

COGNITIVE AND BEHAVIORAL STRATEGIES FOR CHRONIC PAIN MANAGEMENT

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Workshop for: Pain is a Chronic Disease Conference
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3 Areas of Therapeutic Strategies for Workshop Focus

- How to introduce patients to the Biopsychosocial Conceptual Model for understanding their chronic pain problem
- How to use behavioral strategies for structuring a reconditioning exercise program to increase odds of success
- How to assist patients with identifying and changing cognitions that are adding to their suffering with chronic pain

Psychoeducational Chronic Pain Management Group Sessions I

1. Overview of program & major influences on chronic pain
2. Stress management and relaxation training
3. Healthy Thinking and Emotional Management I
4. Healthy Thinking and Emotional Management II

Psychoeducational Chronic Pain Management Group Sessions II

5. Healthy Thinking and Pain Management
6. Assertive (Tactful) Communication I
7. Assertive (Tactful) Communication II
8. Setting Up Home to Maintain Gains

STRATEGY AREA #1:

How to introduce patients to the
Biopsychosocial Conceptual
Model for understanding their
chronic pain problem

ENVIRONMENT/REINFORCEMENT

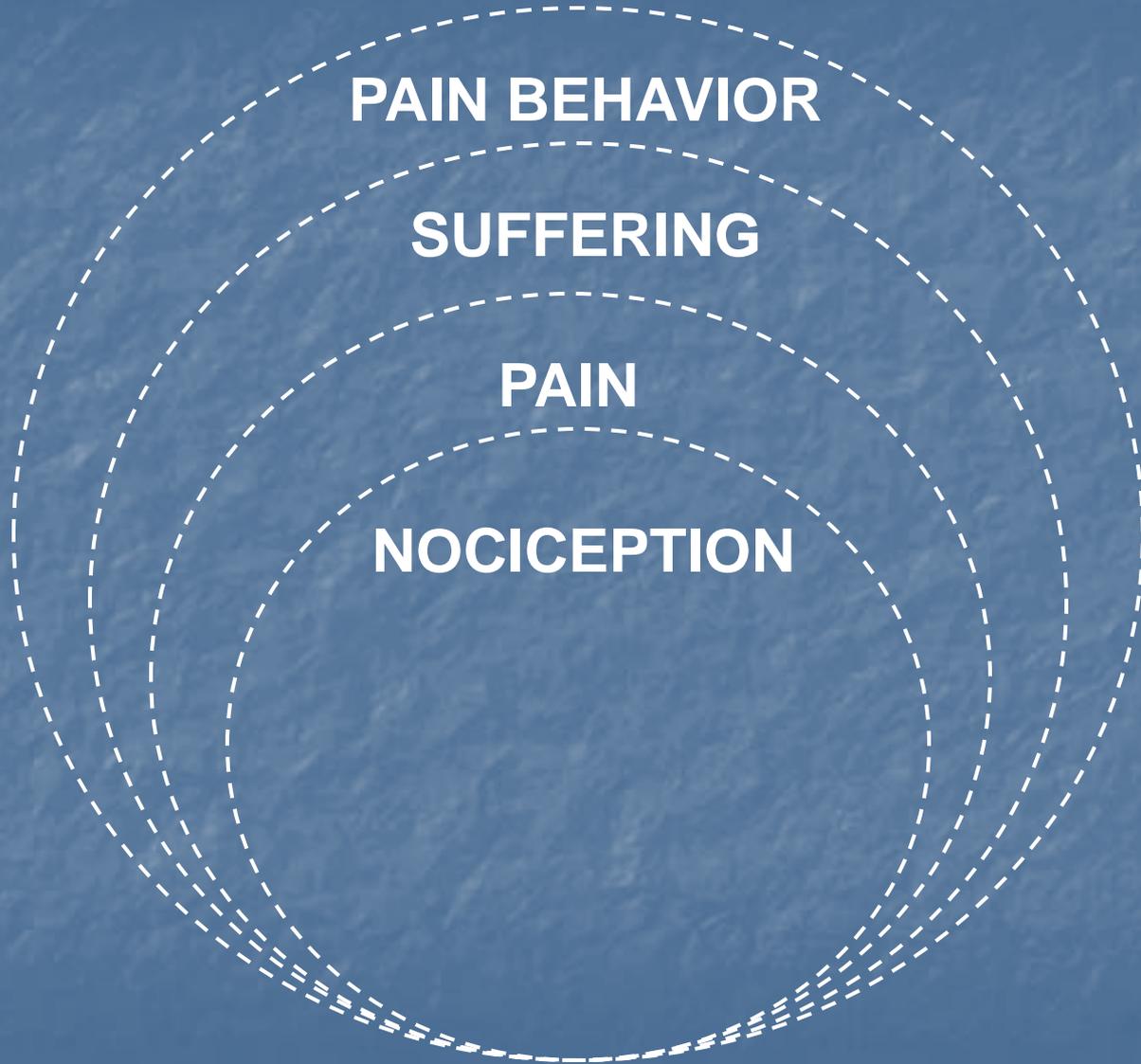
PAIN BEHAVIOR

SUFFERING

PAIN

NOCICEPTION

Conceptual Model of Chronic Pain - Fordyce & Loeser



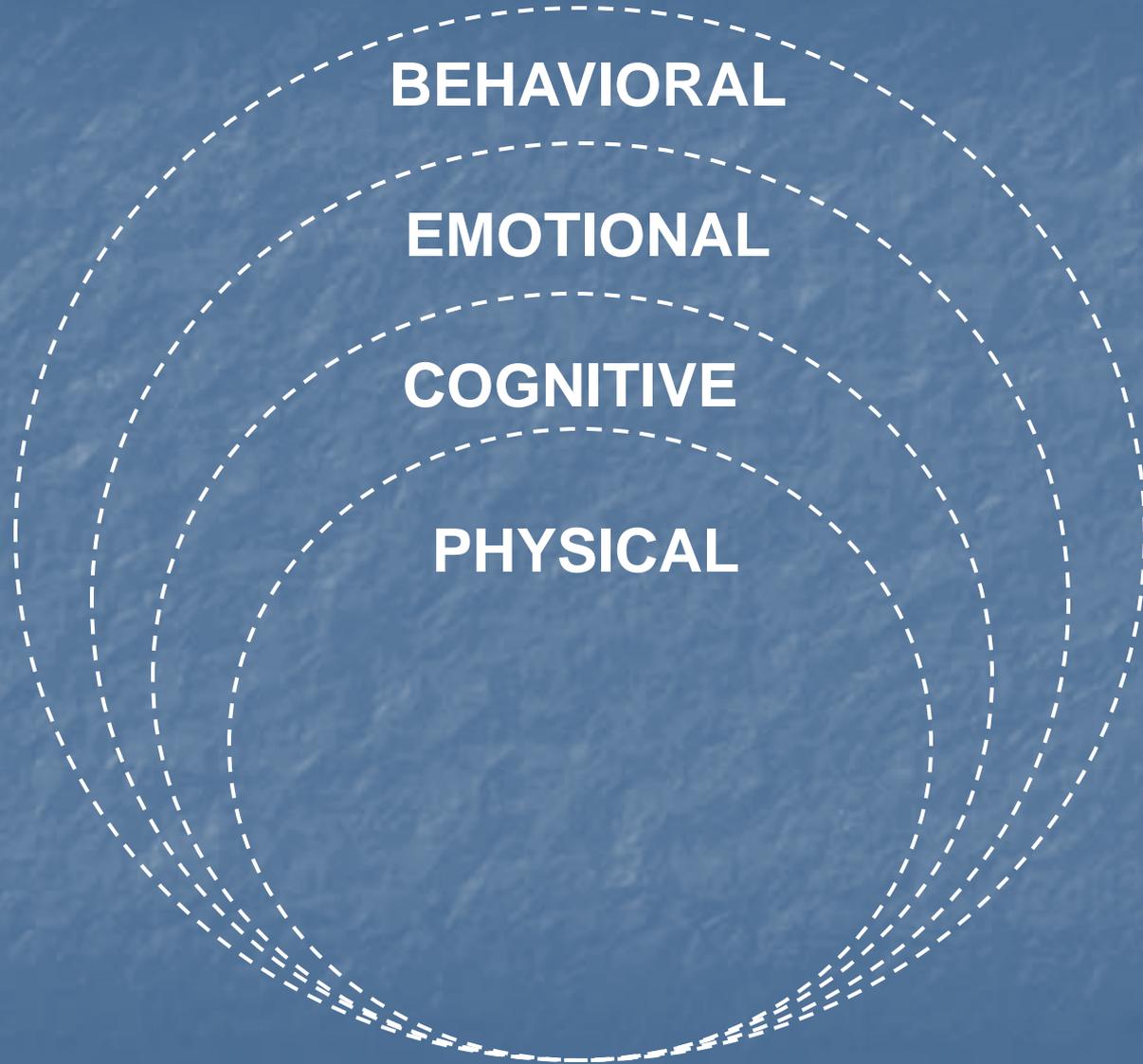
ENVIRONMENTAL/SOCIAL

BEHAVIORAL

EMOTIONAL

COGNITIVE

PHYSICAL



