, poor motivation for self-care
- Anger and irritability
 - blame, perceived mistreatment

Actions

- Avoidance due to fear of pain or re-injury
- Reliance upon “passive” treatments
- Persistence and determination

Coping Patterns

	Cognition	Emotion	Action
Passive / Dependent	hopeless helpless	discouraged depressed	resign withdraw
Avoidant	threat danger	anxious fearful	escape avoid
Persistent	strength independence	angry frustrated	over-active determined
Adaptive	acceptance flexibility	even stable	accommodating deliberate

Sensations
Emotions Automatic Thoughts
Actions

Sensations

- Importance:
 - Distinguish pain from somatic reactions and guarding
 - Recognize somatic and psychophysiological reactions
- Process:
 - Relaxation, meditation, stillness, awareness
- Goal:
 - Reduce somatic vigilance and reactivity

Situations

Emotions

Automatic Thoughts

Actions

Automatic Thoughts

- Objective:
 - Increase awareness of maladaptive patterns
- Process:
 - Thought record: situation-emotion-thought
- Goal:
 - Establish realistic expectations
 - Reduce impact of negative thoughts upon pain and coping patterns

Situations

Emotions

Automatic Thoughts

Actions

Automatic Thoughts

- Myths of chronic pain
 - “pain is a reliable signal of damage or harm”
 - “a pill for every ill, when in doubt cut it out”
 - “pain is a signal to stop moving”
 - “if doctors have told you they have “done all they can,” your situation is hopeless

[The Pain Survival Guide: How to Reclaim Your Life](#)
DC Turk and F Winter

Situations

Emotions

Automatic Thoughts

Actions

Emotional Experience

- Importance:
 - Recognize judgments and evaluations related to pain experience
- Process:
 - Thought record, review of difficult situations
- Goal:
 - Reduce negative affect
 - Link thoughts to actions

Sensations

Emotions

Automatic Thoughts

Actions

Emotional Experience

- Negative emotions
 - Anger / frustration / irritability
 - Anxiety / fear / worry / apprehension
 - Depression / sadness / loss / hopelessness
- Positive emotions
 - Pleasure / joy / contentment

Sensations

Emotions

Automatic Thoughts

Actions

Actions

- Importance:
 - Understand the activity pattern and decisions regarding daily engagement
- Process:
 - Self-monitoring – activity record
- Goal:
 - Create consistent routine
 - Increase productive and pleasurable engagement

Sensations

Emotions

Automatic Thoughts

Actions

Biopsychosocial

- Interpersonal context
 - family, work, school community
 - Punishing - critical / demanding
 - Solicitous – “too” helpful
 - Distracting – encouraging, supportive

ACT

Acceptance and Commitment Therapy

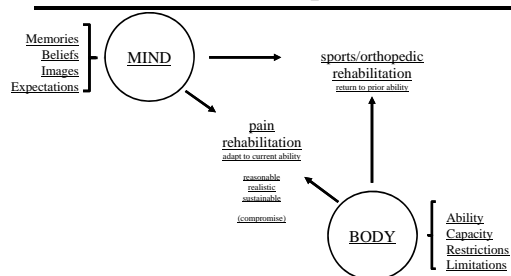
- Psychological flexibility:
 - Contact with the present moment
 - Pursuit of valued life goals
- Pain management:
 - Openness to unpleasant experience
 - Activity engagement – deliberate action

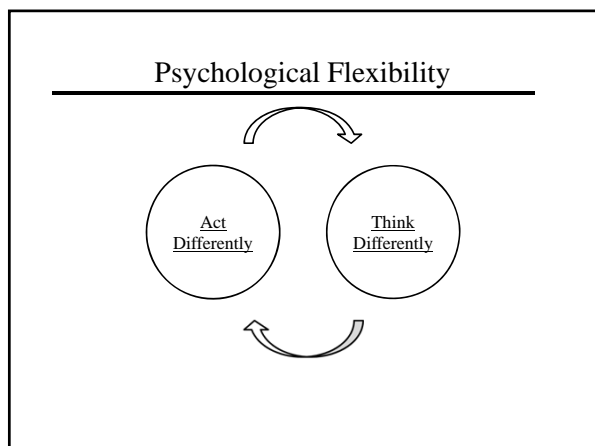
ACT

Acceptance and Commitment Therapy

- Suffering – by-product of efforts to control or escape unpleasant private experiences:
 - sensations
 - thoughts
 - memories
 - emotions
- Reduced emphasis on change and control

Pain Acceptance





Comprehensive Pain Management

- Coordinated interdisciplinary services
- Medical, rehabilitative, behavioral care
- Chronic pain syndrome – complex challenge; no simple or single solution

Summary

- Biopsychosocial framework for chronic pain management
- Importance of a collaborative therapeutic relationship
- CBT and ACT to improve pain management and quality of life
- Comprehensive pain management

References

Books:

Benedetti, F. (2011), The Patient's Brain; Oxford Press
Burch, V, & Penman, D. (2013), You Are Not Your Pain; Flatiron Books
Dahl, J, et al. (2005), Acceptance and Commitment Therapy for Chronic Pain; Context Press
Rollnick, S., et al. (2008), Motivational Interviewing in Health Care; Guilford Press
Turk, D, & Winter, F. (2006), The Pain Survival Guide; American Psychological Association

Websites:

www.helpguide.org
www.tamethebeast.org
www.uclahealth.org/marc
www.vidyamala-burch.com
