

# BRIDGING THE GAP

INSIDE

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## THE ROLE OF PSYCHOLOGICAL ASSESSMENTS IN THE TREATMENT OF CHRONIC PAIN

*Editor's note: The following article presents an introduction to the role of psychological assessments in the treatment of chronic pain based on the Handbook of Pain Assessment, Dennis C. Turk and Ronald Melzack, Editors.*

Pain is the primary symptom that brings people to seek medical treatment. Pain accounts for more than 35 million new office visits to physicians and more than 80 percent of all office visits to physicians each year in the United States. Although pain has been widely researched and numerous components have been measured, assessment and treatment of pain patients is a complex and often mystifying process.

### *Physical Assessment of Pain*

Physicians understandably would prefer to deal with objective, physical measures of pain. Looking beyond physical measures of pain can take time, require investigation, and promote reliance on what physicians see as "less objective" variables such as patients' self-reports of pain.

A number of physicians have tried to develop systematic approaches to pain measurement and have suggested that sophisticated laboratory and imaging techniques should form the basis of pain assessment.

Results of these approaches have been disappointing. Many pain sufferers report significant degrees of pain with minimal or no objective physical findings, and often, reported pain is disproportionate to the physical findings. In many studies, objective physical findings to support patient complaints of pain are absent.

### *Multidisciplinary Assessment of Pain*

Although patients initially seek medical attention for the physical manifestations of pain, psychosocial and behavioral factors may cause pain to be intensified and maintained, resulting in subsequent disability. Thus, evaluation of the sufferer should include the range of psychological factors – behavioral, cognitive, and affective – that contribute to the experience of pain.

A multidisciplinary assessment of pain can be critical, since it can help to identify a cause of symptoms and positively influence response to treatment. This assessment should include the patient's self-reported pain, emotions, attitudes, beliefs, coping efforts, resources, and the effect of pain on his or her life.

### *Self-report Questionnaires Can Help*

Self-report questionnaires designed specifically to assess psychological factors associated with pain can help provide the physician with more complete pain information. A number of studies demonstrate that self-report questionnaires can be highly valid measures of functional status and response to different treatments. Studies have revealed high concordances among self-reported disease characteristics, physicians' or physical therapists' ratings of functional abilities and objective functional performance.

Although self-report instruments are subjective in nature, they provide several advantages. They are economical, enable the assessment of a wide range of behaviors that are relevant to the patient, and permit emotional, social, and mental functions to be assessed.

*(CONTINUED ON BACK PAGE)*



## CHANGE THEORY AND PSYCHOLOGICAL ASSESSMENTS HELP MOVE PAIN PATIENTS TOWARD SELF-MANAGEMENT

**T**o learn more about psychological assessments for use by medical professionals, stop by the NCS booth and visit us at the following shows in 1999:

American Congress of Rehabilitative Medicine (ACRM)  
Orlando, FL, Oct. 14-17, 1999

North American Spine Society (NASS)  
Chicago, IL, Oct. 21-23, 1999

American Pain Society (APS)  
Ft. Lauderdale, FL, Oct. 21-22, 1999

American Academy of Disability Evaluation Physicians (AADEP)  
Tucson, AZ, Nov. 1-2, 1999

### Look for the following research reports in upcoming issues of *Bridging the Gap!*

- Pain and psychological profiles of 110 initial evaluations of neuropsychological spine patients.
- Psychological and pain status of 50 patients evaluated and treated with implantable pain control techniques with pre- and post-implant data.
- Workers compensation vs. non-compensation: psychological profiles of spine/neuro rehab center patients. Is there really a difference?
- The P-3 Test as a brief screening instrument in a neurological institute and rehab center.

*Editor's Note: Kaiser Permanente, the nation's largest integrated healthcare system, has initiated a Pain Service in the Sacramento, California area. The service coordinates the evaluation and treatment of members with chronic pain. Roger Johnson, PhD, one of the program developers, offers this overview.*

There's an elephant stomping through the middle of most healthcare systems and its name is chronic pain. Pain is the most prevalent reason people seek medical care. Yet, like the proverbial blind men who each touch and describe different parts of the elephant, many healthcare providers attempt to diagnose and treat chronic pain without an effective, integrated perspective. As a result, and despite good intentions, care is often fragmented, duplicated, or neglected. Clearly, a different perspective is needed to address the elephant for what it is.