Biopsychosocial Model of Chronic Pain - Alternative Terms

Introducing Biopsychosocial Model

The Chronic Pain Management Quiz

1. As pain persists over time, it can easily affect and be affected by:
 - A. How we feel physically
 - B. How we think
 - C. How we feel emotionally
 - D. How we act – our lifestyle habits
 - E. How others treat us
 - F. All the above

Introducing Biopsychosocial Model

The Chronic Pain Management Quiz

2. Most chronic pain problems seem to have no known physical explanation for their starting. *True or False?*

STRATEGY AREA #2:

How to use behavioral strategies
for structuring a reconditioning
exercise program to increase
odds of success

Introducing Influence of Exercise

The Chronic Pain Management Quiz

3. One physical way a person can complicate a muscle-related chronic pain problem is to: _____.
7. Some ways we can change our lifestyle or habits to try to manage our chronic pain include: _____.

Importance of Exercise for a Chronic Pain Rehabilitation Program

- Improves flexibility, stamina, and strength
- Incompatible with pain behavior
- Provides a building block for other well behaviors
- Tends to elicit healthy responses from observers
- Serves as obvious signs of success, improvement, and increasing capability
- Stimulates production of endorphins – improved pain tolerance

Physical Therapy Process in Chronic Pain Rehabilitation/Reconditioning

- Choice of Exercises (M.D. & P.T.):
 - Appropriate for patient's physical potential and learned restrictions
