Treating Chronic Health/Pain Conditions in Behavioral Health Treatment

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Objectives

- Identify ways of providing psychoeducation regarding a client's chronic health experience
- Review factors that increase and decrease a client's experience of symptoms
- Discuss different interventions to address a client's health related concerns
- Learn how to collaborate with medical providers regarding a client's health related concerns

Why Talk about Treating Chronic Health Conditions?

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- Common experience in our client population
  - Working in an integrated care setting
  - Reciprocal relationship between emotional health and physical health
- Pain most common reason individuals seek medical attention
  - Up to 80% of medical visits (Salovey, et al, 1992)

Demographic Factors Influencing Chronic Health Perception/Treatment

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- Age
  - Stage of life
    - Retirement, activity, reduced social connections, decreased/lighter sleep
    - Reciprocal relationship with sleep, depressive symptoms
  - Comorbid health conditions/medications
    - (Terrill & Molton, 2014)
- Ethnicity
  - Tendency to undertreat clients in race/ethnicity non concordant provider interactions(underestimate their symptom endorsement experience) and individuals with limited English proficiency
    - (Tait & Chibnall, 2014)

Demographic factors influencing chronic health perception/treatment

- SES/Education
  - Positive correlation with active coping/health literacy
    - (Tait & Chibnall, 2014)
- Be mindful of how a client's beliefs about pain based on aspects of their identity/upbringing could be impacting how they express concerns about their symptoms and how they set goals related to addressing their pain concerns

Chronic Health Impacts in Children (CDC, 2012; Safren, Gonzalez and Soroudi, 2008; Wysocki, Greco, & Buckloh,2003; Yamamoto and Nagano, 2015; Whittemore et al., 2012

- Missed school
- Missed social experiences
- Financial strain (missed work)
- Teachers/coaches, significant caregivers' understanding of health condition
- Medication compliance barriers, role of parental involvement
  - Hiding condition from peers to avoid social stigma
- Need to address caregiver stress, impacts child compliance and health outcomes

What is Pain?

What is Pain?

- Neurological experience
- Does not mean that there is structural damage
- Assessment of structure, then pain management
- Importance of having an understanding of the medical component to presenting symptoms
- Reciprocal relationship with pain
  - Emotional pain can exacerbate experience of physical pain and vice versa
- Importance of exploring your client's beliefs about pain and factors influencing their pain experience

Gate Control Theory of Pain

Gate Control Theory of Pain (Turk & Gatchel, 2002)

- Pain is experienced by the level that the message is received (how open the gate is)
- Gate is more open by:
  - Too much/too little activity
  - Structural use of body
  - Focusing/distress about pain
    - Cognitive distortions contributing to emotional distress
  - No structure to day (things to occupy time)
  - Lack of social connectivity
  - Poor sleep
  - Weather (wet/cold, hot)

Gate Control Theory of Pain (Turk & Gatchel, 2002)

- Gate is closed by:
  - Recommended medication/exercises
  - Heat/cold/pressure
  - Appropriate pacing
  - Relaxation
  - Coping skills
  - Social connectivity
  - Structured activity
  - Sleep hygiene interventions
  - Dressing appropriately for weather

Assessment/Goals of Treatment

- Increase function (not remove pain/symptoms)
  - Identify what they want to be able to do
- Understanding a client's day to day experience and how it has been impacted by their symptoms
  - Noting the areas of healthy coping/activity, areas of unhealthy coping/activity
  - Noting over/underactivity
- Decrease the perception/experience of pain/symptoms

Managing Acute Symptom Episodes

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- Distraction: shifting attention to other stimuli (cognitive engagement)
  - Imagery
    - Sample scripts: ideally using multiple senses
    - Safe/peaceful space (real or imagined)
  - Categories
  - Other coping skills
    - Trying skills when symptoms are high, and when symptoms are absent, trying more than once
    - Goal to have a couple of strategies that client can pull from during these episodes
  - Assessing symptoms each session
    - If experience episode in session, model use of strategy, assess symptom severity before/after intervention, what worked/did not work

Managing acute symptom episodes

- Challenge thinking
  - Empowering understanding of their condition
  - Reminding that acute episodes do not last forever
- Reach out for support
  - Assessing social support and problem solving ways to improve if not available
- Consider positive versus negative coping strategies
  - Short term positive results with long term consequences (e.g. substance use, some medications)

Common Pain Thoughts and Challenges (Murphy et al.)