We believe that three key shifts in perspective are needed for patients with chronic pain to effectively self-manage their condition:

- 1) accepting diagnosis of chronic pain;
- 2) understanding the mind/body connection with regard to pain symptomatology; and
- 3) changing to an active orientation regarding self-management.

Unfortunately, chronic pain patients are often asked to make changes for which they are not ready. The Pain Service is designed to use the Transtheoretical Model of Change Stages to inform treatment recommendations. In this model, patients are assessed as to their readiness to change to a self-management coping style, according to the following stages:

- Precontemplation—no intention to change behavior in the foreseeable future
- Contemplation—developing awareness of the need for change

- Preparation—planning to take action within the next 30 days
- Action—steps taken to modify some behavior, experience or environment
- Maintenance—consistently engaging in new healthful behaviors

Using this model, care coordinators target stage-specific interventions to help move participants through earlier change stages so that they are prepared to take action steps when these are introduced. Sustained interventions are needed with chronic pain patients who may be inclined to look for relief through medical procedures and need to be regularly reoriented towards implementing self-care strategies.

The following summarizes the Pain Service protocols:

- Patient receives referral from physician to be evaluated by the Pain Service.
- Care coordinators conduct a medical chart review as well as monitor care to ensure that all necessary steps of the treatment plan are taken with each patient.



■ Assessment includes identifying the psychosocial factors that contribute to an individual's pain experience and that may inform motivational strategies for treatment. In addition, reviewing assessment results with patients clarifies for them differences between acute and chronic pain as well as the impact of chronic pain on their life and the rationale for recommended treatment. This clarity then provides the basis for added motivation for patients to move through the stages of change. Assessment instruments include:

- Battery for Health Improvement (BHI™)
- Survey of Pain Attitudes (SOPA)
- Pain Stages of Change Questionnaire (PSOCQ)
- SF-36®
- Pain Management Self-Efficacy Questionnaire (PMSEQ)

■ Additional medical or other procedures may be recommended to help diagnose, reduce, or eliminate pain.

■ Feedback to patients and referring providers includes a summary of evaluation results, treatment recommendations and alternatives, and suggestions for further treatment collaboration.

■ Evaluation results are explored with members so as to mutually refine an understanding of their "pain dynamics", especially how mind and body are interacting to produce the person's pain experience. Care coordinators help members determine the most suitable treatment options based on degree of impairment, practical considerations, and current motivation of the patient.

■ Members participate in ongoing programs of the Pain Service with the understanding that the intent of the program is not to eliminate pain but to enable them to become more functional and manage pain more effectively. They are guided and tracked through a spectrum of services in order to optimize functional outcomes and encourage cost-effective utilization of services.

■ Exit criteria focus on the member's willingness and ability to attain the goals of the care plan. Members are provided necessary treatment to increase self-management skills and reduce pain to a level where they are no longer seeking medical treatment for it. We intend to provide ongoing "booster" interventions as well as to monitor health care utilization.

■ Outcomes will be evaluated through patient, provider, and program-focused measures that help assess the clinical and programmatic effectiveness of the Pain Service.

In conclusion, Johnson's Law states, "The more essential a life skill, the less likely one will have received training in it!" For members whose daily functioning is impaired by chronic pain, self management skills are often the missing essential components for successful adaptation. Providing a thorough assessment is a necessary beginning for empowering people in acquiring these essential skills.

Through this newsletter, NCS plans to present an overview of current issues in pain management—to help bridge the mind-body gap and achieve maximum benefits for patient and providers through the latest tools and practices in psychology.

As the mind/body relationship becomes better understood, psychological assessments have taken on an increasingly critical role in the evaluation and treatment of chronic pain.