 - Prepares patient for desired life activities
 - Countable and repeatable units
 - Progressive to a goal
- Process of setting exercise goals and monitoring response involves patient
 - ↓ fear of exercise and ↑ ongoing progress

Use of Behavioral Strategies in Physical Therapy Exercise Process I

- **"Baseline"** period – evaluation of tolerance
 - Instruct and properly orient pt for each exercise
 - Ask pt to perform exercise "until pain, weakness, or fatigue interfere"
 - No urging of pt to reach a certain level of exercise
 - Have pt record amount of exercise performed and take brief rest period after each exercise completed
 - Supervise pt closely to insure accurate recording, proper body mechanics, and rest periods
 - Compliment pt for following this procedure

Use of Behavioral Strategies in P.T. Exercise Process II

- **"Quota"** period – graduated conditioning
 - Calculate initial goal or quota for each exercise (usually the average of what they accomplished for 3 baseline sessions)
 - Set increment rate for increasing goals according to pt's physiological status and sound reconditioning principles
 - Explain expectation of performing exactly to quota, not doing more or doing less
 - Provide immediate positive attention as quota is reached and structure a brief rest period before next exercise
 - Respond neutrally if quota is not reached and have patient proceed to next exercise
 - Encourage pt to record exact level achieved and to transfer to graphs (one for each type of exercise)

