



Cognitive Behavioral Strategies for Pain Management

February 2019

Agenda

01

The link between behavioral health
and chronic pain

02

Behavioral Health Treatments for
Chronic Pain

03

Referring to Behavioral Health
Providers

Chapter

01

“Pain is inevitable.
Suffering is optional”

Buddhist Proverb

The Link Between Behavioral Health and Chronic Pain

Behavioral Health Impacts Chronic Pain in Many Ways

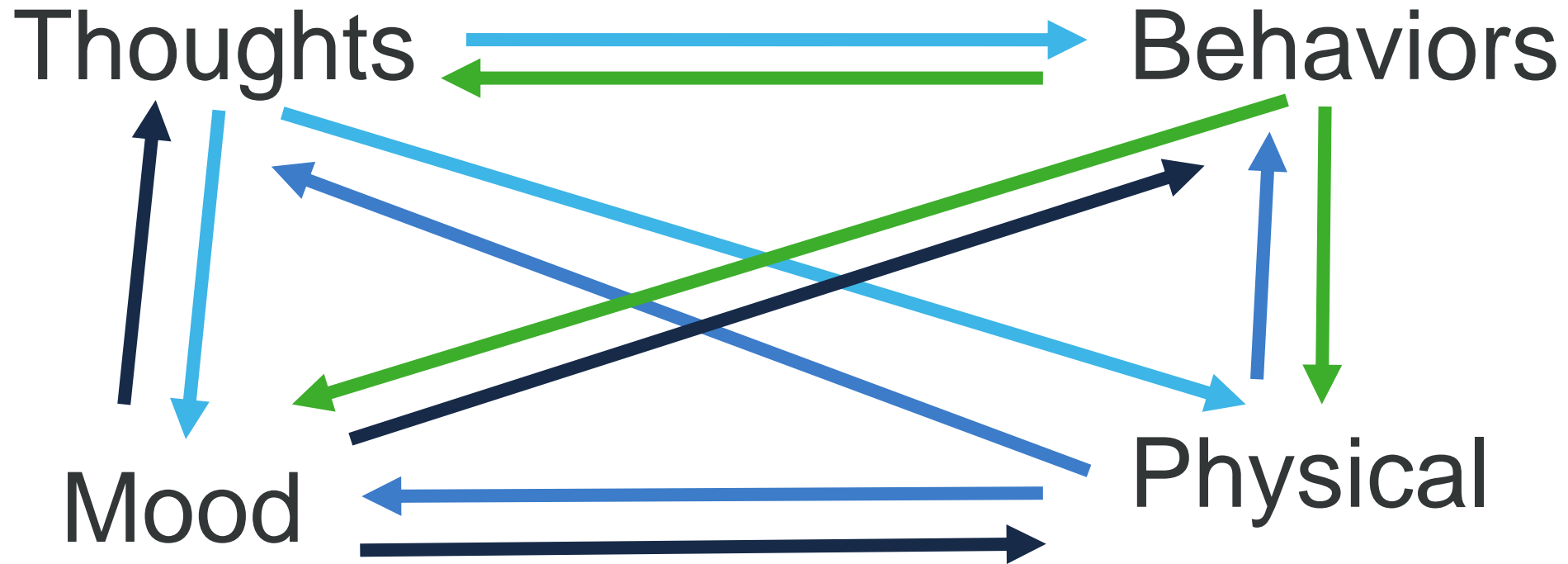
	Depression	Anxiety	Substance Use Disorder
Spinal Pain	2 – 56%	1 – 26%	4 – 14%
Neuropathic Pain	4 – 12%	5 – 27%	1 – 9%
Fibromyalgia	21 – 83%	18 – 60%	1 – 25%
Migraine Headache	17 – 28%	2 – 45%	1 – 6%
Temporomandibular Joint Disorder	16 – 65%	15 – 65%	-----
Pelvic Pain	19 – 22%	12 – 41%	-----
Abdominal Pain	9 – 54%	21 – 51%	-----
Arthritis	3 – 39%	1 – 35%	1 – 12%

