

EARLY INTERVENTION IN PSYCHOSOCIAL RISK FACTORS FOR CHRONIC PAIN

Jamie Cox, MD

Medical Director

Nova Scotia

Workers' Compensation Board

Michael Coupland, CPsych

Psychologist

Behavioral Medical Interventions

Most Common Non-Medical Factors Associated with Chronic Pain



Chronic Pain Early Intervention Risk Tool

Orebro Pain Screening Questionnaire

- Pain Attitudes, Beliefs and Perceptions
- Perception of Work
- Mood/Affect, Catastrophizing
- Behavioral Response to Pain
- Activities of Daily Living

High scores predict:

- Longer durations of time loss from work
- Greater likelihood of developing chronic pain

Cognitive Behavioral Therapy leads to:

- Decreased work loss durations
- Decreased conversion to chronic pain

Boersma K, Linton SJ. Screening to identify patients at risk: profiles of psychological risk factors for early intervention. Clin J Pain. 2005 Jan-Feb;21(1):38-43;

Screening Triage

✓ High Risk

- Treating MD: Direct Care to CBT Clinician for Early Intervention
 - Identify specific psychosocial and work related barriers
 - Implement suitable cognitive behavioral therapies
 - Develop stay at work / return to work plan

✓ Moderate Risk

- Treating MD: Direct Pt.-Self Management Plan via Workbook
 - Treating MD Collaboration: Goal setting & goal attainment scaling
 - Treating MD Monitor: Weekly follow up on goal attainment
- Step Up / Step Down based on progress

✓ Low Risk

- Treating MD: Hand out Educational Materials
 - Monitor progress
- Step Up / Step Down based on progress

How to Treat Psychosocial Factors without 'Buying' a Psych Claim

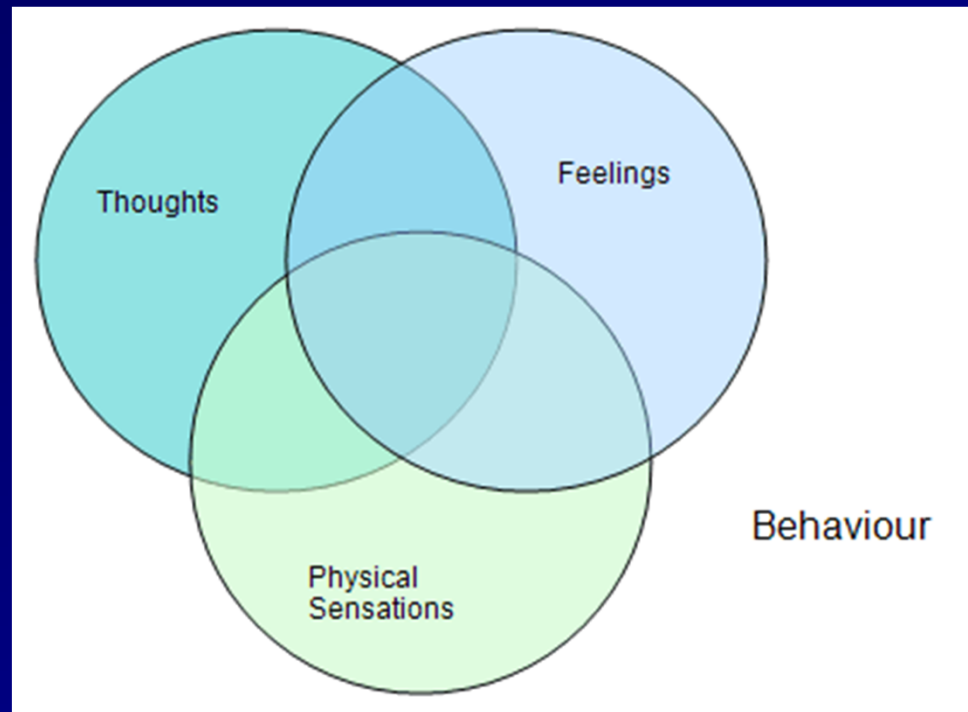
The new '*health and behavior assessment and intervention*' codes ensure the claimant does not become further 'medicalized'

Psychiatric diagnosis and treatment codes are NOT used

CPT	Descriptor
96150	the initial assessment of the patient to determine the biological, psychological, and social factors affecting the patient's physical health and any treatment problems.
96151	a re-assessment of the patient to evaluate the patient's condition and determine the need for further treatment. A re-assessment may be performed by a clinician other than the one who conducted the patient's initial assessment.
96152	the intervention service provided to an individual to modify the psychological, behavioral, cognitive, and social factors affecting the patient's physical health and well being. Examples include increasing the patient's awareness about his or her disease and using cognitive and behavioral approaches to initiate physician prescribed diet and exercise regimens.

Cognitive Behavioral Therapy (CBT)

Our thoughts cause our feelings and behaviors, not external things, like people, situations, and events.



The benefit of this insight is that we can change the way we think so we feel / act better even if the situation does not change.

Cognitive Behavioral Therapy (CBT)

1. CBT is brief and time-limited.
2. A sound therapeutic relationship is necessary for effective therapy, but not the focus.
3. CBT is a collaborative effort between the therapist and the client.
4. CBT is based on aspects of stoic philosophy.
5. CBT is structured and directive.
6. CBT is based on an educational model.
7. Homework is a central feature of CBT.

Clinical Pearls for Managing Chronic Pain Claimants

- ✓ Ensure there has been a good medical workup, ruling out all red flags (neurologic, cancers, infections, fractures)
- ✓ Chronic pain is a symptom, not a diagnosis.
- ✓ Manage the disability behavior and attitude, not the pain.
- ✓ Coordinate with active exercise rehabilitation
- ✓ Disability Care Management of CBT provider is critical