Date	Exercise	Standing	Sitting	Sitting	Heel	Curl-	Up on	ing	Elbow	Wall	Lifting					
		Side Stretch	cat-curl	Straighten knee	Tilts	ups	Elbows	90°	Flexion	Slide	Weight off floor					
		1	2	3	4	5	6	7	8	9	10					
3 Feb 84	F	3	3	11b 10 rep	4	4	4	2' 15"	21b 12 rep							
6 Feb 84	M	3	3	21b 5 rep	5	3	4	2' 30"	31b 15							
7 Feb 84	T	-	-	-	-	-	-	2' 15"	21b 15							
8 FEB 84	W	4	4	32b 5 rep	5	4	5	3' 15"	52b 15							
9 FEB 84	T	4	4	32b 5 rep	5	4	5	3' 30"	52b 20	4	2 1/2 1b 2 rep					
10 FEB 84	F	2	2	31b 5 rep	3	3	3	2' 30"	61b 10 rep	5	2					
11 Feb	S	2	2	7	3	3	3	Walk	-	5	-					
12 Feb	S	2	2	7	3	3	3	Walk	-	5	-					
13 Feb	M	3	3	21b 6	4	4	4	2' 30"	61b 11 rep	5	3					
4 FEB	T	3	3	21b 6	4	4	4	3'	6	12	5	3				
15 FEB	W	3	3	31b 7	4	4	4	3'	6	13	5	3				
16 FEB	TH	4	4	31b 7	5	5	5	3' 30"	6	14	5	3				
17 FEB	F	4	4	31b 8	5	5	5	3' 30"	6	15	4	2				
18 FEB	S	4	4	10	5	5	5	5 mins Walk	7-10	4	2					
19 FEB	S	5	5	10	6	6	6	6 mins Walk	7-10	4	2					
20 FEB	M	5	5	10	6	6	6	6 mins Walk	7-10	5	3					
21 FEB	T	5	5	5- 8	6	6	6	4	7	10	5	3				

