

Effective Psychotherapies for Pain Control

Medication is not the only option for managing pain. Many types of psychotherapies have empirical support for pain control.

Acceptance and Commitment Therapy (ACT) works to help the patient *accept* internal events (thoughts, emotions, and pain sensations) while also helping them make and keep behavioral *commitments* that reflect the patient's personal values. ACT uses a number of strategies to help patients move forward in their lives. ACT is designed to help the patient stop avoiding the experience of pain and refocus attention on having a more vital and valuable lifestyle. The therapist directly explores quality of life issues by helping the patient identify their personal values and working with the patient to make choices that are consistent with those values. While this therapy focuses less on symptom reduction than many other therapies, symptom reduction is often reported after the treatment is completed. Although, ACT is a relatively new treatment, several studies have shown that it is as effective as Cognitive Behavioral Therapy, which is often seen as the gold standard psychotherapy for pain management.

Veehof MM, Oskam MJ, Schreurs KM, Bohlmeijer ET. (2011). Acceptance-based interventions for the treatment of chronic pain: A systematic review and meta-analysis. *Pain*. 2011 Jan 18. [Epub ahead of print]

Cognitive Behavioral Therapy (CBT). The first goal of CBT is to help patients understand that cognitions and behavior can affect the pain experience. The therapist helps patients identify and challenge exceedingly negative pain-related thoughts and replace them with more adaptive ways of thinking about their pain. In addition, skills-training is provided in wide variety of cognitive and behavioral pain coping strategies to help divert attention from pain. Activity pacing and pleasant events scheduling are used to help patients increase the range of their activities. Patients also work with the therapist to learn to problem solve and develop plans for dealing with pain flares and other challenging situations.

Eccleston C, Williams AC, Morley S. Psychological therapies for the management of chronic pain (excluding headache) in adults. *Cochrane Database Syst Rev*. 2009 Apr 15;(2):CD007407. Review.

Graded Exercise Therapy. Individuals with chronic pain often avoid exercise or physical activity for fear of increasing pain or getting injured again. However, this fear and avoidance of exercise or physical activity actually makes the pain condition worse. By avoiding activity, the body grows weaker and less tolerant of pain. One way to restart a program of exercise or physical activity is Graded Exercise Therapy. This is a type of therapy that is based on behavioral principles and can be implemented with the help of a psychologist or physical therapist. Graded exercise is exercise that starts out slow and in very small steps. The key is to plan a program that the patient can stay with regardless of whether they feel they can do more. Increasing exercise very slowly helps the body adjust to increasing levels of physical activity. For example, a program can be developed in which the patient walks for 5 minutes every other day for 2 weeks. After 2 weeks, the patient increases they time they walk by 2-5 minutes each day. This way of gradually increasing exercise very slowly in small steps will helps the patient feel stronger and gives them the opportunity to be successful and feel more in control of their pain.

George SZ, Wittmer VT, Fillingim RB, Robinson ME. Comparison of graded exercise and graded exposure clinical outcomes for patients with chronic low back pain. *Orthop Sports Phys Ther*. 2010 Nov;40(11):694-704.