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Persistent Pain Management
“The Pain Map”

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Basic Ideas

- Pain is a subjective experience
- No two people will have the same pain experience
- Neither somatic or completely psychological models by themselves explain pain and disability
Biopsychosocial Perspective

- Pain is influenced by a variety of factors
  - Biological/Physical
    - Tissue damage, tension, guarding, sleep problems, fatigue
  - Psychological/Emotional
    - Mood (depression, anxiety and anger), inappropriate pain behavior, non-productive beliefs/ideas about pain, cognitive appraisal, invisible nature of pain
  - Social factors
    - Impact on/by others, cultural issues, past learning history
Biological/Physiological factors perpetuating chronic pain

- Inappropriate medications
- Non-restorative Sleep
- Physical Deconditioning
- Dysfunctional activity patterns (over-doing, poor pacing, pushers)
Psychological/Emotional factors

- Avoidance behaviors (fear based)
- Disturbed mood (anger, anxiety, depression)
- Past learning with pain/injury
- Cognitions/Beliefs about pain e.g., Catastrophizing
Social factors

- Significant other influence (attention, removal of aversive stimuli)
- External disincentives (legal, financial, etc.)
- Physician behavior and impact on pain
Name:__________________  Date:__________

Mood issues  Medical Treatment Recommendations:
Depression
Anxiety (fear or reinjury-pain)
Anger

Past history with  Physical Therapy
pain: trauma
Validation

Substance use  Decondition/Weak
Caffeine
Alcohol
Smoking

Beliefs about pain  Avoid-Interference
Catastrophizing/BW

Personality traits:  Pacing-Modification
perfectionism - Need to
be in control?

Dr. Diagnosis:
What do YOU think is physically wrong?

Circumstance of pain:  Medications Y/N
blame, injustice, fault

Quality of life
Able to function

Sleep (fatigue –
daytime sleepiness-
hygiene-OSA

Current Coping strategies

Off Work Y/N

Goals:

TREATMENT PLAN: What are you expecting will help you?
Medical Stability Quick Screen - MSQS
Target areas of Intervention

Your Patient | Normative Chronic Pain Sample
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Percent Agreement

Need for More Treatment | Need for More Opioids | Sleep Problems | Lack of Improvement | Depression | Anger/Frustration | Expectation for Cure | Inability to Get on with Life | Fear of Re-injury | Drop in Activity Levels | Inability to Return to Work | Worst Pain | Average Pain | Least Pain

Sample of chronic pain patients N = 2,632

*The person did not answer this question.*
Take Home Points for Pain Map

- Get patient engaged = they fill out the “Pain Map”
- Messages
  - “Your Voice – Your Pain”
  - “Hurt does not mean Harm”
  - “Movement is Life”
  - “People who have better things to do suffer less”
Psychologists as Behavioral Medicine Specialists

- As physicians, you don’t have to do it alone
- Invite your “patient” to become a “partner” in their pain management
- Recommendation: DON’T use the word “psychologist” use “behavioral medicine specialist” in a referral
- Coaching/Team metaphor
- Emphasis on “self-management” not cure