MS

every 3rd day

31b
10 rep
then 41b 5 rep

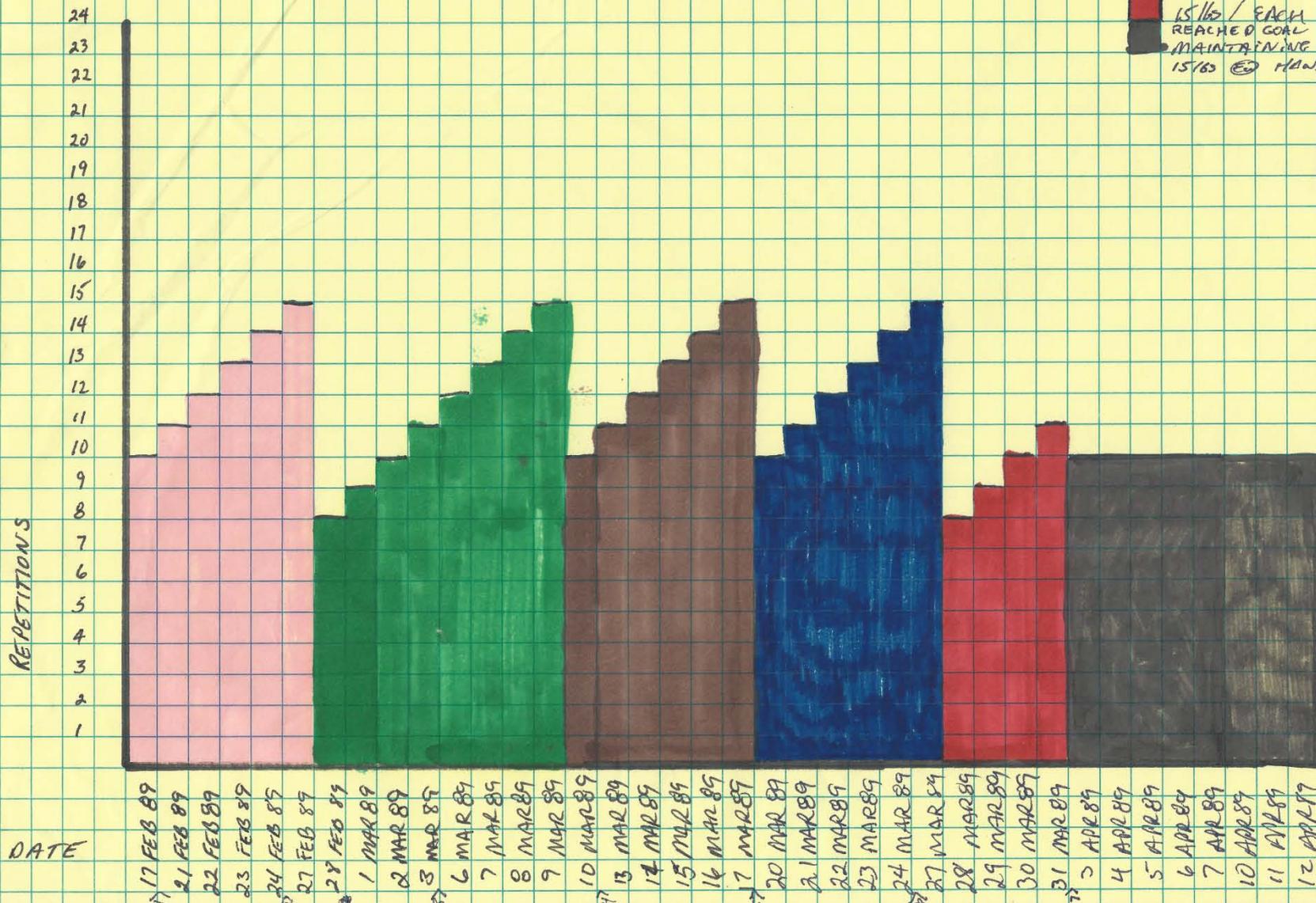
every 3rd day

evens
other
day add
30' 1/2

(15 min)