- Catastrophizing:
- Should Statements:
- All or Nothing Thinking:
- Overgeneralization:
- Emotional Reasoning:
- Disqualifying the Positive:

Common Pain Thoughts and Challenges (Murphy et al.)

- Catastrophizing:
  - EX: When my pain is bad, I can't do anything.
  - Challenge: Even when my pain is bad, there are still some things I can do.
- Should Statements:
  - EX: My doctor should be able to cure my pain.
  - Challenge: There is no cure for chronic pain, but I can use skills to cope with my pain.
- All or Nothing Thinking:
  - EX: I can only be happy if I am pain free.
  - Challenge: Even if I am in pain I can still be happy. There is always something that I can do to have a better quality of life.

Common Pain Thoughts and Challenges (Murphy et al.)

- Overgeneralization
  - EX: I tried doing exercises for my back pain before and it didn't help. So, it isn't ever going to help.
  - Challenge: Although physical therapy didn't help much before, maybe this time it will help. I might as well try.
- Emotional Reasoning:
  - EX: I feel useless, so I am useless.
  - Challenge: Even though I can't do all the things I used to do, it doesn't mean I can't do anything.
- Disqualifying the Positive:
  - EX: So what if I am doing more, I am still in pain.
  - Challenge: Doing more is important for me to live the life I want to live.

Coping Thoughts/Affirmations(Murphy et al.)

Coping Thoughts/Affirmations (Murphy et al.)

- The pain flare passes in a while.
- I can handle this. I just have to make it through this moment.
- I've gotten through it before and I can get through it again. I just have to stay focused on the positives.
- I don't have to suffer. I have skills I can use to cope.
- What would I tell a friend who was in pain?
- How can I set a good example for my kids about coping with life's challenges?
- How would someone I admire cope with this?
- I just have to focus on something else.
- There may be no cure, but I can still live my life.
- I'm going to focus on what I can do, not what I can't do.

Role of Pacing

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- Too much/too little activity can exacerbate health conditions
- Work with clients to identify activity levels/taking breaks that keep them active but do not exacerbate their pain experience
- Role of identifying cognitively engaging activities to utilize when symptoms are high in order to provide structure for day (thinking of cost effectiveness)
  - Ex: Puzzles, reading, trivia, knitting

Role of Validation and Grieving

Role of Validation and Grieving (Furnes & Dysvik, 2010)

- Validating:
  - The impact of conditions on functioning
  - Lack of visibility at times of conditions
  - Negative emotions as a result of conditions
- Providing space to grieve
  - Loss of ability to do certain things that was able to do in the past
  - Loss of aspects of identity/previous roles
- Redefining purpose/current identity

Advocacy and Collaboration with PCP

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- Working closely with medical team to identify and coordinate plan for treatment
  - Motivational interviewing/problem solving around lack of following directions from medical (PT, medication)
  - Having an understanding of medical experience and recommendations and assisting clients in advocacy/understanding
- Collaboration with dietician (anti-inflammatory diet, weight management)
- Collaboration with chiropractor (acupuncture if available)

Common Chronic Health Conditions

Common Chronic Health Conditions at CHC

- Diabetes
  - Role of blood sugar checks
  - Understanding of use of insulin
  - Coordination with dietician, dietary role
- Multiple Sclerosis
  - Understanding different types
  - Factors that influence flare ups for the client

Considerations for Chronic Health Conditions Frequently Seen at CHC

- Fibromyalgia
  - Validating invisibility, pain is real
  - Intersection with trauma
  - Lack of a "cure"
- Traumatic Brain Injury
  - Review neuropsych information, if none refer
  - Psychoeducation for client about functioning
- Cancer
  - Understanding treatment, impact of treatment type
  - Role of follow up/patient advocacy

Common Chronic Health Conditions

- Obesity
  - Bariatric consults
  - Coordination with dietician
  - Behavioral factors influencing eating
  - Processing stigma/societal factors
- Lyme Disease
  - Fatigue, chronic pain
  - Diffuse symptoms, unclear symptom constellation long term
- Use of UptoDate

Resources

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Resources

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