TREATING CHRONIC PAIN

How three practitioners are working to help patients and providers better understand and treat chronic pain

BY AMY NOVOTNEY
About 20% of U.S. adults have chronic pain, according to the Centers for Disease Control and Prevention. As experts in helping patients better understand and manage their thoughts, emotions and behaviors, pain psychologists are an important piece of an interdisciplinary puzzle when it comes to helping patients cope with pain and reduce its intensity. Brent Van Dorsten, PhD, for example, helps patients who have experienced multiple injuries and amputations manage their pain through cognitive behavioral therapy (CBT) and other behavioral techniques. Jennifer Naylor, PhD, approaches pain management from a research and clinical perspective, devoting her career to helping veterans combat chronic pain. And on a systemic level, Jennifer L. Murphy, PhD, educates and trains providers on taking a biopsychosocial approach to chronic pain management.

“I think one of the most beautiful things about psychologists being involved in this work is our ability to make an enormous difference in a patient’s quality of life,” Murphy says.

Helping patients gain control

BRENT VAN DORSTEN, PhD

After graduating from West Virginia University with a PhD in clinical psychology with a health psychology emphasis, Van Dorsten knew that no matter where his career ended up, understanding pain assessment and treatment would be a much-needed skill.

“Pain is a highly disabling and costly phenomenon, so it remains close to the pulse of the American health-care system,” says Van Dorsten, who is now president of the Colorado Center for Behavioral Medicine (CCBM) in Denver.

Van Dorsten has worked as a pain psychologist for more than 30 years, first at the University of Colorado School of Medicine, and since 2012 as the director and sole practitioner at CCBM, a community-based behavioral health psychology center.

He provides cognitive-behavioral assessments and treatments for patients with a variety of chronic pain conditions, though primarily spine pain conditions. He also educates his patients about their chronic pain and assesses factors that may undermine their recovery.

“After doing this for what feels like a lifetime, I truly believe that the provision of accurate information and education about one’s injury, treatments and potential prognosis, and focusing on things the patients themselves can do and have control over to help improve their long-term outcomes, is the most important step in all that we do,” he says. “It’s also a step that is far too often cut short or addressed in a cursory way in most medical settings.”

He also provides mood assessment and mood management for patients, in addition to treatment adherence interventions, relaxation training and sleep hygiene strategies.

“When a patient has pain over a long period of time, it is easy to establish poor sleep habits, just as it is to establish poor dietary and poor exercise habits,” he says. “Simply helping patients change the way they prepare for sleep and their sleep habits can have very positive outcomes for their quality of life.”

In a health-care system where physicians and facilities increasingly set goals to write fewer opioid prescriptions, Van Dorsten also works closely with patients who have been on opioid medications for long term. The inevitable question that follows a decision to taper these meds is “What are we going to do for these patients instead?” he says. CBT for chronic pain and other nonpharmacological interventions are increasingly becoming more respected and sought after by physicians and patients.

Van Dorsten urges psychology graduate students and early career psychologists to get
training in pain psychology to help ensure patients are getting more evidence-based behavioral treatments.

“There is a dearth of practitioners nationwide who are well trained in pain management, and the magnitude of the problem is only going to continue to grow,” he says.

As a result, Van Dorsten and Jennifer L. Murphy, PhD (also profiled here), are working with Stanford University pain psychologist Beth Darnall, PhD, to boost awareness of the breadth and depth of behavioral interventions for pain. The Effective Management of Pain and Opioid-Free Ways to Enhance Relief (EMPOWER) study is designed to compare the effectiveness of two evidence-based behavioral pain treatments (cognitive-behavioral treatment for pain, designed by Murphy, and chronic pain self-management) in reducing pain and the use of opioids among patients with chronic pain.

The study, which runs through 2023, is active in 10 primary-care and pain clinics in Colorado, Arizona, Utah and California and will include findings from a 1,365 patients tapering off opioids long term, Van Dorsten says.

Embracing a biopsychosocial approach

JENNIFER NAYLOR, PhD

As a health psychologist, Naylor is fascinated by the mix of biology, psychology and social issues behind chronic pain—and the many different ways health-care providers can treat it.

“Chronic pain is not just a physical phenomenon, but a complex interaction of biology, psychology and social support, and it impacts so many different areas of people’s lives,” says Naylor, who provides services at the Interdisciplinary Pain Clinic, Durham VA Health Care System in Durham, North Carolina.

Trained as both an experimental and clinical psychologist, Naylor continues to maintain an active research career examining how neurosteroids—steroid hormones found naturally in the body—may play a role in reducing chronic pain intensity. In a double blind, randomized controlled trial of almost 100 Iraq/Afghanistan-era veterans, Naylor found that participants treated with a pharmaceutical-grade tablet formulation of the neurosteroid pregnenolone showed “significant and meaningful reductions” in low back pain intensity ratings at six weeks compared with their peers who received a matching placebo. The findings were presented at the American Pain Society Scientific Meeting in April.