TRANS AFB GOVERNMENT COPIER NUMBER 307

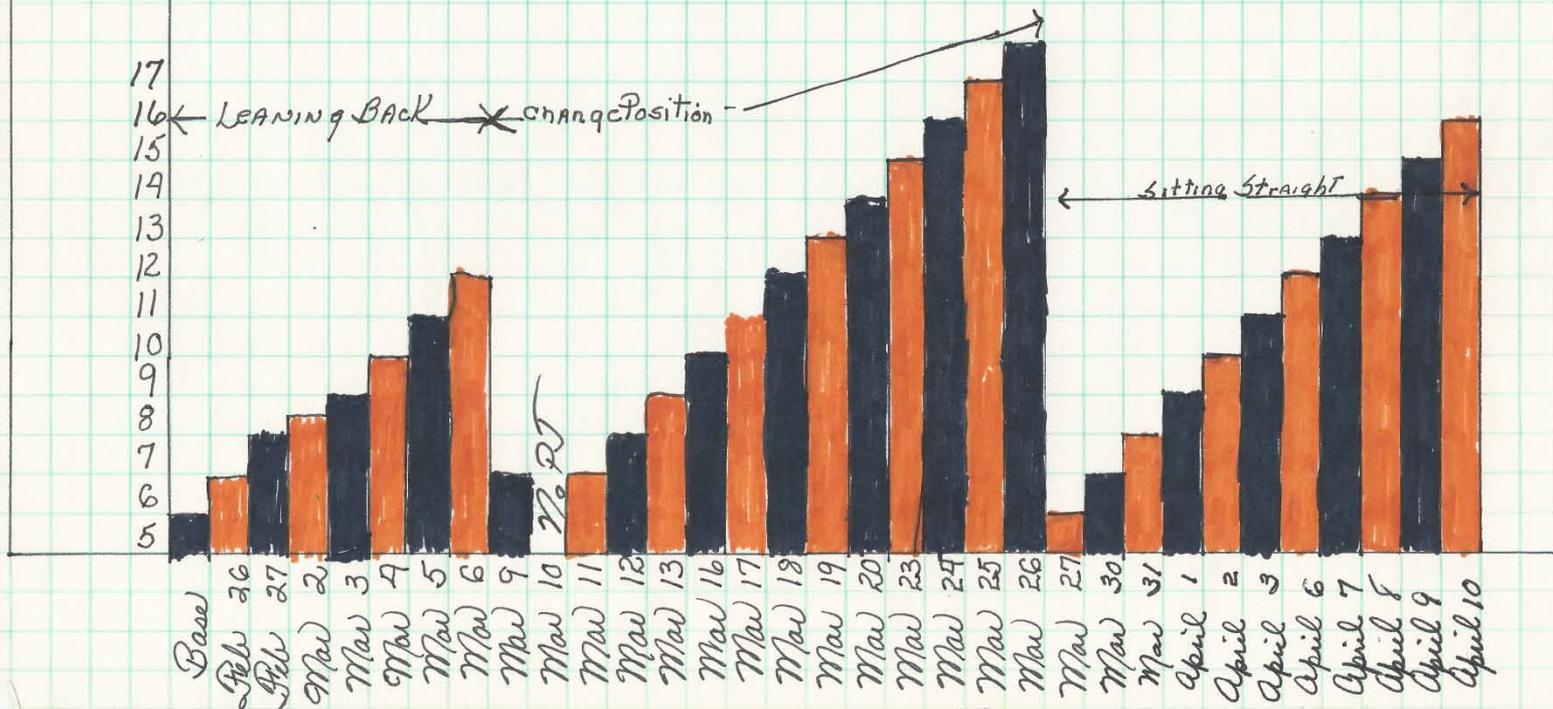
SHOULDER FLEX



Sitting Knee Extension

Repetitions

Date of Activity



Dumbbell Curl - Standing

Repetitions

Date of Activity

16
15
14
13
12
11
10
9
8
7
6
5
4

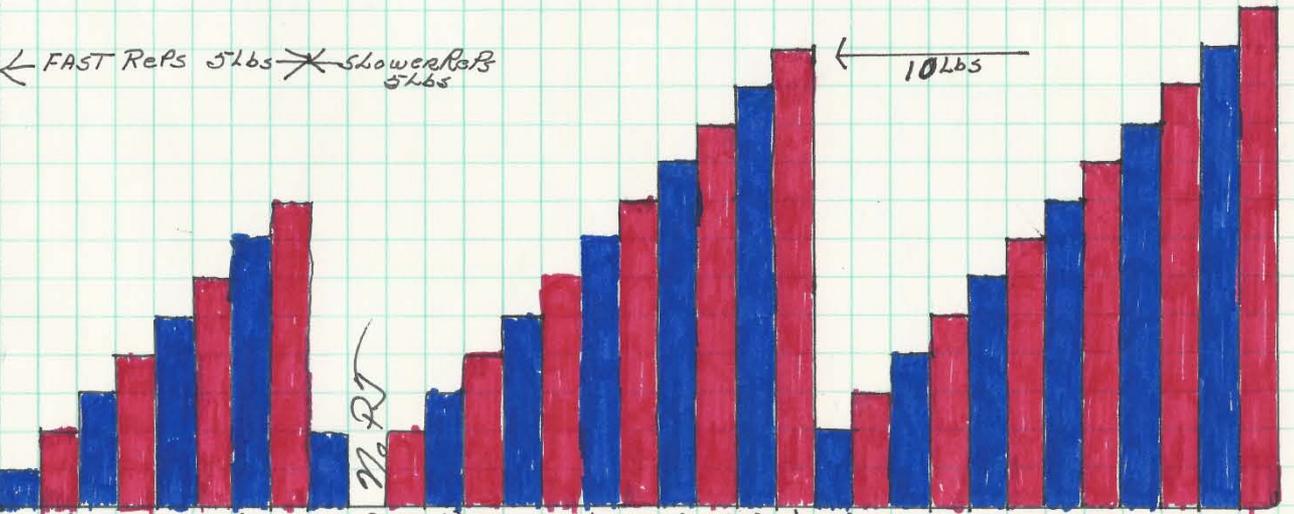
← FAST Reps 5lbs * slower Reps 5lbs

← 10lbs

Base

Feb 26
Feb 27
Mar 2
Mar 3
Mar 4
Mar 5
Mar 6
Mar 9
Mar 10
Mar 11
Mar 12
Mar 13
Mar 16
Mar 17
Mar 18
Mar 19
Mar 20
Mar 23
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April 1
April 2
April 3
April 6
April 7
April 8
April 9
April 10