NCS has been a leading publisher of psychological tests for more than 30 years. Our reputation for offering high quality instruments is well known among psychologists. Realizing that our assessments could support the need to find more effective ways to treat and manage chronic pain, we developed a complement of screeners and in-depth assessments for use by medical professionals in consultation with psychologists.

The information from these instruments can help psychologists, physicians, nurses, surgeons, anesthesiologists and other medical professionals bridge the gap between medical diagnoses and the psychological factors that may be interfering with recovery from or management of chronic pain or illness. These assessments include:

### **P-3® (Pain Patient Profile)**

*by C. David Tollison, PhD and Jerry C. Langley, DC*

A brief screener to help identify depression, anxiety and somatization.

### **BHI™ (Battery for Health Improvement)**

*by Daniel Bruns, PsyD, DABPS, John Mark Disorbio, EDD, and Julia Copeland Disorbio, PT*

An in-depth assessment to help measure the impact of psychological, environmental and psychological factors on a patient's recovery.

### **SCL-90-R® (Symptom Checklist-90-Revised)**

*by Leonard R. Derogatis, PhD*

A screener and outcomes tool that can help measure over time changes in symptoms such as depression and anxiety.

### **BSI® (Brief Symptom Inventory)**

*by Leonard R. Derogatis, PhD*

A shortened version of the SCL-90-R test.

### **MBHI™ (Millon Behavioral Health Inventory)**

*by Theodore Millon, PhD, DSc*

Helps assess the psychological coping factors related to the physical health care of adult medical patients.

### **HSQ® (Health Status Questionnaire 2.0)**

A brief questionnaire to help capture aspects of both physical and emotional health.

For more information on this newsletter or NCS assessments, please contact Kelly Robbins at 1-888-627-7271 or [krobbins@ncs.com](mailto:krobbins@ncs.com).



For more information on any of the following resources, call NCS at 1-888-627-7271.

### Testing Support On-Site

NCS representatives can help you set up testing programs in the following clinics or programs:

- Chronic pain
- Physical rehabilitation
- Workers Compensation evaluations
- Disability evaluations
- Cardiac rehabilitation
- Oncology services
- Chronic illness

### Websites

**American Academy of Disability Evaluation Physicians**  
<http://www.aadep.org>

**American Academy of Pain Management**  
<http://www.aapainmanage.org>

**American Pain Society**  
<http://www.ampainsoc.org>

**American Psychological Association**  
<http://www.apa.org>

**American Society of Regional Anesthesia**  
<http://www.asra.com>

**Association for Applied Psychophysiology & Biofeedback**  
<http://www.aapb.org>

**Health Psychology & Rehabilitation**  
<http://www.healthpsych.com>

**NCS**  
<http://assessments.ncs.com>

**North American Spine Society**  
<http://www.spine.org>

**Worldwide Congress on Pain**  
<http://www.pain.com>

### Case Studies Available

NCS offers complimentary copies of the following profiles of clinics or programs using pain assessments. Current topics include:

*The Use of the VIP and P-3 Assessments to Support Disability Evaluations*

*The Use of the P-3 in a Hospital-based Pain Clinic*

*The Use of the P-3 Test in Medical Practice*

### Your Input Welcome!

If you would like to share research you have conducted in any of the settings listed above, please contact Kelly Robbins at NCS, 1-888-627-7271. We also welcome articles for this newsletter and any feedback on how we can make the newsletter better.

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### Incorporating Self-Report Questionnaires into Your Practice

When selecting a self-report instrument, it is important to make sure the instrument is appropriate and provides normative information for pain patients. Just because an instrument has been demonstrated to have good psychometric properties on one population does not mean that it can be applied to another population.

Once you have selected a self-report instrument, use the resulting information as part of the complete pain picture you use to assess a patient's pain and administer effective treatment.

For more information about using psychological assessments with chronic pain patients, call 1-888-627-7271.

*You can purchase the Handbook of Pain Assessment (product number 29387CBC) from NCS by calling 1-800-627-7271. The handbook provides a comprehensive overview of the most current methods for assessing pain. It also describes available instruments and procedures, reviews their limitations and advantages, and provides practical information and guidelines on assessment methods.*

PWB



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