Naylor is also part of an interdisciplinary team of pain specialists made up of anesthesiologists, psychologists, psychiatrists, primary-care physicians, pharmacists, physiatrists and nurses. Much of her work includes advising the providers on non-opioid and behaviorally based pain management treatment plans for veteran patients, who often experience mental health disorders such as post-traumatic stress disorder, depression and anxiety as well as chronic physical diseases, all of which are contributing to and impacted by chronic pain. The team works together with primary-care physicians to develop tailored recommendations, which may include additional physical measures, such as physical or occupational therapies, and psychological measures, including referrals to mental health, pain school classes offered by the Department of Veterans Affairs (VA; see more below). The team may also suggest engagement strategies for providers to use with their patients, such as motivational interviewing or cognitive-behavioral techniques, and when indicated, they will provide recommendations for a variety of medical interventions such as surgery or injections, as well as medication management for both pain and mental health symptoms or conditions.

“Primary-care providers are not getting a lot of pain care training, so transitioning from a biomedical to a biopsychosocial approach is new for many of them,” she says.

To help address this knowledge gap, about a year ago Naylor helped to develop...
and implement a series of pain courses for patients and providers at the Durham VA Health Care System, thanks to funding from the Mid-Atlantic Mental Illness, Research, Education and Clinical Center. The patient courses, provided on-site and through telehealth, run for three weeks every month. They not only educate patients about managing chronic pain but also promote patients’ active engagement in self-care, Naylor says.

“The more empowered individuals are in their ability to improve their own function, the less dependent they are on more passive modalities such as medication,” she says.

Educating clinicians about pain care

JENNIFER L. MURPHY, PhD

Murphy has seen firsthand how psychologists’ biopsychosocial approach to pain helps patients. As the pain psychology program manager at the James A. Haley Veterans’ Hospital in Tampa, Florida, a tertiary pain center, she supervises a number of services there, including the inpatient Chronic Pain Rehabilitation Program. Patients often present after being in pain for 15 or more years. They may be physically dependent on opioids but not particularly benefiting from them functionally anymore and feel isolated. “Within a matter of a few weeks in the program, being cared for by a nurturing team and receiving education about how to approach pain differently, you really see dramatic changes in affect and physical movement as well as a restoration of hope that is often lost in this population,” she says.

Murphy no longer sees many patients herself as she is focused on system-level initiatives to increase nonpharmacological options for pain management. She has led VA efforts to increase the availability of interdisciplinary pain rehabilitation programs such as the ones in Tampa so that those with complex chronic pain can receive the comprehensive care they need. In addition, Murphy is the VA’s master trainer for cognitive-behavioral therapy for chronic pain (CBT-CP) and the lead author of the VA’s CBT-CP manual. She trains healthcare professionals in the public and private sectors on the behavioral management of pain, emphasizing that treatment should focus on increasing individuals’ self-efficacy around chronic pain by better understanding its complex nature and the many active strategies that can reduce its negative impacts.

Murphy encourages any early career psychologist with an interest in this area to gain training experience with the veteran population to see if they might be a good fit. She notes that those with chronic pain are desperately in need of providers who are validating and collaborative.

“Individuals with chronic pain—particularly those who may have opioid-related issues—often have a reputation in the healthcare system as being challenging to work with, which is unfair. Most of them just want their suffering to lessen and don’t know how to make that happen, which is a frustrating experience,” she says. “They are so appreciative of clinicians who listen, believe them and then take the time to build rapport—after that they can begin learning tools to take back control of their pain and their lives.”

Best practices for treatment of pain

In May, the federal Pain Management Best Practices Inter-Agency Task Force released its report on acute and chronic pain management best practices, which calls for a balanced, individualized, patient-centered approach.

Launched in 2017, the task force was convened by the Department of Health and Human Services (HHS) in conjunction with the Department of Defense and the Department of Veterans Affairs with the Office of National Drug Control Policy to ensure best practices in the treatment of pain. The report underscores the need to address stigma and ensure patients receive access to care and education. It also highlights five broad categories for pain treatment: medications, interventional procedures, restorative therapies, behavioral health and complementary and integrative health approaches.

“There is no one-size-fits-all approach when treating and managing patients with painful conditions,” says Vanila M. Singh, MD, task force chair and chief medical officer of the HHS Office of the Assistant Secretary for Health. “Individuals who live with pain are suffering and need compassionate, individualized and effective approaches to improving pain and clinical outcomes.”

The authors emphasize safe opioid stewardship by recommending more time for history-taking, screening tools, lab tests and clinician time with patients to establish a therapeutic alliance and to set clear goals for improved functionality, quality of life and daily activities. The report also highlights the disparities and challenges faced by special populations, including veterans, active military, women, youth, older adults, American Indians and Alaska Natives, and cancer patients and those in palliative care.

“This report is a road map that is desperately needed to treat our nation’s pain crisis,” Singh says.

Read the full report at www.hhs.gov/ash/advisory-committees/pain/reports/index.html.