J Wooten, 2016: <http://dx.doi.org/10.1016/j.mayocp.2016.04.029>

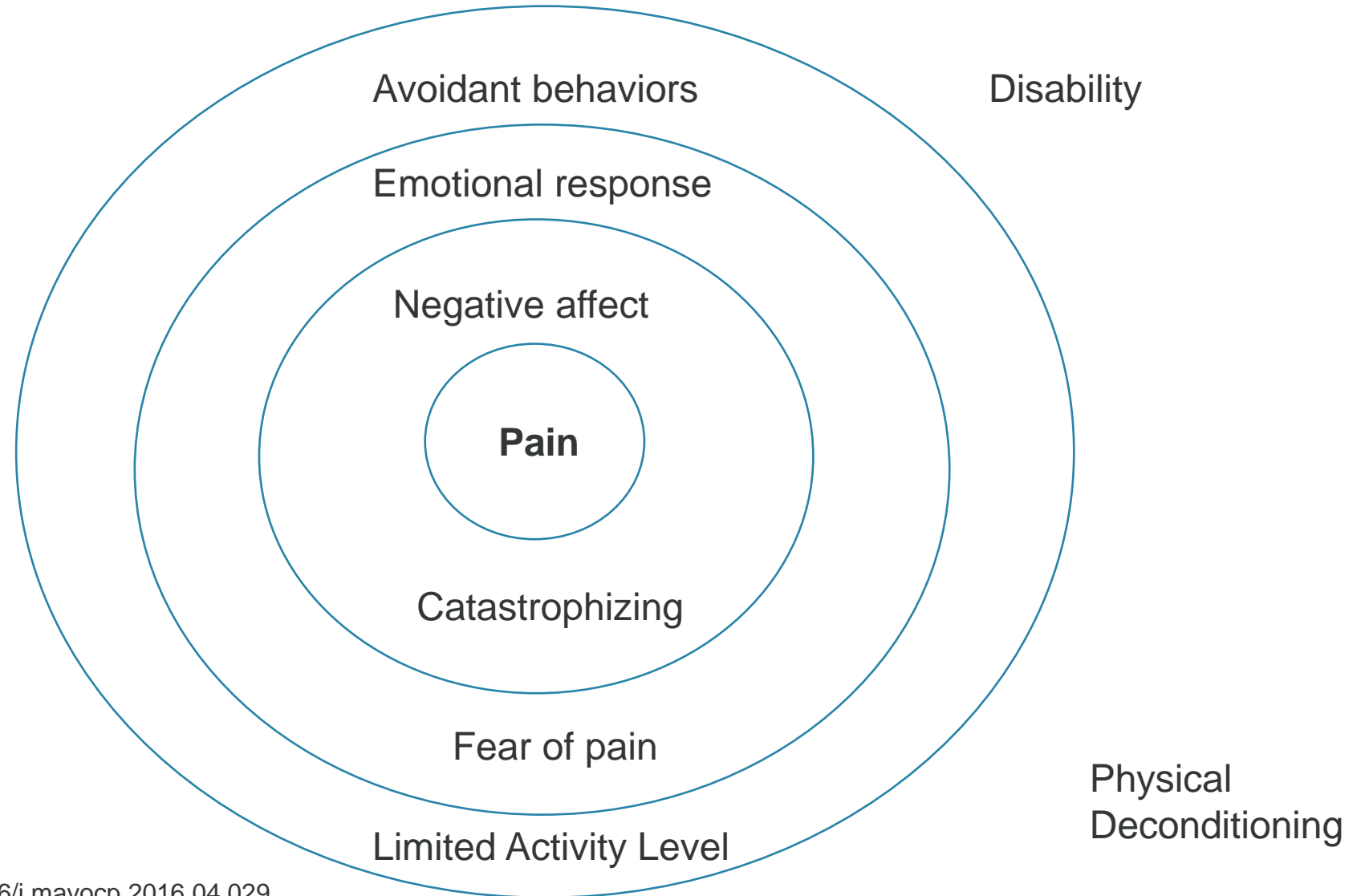
Other Mental Health Conditions that are found with Chronic Pain

- Suicide
 - Found to be 4x higher in veterans with mild to severe pain than in the general US population
 - Suicidal Ideation is a symptom in 28-48% of adults seeing treatment for chronic pain
- Sexual Violence and Abuse
 - Individuals with a history of rape or sexual abuse are 2.5 to 3.5 times more likely to develop fibromyalgia, chronic musculoskeletal pain, or chronic pelvic pain
- Personality Disorders
 - General population – 4 to 6%
 - In individuals with chronic pain, prevalences are:
 - Borderline PD: 1 to 28%
 - Narcissistic PD: 2 to 23%
 - Dependent PD: 2 to 17%
 - Obsessive-compulsive PD: 7 to 16%
- Cigarette Smoking
 - General population – declined to 19.3%
 - Chronic pain prevalence – increased from 24.2% in 2000 to 28.3% in 2010

Conceptualizing the bi-directional relationship between Pain and Mental Health



Fear-Avoidance Model of Pain



Chapter

02

“The pain of the mind
is worse than the pain
of the body”

Publilius Syrus

Treatments

Behavioral Health Clinicians Provide Key Treatments

- Cognitive Behavioral Therapy
 - Cognitive restructuring
 - Relaxation training
 - Activity pacing
 - CBT for insomnia
 - Communication skills
- Acceptance and Commitment Therapy
 - Mindfulness
 - Values
 - Changing relationship with thoughts
- Mindfulness Based Stress Reduction
- Multidisciplinary Pain Rehabilitation
 - Group CBT
 - Physical Therapy
 - Medication management
 - Occupational therapy
 - Other modalities
- Psychopharmacological Treatment
 - SNRIs, TCAs and anticonvulsant medications have dual analgesic and psychotropic properties

Chapter

03

“Pain nourishes courage. You can't be brave if you've only had wonderful things happen to you.”

Mary Tyler Moore

Referring to Behavioral Health Providers

Things to Keep in Mind When Making a Referral

- Emphasize the development of improved coping skills for dealing with pain
- Use specific examples of patient complaints to illustrate how a behavioral health provider can assist
- Share details with the behavioral health provider around diagnosis, behaviors, and medications
- Be sure to follow up with patient at next appointment

Beacon Referral Pathways

- PCP Referral Form

- http://www.ccah-alliance.org/providerspdfs/Beacon_CCAH_PCP_Referral_Form.pdf
- Can be returned via fax or email
- Check box for Chronic Pain under Request Reason, Symptoms

- Care Management

- For members who need more support accessing services
- http://www.ccah-alliance.org/providerspdfs/Beacon_CCAH_CM_Referral_Form.pdf
- Can be returned via fax or email
- Check box for Chronic Pain under Request Reason, Symptoms

Thank You

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