

Assessment and Intervention of Acute and Chronic Pain

Assessment

Inpatient

- Brief Pain Inventory – Short Form (BPI-SF)
- Clinical Interview

Outpatient

- Clinical Interview
- BPI-SF
- Patient Centered Outcomes Questionnaire (PCOQ)
- Pain Catastrophizing Scale (PCS)
- Tampa Kinesiophobia Scale (TKS)
- Screener and Opioid Assessment for Patients in Pain – Revised (SOAPP-R)
- Oswestry Disability Index (ODI)
- Patient Health Questionnaire – 9 Item (PHQ-9)
- Generalized Anxiety Disorder Assessment – 7 Item (GAD-7)
- Optional: Brief Battery for Health Improvement – 2 (BBHI-2)
- Screening Tool: Start Back - for assessing acute pain patients for risk of becoming chronic low back pain patients <https://www.keele.ac.uk/sbst/startbacktool/>

Intervention

Inpatient

- Education around acute v. chronic pain & biopsychosocial model for pain
- Behavioral and Environmental Management Strategies
 - Basic Relaxation Strategies Teaching – diaphragmatic breathing, mindfulness meditation, guided imagery, progressive muscle relaxation
 - Scheduled re-positioning with nursing staff
 - Strategic scheduling of medications with medical staff
 - Reinforcement management with therapy staff
- Cognitive Behavioral Therapy

Outpatient

- Behavioral and Environmental Management Strategies
 - Basic Relaxation Strategies Teaching – diaphragmatic breathing, mindfulness meditation, guided imagery, progressive muscle relaxation
- Cognitive Behavioral Therapy
- Acceptance and Commitment Therapy

Resources

For Patients

American Chronic Pain Association: <http://www.theacpa.org/>

American Pain Foundation: NPO site that contains newsletter, downloadable patient resources and discussion boards.

<http://www.painfoundation.org>

American Psychological Association: Psychology Matters: Health: Pain:

<http://www.psychologymatters.org/health.html#pain>

Oxford Pain Internet Site <http://www.medicine.ox.ac.uk/bandolier/booth/painpag/index2.html>

Pain Action: An online self-management program for pain patients, featuring individually-customized information, interactive skill-building tools, monthly newsletter and opportunities to share self-management tips. <http://www.painaction.com/>

Pain Connection: A non-profit organization that aims to: improve the quality of life of those suffering from chronic pain; decrease their sense of isolation and alienation; increase control of their condition and treatment; maintain their independence.

<http://www.painconnection.org/>

Take Charge of Pain: <http://www.takechargeofpain.org/>

For Professionals

The American Academy of Pain Management: A non-profit organization that educates clinicians about pain and its management through an integrative interdisciplinary approach.

<http://www.aapainmanage.org/>

The International Association for the Study of Pain® (IASP®): A leading professional forum for science, practice, and education in the field of pain. <http://www.iasp-pain.org>

The American Pain Society: A national chapter of the International Association for the Study of Pain (IASP). <http://www.ampainsoc.org/>

Literacy-Adapted Cognitive-Behavioral Treatment Manual and Patient Workbook for Patients with Chronic Pain: <http://bthorn.people.ua.edu/literacy-adapted-cbt-manual-for-chronic-pain.html>