Na PT

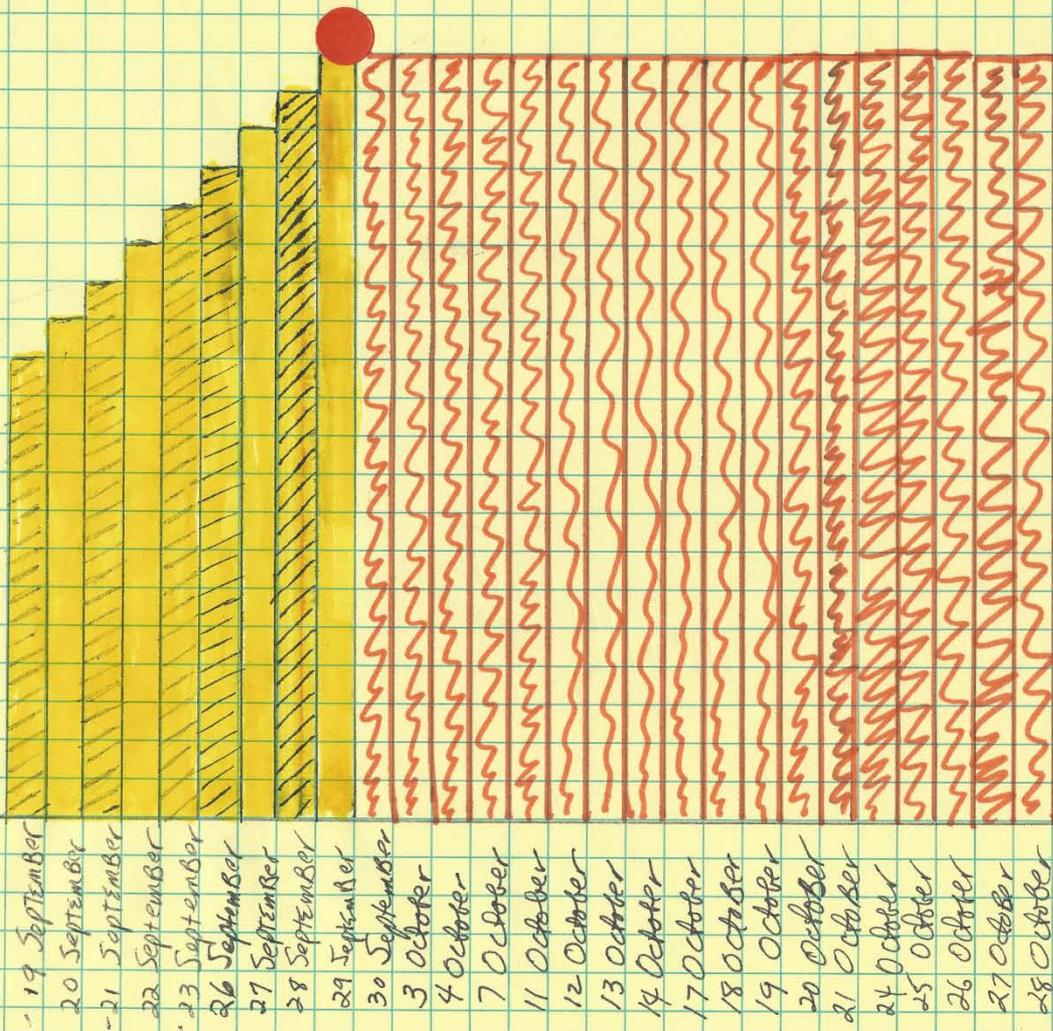


BICEPS CURL

- 8 LB WT ONCE/DAY (BOTH ARMS)
- 8 LB WT TWICE/DAY (BOTH ARMS)
- 8 LB WT ONCE/DAY (BOTH ARMS)

