

## FEATURE ARTICLE

### Versatile pain management practitioner recommends P-3™ test to psychologists and medical professionals

Dr. Vera Gonzales, PhD, manages a diverse career as a health psychologist in the pain management arena. She operates a private practice in League City and Sugar Land, Texas, providing psychotherapy and assessment, primarily to chronic pain patients. In addition, she travels around the country conducting pain management seminars for health care professionals. Her work also has included helping to set up chronic pain management programs at various facilities.

One of the tools Gonzales finds most useful with a chronic pain population is the P-3 (Pain Patient Profile) assessment, which helps evaluate for depression, somatization, and anxiety. "These factors are very important with pain patients," she says. "When the P-3 raises a red flag, it alerts me that I need to follow up on that issue in my clinical interview and perhaps by administering more in-depth assessments."

#### P-3 designed for a chronic pain population

Gonzales finds the P-3 test especially valuable in her practice because the test is normed on a pain population. "If you give pain patients a psychological assessment that's not built with them in mind, you can run into problems with misinterpretations," she says.

She cites the case of a 60-year-old female with degenerative disc disease for whom standard medical treatment had provided minimal pain relief. Seeking to get to the root of the problem, the woman's doctor had referred her to a psychologist, who administered a personality assessment.

"It was a well-respected test, but it wasn't normed on pain patients," Gonzales says.

"The psychologist was concerned that the test results showed very elevated scores for depression and somatization. When the client was later referred to me, I readministered that assessment, but I also gave her the P-3 test and several other measures I use with chronic pain patients."

The P-3 test results showed that the patient's scores on depression and somatization were normal within a pain population. "With the help of the P-3 test, I was able to ascertain for the medical team that the previous psychologist's interpretation wasn't valid," Gonzales says.

At the same time, the patient's P-3 test results did raise red flags for Gonzales about other issues, which she followed up on through a clinical interview and additional testing. Gonzales discovered that the woman was dealing with insomnia and marital difficulties. "Once we started tackling those underlying problems, we were able to initiate a pain management program that proved very effective," she says. "The P-3 test had helped set us on the right track."

The patient now comes in for yearly check-in visits to monitor progress. "At these booster sessions' I read minister the P-3, along with a couple of other brief assessments, to evaluate how she is doing," says Gonzales.

## An efficient tool for a busy practitioner

Another feature of the P-3 test that Gonzales values is ease of use - both for patients and practitioners.

"My patients can take the P-3 in paper format or on the computer, whichever they prefer," she says. "And, it's a brief test, which really makes a difference when I am giving a battery of instruments to a chronic pain patient, who most likely will not be able to sit through lengthy testing."

In addition, Gonzales appreciates that the P-3 report is easy to score, with the options of hand-scoring, mail-in scoring, or computer-scoring. She uses the latter method, finding it to be a time-saving convenience.

"I also like the fact that the P-3 report spells everything out for me; it's very self-explanatory," says Gonzales. "I don't need to dig through pages of graphs and charts to piece the picture together. With my busy schedule, that's a real plus."

## Training is key

Gonzales encourages psychologists and medical practitioners who are considering moving into chronic pain management to receive training in this arena. She points out that this training can be obtained in a variety of ways, not just through graduate or medical school classes. For example, Gonzales often provides one-on-one mentoring both in person and by phone on pain management issues in addition to the group seminars she conducts for health care organizations.

"My main message is that chronic pain patients can have many features in common, yet every patient perceives pain differently," says Gonzales. "You need to approach each client as unique and find out what's coloring that person's pain experience. And to do that, you need the right assessment tools. Too often, medical doctors and even psychologists aren't aware of what those tools are. I recommend the P-3 to chronic pain management clinics and practitioners with whom I consult because it's a reliable and efficient test that's specifically designed for this population."

Dr. Gonzales is author of *Your Power Belief System: Change Your Life One Belief at a Time*, a guidance book based on her experience with pain patients and other clients she has counseled. For more information, visit [www.powerbeliefsystem.com](http://www.powerbeliefsystem.com).

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