References

- Covic, T., Adamson, B., & Hough, M. (2000). The impact of passive coping on rheumatoid arthritis pain. *Rheumatology*, 39(9), 1027. Retrieved March 10, 2006, from Research Library database. (Document ID: 60968049).
- Covic, T., Adamson, B., Spencer, D., & Howe, G. (2003). A biopsychosocial model of pain and depression in rheumatoid arthritis: a 12-month longitudinal study. *Rheumatology*, 42(11), 1287. Retrieved March 10, 2006, from Research Library database. (Document ID: 729137671).
- Crook, J., Rideout, E., & Brown, G. (1984). The prevalence of pain complaints among a general population. *Pain*, 18, 299-314.
- Gatchel, R. J. (2005). *Clinical essentials of pain management*. Washington, DC: American Psychological Association.
- Gatchel, R. J., & Dersh, J. (2002). *Psychological disorders and chronic pain: Are there cause-and-effect relationships?* In D.C. Turk & R. J.
- Gatchel (Eds.), *Psychological approaches to pain management: A practitioner's handbook* (2nd ed., pp.30-51). New York: Guilford Press.
- Gatchel, R. J., & Peng, Y. B. (2006). Biopsychosocial management of chronic pain. In J. A. Trafton & W.A. Gordon, (Eds.). *Best practices in behavioral management of chronic disease*. (2006b ed.). Los Altos, CA: Institute of Disease Management.
- Hanson, R. W., & Gerber, K. E. (1990). *Coping with chronic pain: A guide to patient self-management*. New York: Guilford Press.
- National Institutes of Health, Technology Assessment Panel. (1996). Integration of behavioral and relaxation approaches into the treatment of chronic pain and insomnia. *Journal of the American Medical Association*, 276, 313-318.
- Trafton, J. A., & Gordon, W.A. (Eds.) (2006). *Best practices in behavioral management of chronic disease*. (2006b ed.). Los Altos, CA: Institute of Disease Management.
- Turk, D., & Gatchel, R. (Eds.). (2002). *Psychological approaches to pain management: A practitioner's handbook* (2nd ed.). New York: Guilford Press
- Wood, P. H. N., & Bradley, E. M. (1980). Back pain in the community. *Clinics in Rheumatic Disease*, 6, 3-16.

Name _____
Date _____

1

Record # _____

Patient Outcomes

Many people experience pain, fatigue (i.e., feeling tired), emotional distress (e.g., worries, feeling sad), and interference with daily activities (e.g., not being able to work or do household chores) as a result of their medical condition. We would like to understand how you are doing in each of these areas. We would also like to learn more about what you want your treatment to do for you.

First, we would like to know your **usual** levels of pain, fatigue, emotional distress, and interference.

On a scale of **0 (none) to 10 (worst imaginable)**, please indicate your usual level (during the past week) of...

- pain _____
 - fatigue (or tiredness) _____
 - emotional distress _____
 - interference with daily activities _____
-

Now, we would like to learn about your **desired** levels of pain, fatigue, emotional distress, and interference. In other words, we would like to understand what your ideal treatment outcome would be.

On a scale of **0 (none) to 10 (worst imaginable)**, please indicate your desired level of...

- pain _____
 - fatigue (or tiredness) _____
 - emotional distress _____
 - interference with daily activities _____
-

Patients understandably want their treatment to result in desired or ideal outcomes like you indicated above. Unfortunately, available treatments do not always produce desired outcomes. Therefore, it is important for us to understand **what treatment outcomes you would consider successful**.

On a scale of **0 (none) to 10 (worst imaginable)**, please indicate the level of each of these areas would have to be at for you to consider treatment successful.

- pain _____
 - fatigue (or tiredness) _____
 - emotional distress _____
 - interference with daily activities _____
-

Usual: _____ Desired: _____ Success: _____ Expect _____ Impt _____

PCOQ

Now, we would like to know **what you expect** your treatment to do for you.

On a scale of **0 (none) to 10 (worst imaginable)**, please indicate the levels you expect following treatment.

- pain _____
 - fatigue (or tiredness) _____
 - emotional distress _____
 - interference with daily activities _____
-

Finally, we would like to understand **how important it is for you to see improvement** in your pain, fatigue, emotional distress and interference following treatment.

On a scale of **0 (not at all important) to 10 (most important)**, please indicate how important it is for you to see improvement in your...

- pain _____
 - fatigue (or tiredness) _____
 - emotional distress _____
 - interference with daily activities _____
-

Usual: __, __, __, __ Desired: __, __, __, __ Success: __, __, __, __ Expect __, __, __, __ Impt __, __, __, __ PCOQ

Thoughts and Feelings

Everyone experiences painful situations at some point in their lives. We are interested in the types of thoughts and feeling that you have when you are in pain. Listed below are thirteen statements describing different thoughts and feelings that may be associated with pain. Using the scale, please indicate the degree to which you have these thoughts and feelings **when you are experiencing pain**.