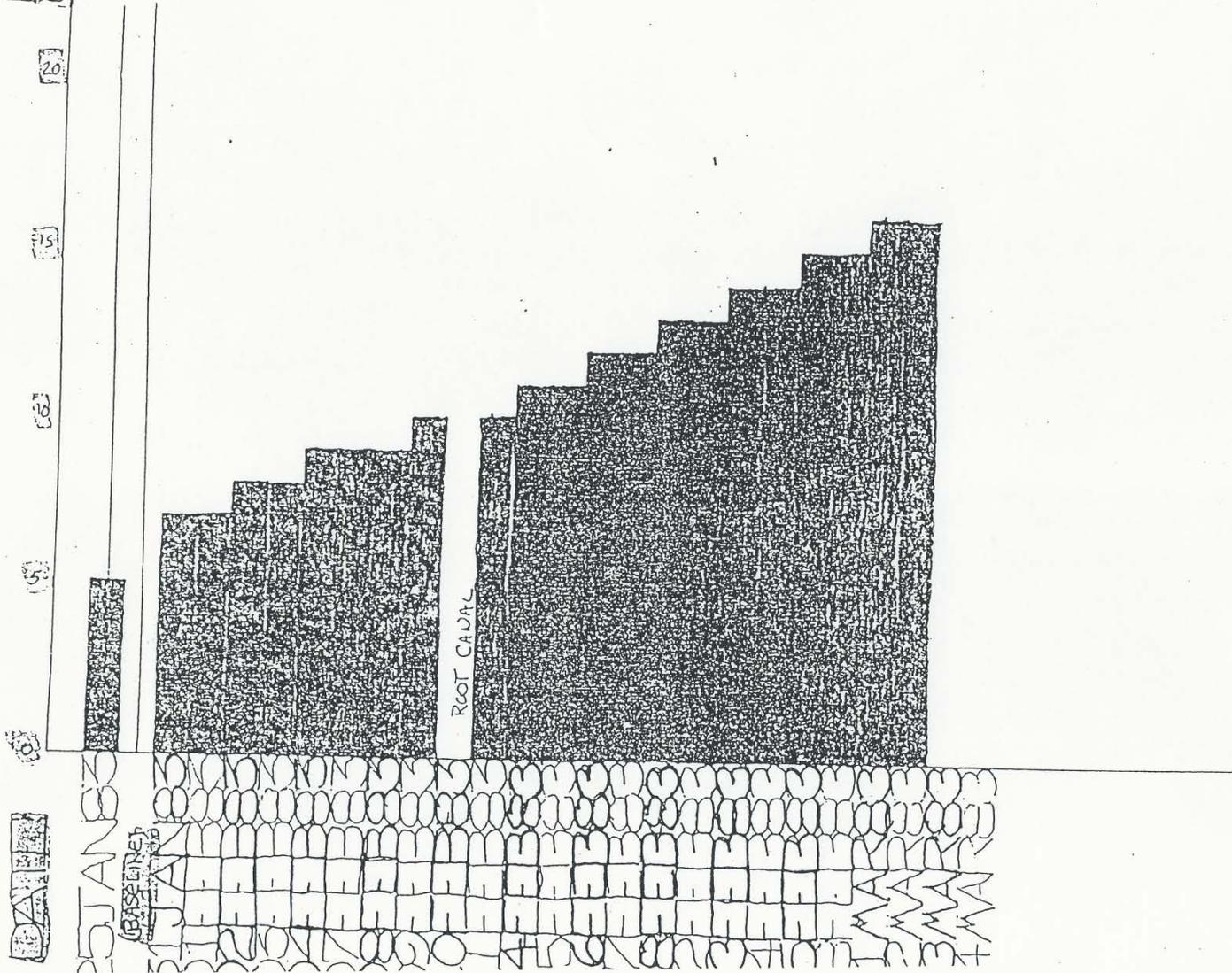
REPS

20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1



DOUBLE KNEE TO CHEST

REPS



IRAWA-AB-GOVERNMENT UPPER NUMBER 308-308

STRATEGY AREA #3:

How to assist patients with identifying and changing cognitions that are adding to their suffering with chronic pain

Introducing Influence of Thinking

The Chronic Pain Management Quiz

4. Which do you think would be a healthy use of thinking to manage an ongoing pain:
- A. Concentrate on exactly where and how it hurts
 - B. Think the pain must mean it's cancerous
 - C. Put mind onto a task like a card game or hobby
 - D. Think "I can't do anything as long as I have this pain"

Cognitive Therapy Basic Assumptions for Pain Management

- Responses to unwanted events typically involve our thinking
- In our thinking we can be more *reassuring* that we can manage through the event or we can more *alarming* that the event is bigger than we can bear
- Most commonly the *Reassuring* Thoughts will have a more *calming* effect on the body and the *Alarming* Thoughts will have a more *tensing* effect
- The unwanted event of pain for a person can often become associated with Alarming Thoughts, aggravating suffering
- Cognitive Therapy can assist a person with identifying and practicing using more Reassuring thoughts, not adding to suffering but stimulating coping

Useful Categories for Identifying Alarming vs. Reassuring Thoughts I

- Predictions
 - Certainty we have about what the future hold
 - Whether any control of the outcome is possible
 - How much focus is on just the present moment
- Evaluations
 - Rating the event on an awful-wonderful continuum
 - Rating the person on a bad-good person continuum
- Expectations
 - Are we demanding a certain standard be maintained
 - Is the desired outcome realistic, achievable, impossible

Useful Categories for Identifying Alarming vs. Reassuring Thoughts II

- Stress Inoculation Approach –
Donald Meichenbaum & Dennis Turk
 - Develop coping thoughts for a recurring stressors such as pain episodes or times of increasing pain
 - Four critical time frames
 - Before stressor (pain episode or intensification)
 - At start of stressor (pain episode or intensification)
 - At peak of stressor (pain episode or intensification)
 - After stressor (pain) has passed (or lessened)
 - Use therapy to prepare relevant coping thoughts
 - Practice prepared thoughts before stressful time

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