Step 1: identifying and addressing specific patient concerns about pain and enhancing patient readiness for self-care. (Von Korff, 1999).
Step 2

- Appropriate for patients who continue to experience pain and disability
- An individually tailored treatment plan, and providing support and follow-up.
- Motivational interviewing techniques
- Risk screening to tailor treatment including psychoeducational groups led by peers or health care professionals.
Risk Screening

- Opioid Risk Tool (Lynn Webster,
- WHODAS 2.0 (World Health Organization Disability Assessment Schedule)
- STarT Back Tool
## Opioid Risk Tool (Lynn Webster MD)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Risk Factors</th>
<th>Mark Each Box That Applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family History of Substance Abuse</td>
<td>• Alcohol&lt;br&gt; • Illegal Drugs&lt;br&gt; • Prescription Drugs</td>
<td></td>
</tr>
<tr>
<td>2. Personal History of Substance Abuse</td>
<td>• Alcohol&lt;br&gt; • Illegal Drugs&lt;br&gt; • Prescription Drugs</td>
<td></td>
</tr>
<tr>
<td>3. Age (Mark Box if 16-45 years)</td>
<td>• Alcohol&lt;br&gt; • Illegal Drugs&lt;br&gt; • Prescription Drugs</td>
<td></td>
</tr>
<tr>
<td>4. History of Preadolescence Sexual Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Psychological Disease</td>
<td>• Attention-Deficit/Hyperactivity Disorder&lt;br&gt; Obsessive Compulsive Disorder&lt;br&gt; Bipolar Disorder&lt;br&gt; Schizophrenia&lt;br&gt; Depression</td>
<td></td>
</tr>
</tbody>
</table>
Thinking about the last 2 weeks tick your response to the following questions:

1. My back pain has spread down my leg(s) at some time in the last 2 weeks
2. I have had pain in the shoulder or neck at some time in the last 2 weeks
3. I have only walked short distances because of my back pain
4. In the last 2 weeks, I have dressed more slowly than usual because of back pain
5. It’s not really safe for a person with a condition like mine to be physically active
6. Worrying thoughts have been going through my mind a lot of the time
7. I feel that my back pain is terrible and it’s never going to get any better
8. In general I have not enjoyed all the things I used to enjoy
Step 3

- For the patient who continues to experience a significant level of disability and emotional distress despite the efforts of the primary care provider or the availability of brief therapy or psychoeducational programs

- Complex medical histories present challenges

- Move from “individual sport” to “team sport” perspective

- Develop an interdisciplinary model
Dr. Diagnosis:

What do YOU think is physically wrong?

Past history with pain: trauma
 Validation

Substance use
 Caffeine
 Alcohol
 Smoking

Beliefs about pain
 Catastrophizing/BW

Personality traits:
 perfectionism - Need to be in control?

Circumstance of pain:
 blame, injustice, fault trauma

Current Coping strategies
 + -

Physical Therapy
 Decondition/Weak
 Avoid-Interference
 Pacing-Modification

Medications Y/N
 Quality of life
 Able to function

Sleep (fatigue - daytime sleepiness-hygiene-OSA

Off Work Y/N
 Goals:

TREATMENT PLAN: What are you expecting will help you?