	Not at all	To a slight degree	To a moderate degree	To a great degree	All the time
1. I worry all the time about whether the pain will end	0	1	2	3	4
2. I feel I can't go on	0	1	2	3	4
3. It's terrible and I think it's never going to get any better	0	1	2	3	4
4. It's awful and I feel that it overwhelms me	0	1	2	3	4
5. I feel I can't stand it anymore	0	1	2	3	4
6. I become afraid that the pain will get worse	0	1	2	3	4
7. I keep thinking of other painful events	0	1	2	3	4
8. I anxiously want the pain to go away	0	1	2	3	4
9. I can't seem to keep it out of my mind	0	1	2	3	4
10. I keep thinking about how much it hurts	0	1	2	3	4
11. I keep thinking about how badly I want the pain to stop	0	1	2	3	4
12. There's nothing I can do to reduce the intensity of the pain	0	1	2	3	4
13. I wonder whether something serious may happen	0	1	2	3	4

Pain and Activity

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I'm afraid that I might injure myself if I exercise	1	2	3	4
2. If I were to try to overcome it, my pain would increase	1	2	3	4
3. My body is telling me I have something dangerously wrong	1	2	3	4
4. My pain would probably be relieved if I were to exercise	1	2	3	4
5. People aren't taking my medical condition seriously enough	1	2	3	4
6. My accident has put my body at risk for the rest of my life	1	2	3	4
7. Pain always means I have injured by body	1	2	3	4
8. Just because something aggravates my pain does not mean it is dangerous	1	2	3	4
9. I am afraid that I might injure myself accidentally	1	2	3	4
10. Simply being careful that I do not make any unnecessary movements is the safest thing I can do to prevent my pain from worsening	1	2	3	4
11. I wouldn't have this much pain if there weren't something potentially dangerous going on in my body	1	2	3	4
12. Although my condition is painful, I would be better off if I were physically active	1	2	3	4
13. Pain lets me know when to stop exercising so that I don't injure myself	1	2	3	4
14. It's really not safe for a person with a condition like mine to be physically active	1	2	3	4
15. I can't do all the things normal people do because it's too easy for me to get injured	1	2	3	4
16. Even though something is causing me a lot of pain, I don't think it's actually dangerous	1	2	3	4
17. No one should have to exercise when he/she is in pain	1	2	3	4

id Behavior

The following are some questions given to patients who are on or being considered for medication for their pain. Please answer each question as honestly as possible. There are no right or wrong answers.

	Never	Seldom	Some- times	Often	Very Often
1. How often do you have mood swings?	0	1	2	3	4
2. How often have you felt a need for higher doses of medication to treat your pain?	0	1	2	3	4
3. How often have you felt impatient with your doctors?	0	1	2	3	4
4. How often have you felt that things are just too overwhelming that you can't handle them?	0	1	2	3	4
5. How often is there tension in the home?	0	1	2	3	4
6. How often have you counted pain pills to see how many are remaining?	0	1	2	3	4
7. How often have you been concerned that people will judge you for taking pain medication?	0	1	2	3	4
8. How often do you feel bored?	0	1	2	3	4
9. How often have you taken more pain medication than you were supposed to?	0	1	2	3	4
10. How often have you worried about being left alone?	0	1	2	3	4
11. How often have you felt a craving for medication?	0	1	2	3	4
12. How often have others expressed concern over your use of medication?	0	1	2	3	4
13. How often have any of your close friends had a problem with alcohol or drugs?	0	1	2	3	4
14. How often have others told you that you had a bad temper?	0	1	2	3	4
15. How often have you felt consumed by the need to get pain medication?	0	1	2	3	4
16. How often have you run out of pain medication early?	0	1	2	3	4
17. How often have others kept you from getting what you deserve?	0	1	2	3	4

18. How often, in your lifetime, have you had legal problems or been arrested?	0	1	2	3	4
19. How often have you attended an AA or NA meeting?	0	1	2	3	4
20. How often have you been in an argument that was so out of control that someone got hurt?	0	1	2	3	4
21. How often have you been sexually abused?	0	1	2	3	4
22. How often have others suggested that you have a drug or alcohol problem?	0	1	2	3	4
23. How often have you had to borrow pain medications from your family or friends?	0	1	2	3	4
24. How often have you been treated for an alcohol or drug problem?	0	1	2	3	4

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and Functioning

Section 1 – Pain Intensity

- ☐ I have no pain at the moment.
- ☐ The pain is very mild at the moment.
- ☐ The pain is moderate at the moment.
- ☐ The pain is fairly severe at the moment.
- ☐ The pain is very severe at the moment.
- ☐ The pain is the worst imaginable at the moment.

Section 2 – Personal Care (washing, dressing, etc.)

- ☐ I can look after myself normally but it is very painful.
- ☐ It is painful to look after myself and I am slow and careful.
- ☐ I need some help but manage most of my personal care.
- ☐ I need help every day in most aspects of my personal care.
- ☐ I need help every day in most aspects of self-care.
- ☐ I do not get dressed, wash with difficulty, and stay in bed.

Section 3 - Lifting

- ☐ I can lift heavy weights without extra pain.
- ☐ I can lift heavy weights but it gives extra pain.
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (i.e. on a table).
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can lift only very light weights.
- ☐ I cannot lift or carry anything at all.

Section 4 – Walking

- ☐ Pain does not prevent me walking any distance.
- ☐ Pain prevents me walking more than 1 mile.
- ☐ Pain prevents me walking more than ¼ of a mile.
- ☐ Pain prevents me walking more than 100 yards.
- ☐ I can only walk using a stick or crutches.
- ☐ I am in bed most of the time and have to crawl to the toilet.

Section 5 – Sitting

- ☐ I can sit in any chair as long as I like.
- ☐ I can sit in my favorite chair as long as I like.
- ☐ Pain prevents me from sitting for more than 1 hour.
- ☐ Pain prevents me from sitting for more than ½ hour.
- ☐ Pain prevents me from sitting for more than 10 minutes.
- ☐ Pain prevents me from sitting at all.

Section 6 – Standing

- ☐ I can stand as long as I want without extra pain.
- ☐ I can stand as long as I want but it gives me extra pain.
- ☐ Pain prevents me from standing more than 1 hour.
- ☐ Pain prevents me from standing for more than ½ an hour.
- ☐ Pain prevents me from standing for more than 10 minutes.
- ☐ Pain prevents me from standing at all.

Section 7 – Sleeping

- ☐ My sleep is never disturbed by pain.
- ☐ My sleep is occasionally disturbed by pain.
- ☐ Because of pain, I have less than 6 hours sleep.
- ☐ Because of pain, I have less than 4 hours sleep.
- ☐ Because of pain, I have less than 2 hours sleep.
- ☐ Pain prevents me from sleeping at all.

Section 8 – Sex life (if applicable)

- ☐ My sex life is normal and causes no extra pain.
- ☐ My sex life is normal but causes some extra pain.
- ☐ My sex life is nearly normal but is very painful.
- ☐ My sex life is severely restricted by pain.
- ☐ My sex life is nearly absent because of pain.
- ☐ Pain prevents any sex life at all.

Section 9 – Social Life

- ☐ My social life is normal and cause me no extra pain.
- ☐ My social life is normal but increases the degree of pain.
- ☐ Pain has no significant effect on my social life apart from limiting my more energetic interests, i.e. sports.
- ☐ Pain has restricted my social life and I do not go out as often.
- ☐ Pain has restricted social life to my home.
- ☐ I have no social life because of pain.

Section 10 – Traveling

- ☐ I can travel anywhere without pain.
- ☐ I can travel anywhere but it gives extra pain.
- ☐ Pain is bad but I manage journeys of over two hours.
- ☐ Pain restricts me to short necessary journeys under 30 minutes.
- ☐ Pain prevents me from traveling except to receive treatment.

6__ 7__ 8__ 9__ 10__ Total__

ODI

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult
at all

☐

Somewhat
difficult

☐

Very
difficult

☐

Extremely
difficult

☐

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T____ = ____ + ____ + ____)