Acute vs. chronic pain Emotional aspect of pain

More problematic than physical

Anxiety, fear, catastrophizing

ACE (Adverse Childhood Experiences)

Study and link to pain Chronic pain onset: Physical

& emotional

Pain vs. suffering

Impact of pain

Prevalence

Societal costs

Chronic pain cycle

**Psychological** 

Physical

Factors that impact pain Physical, thought, emotions,

behaviors

Social interactions

Suicidality and chronic pain

#### **Opioids**

Scope of the problem

The "painkiller" myth Not effective pain relief

Medication assisted treatment

Methadone

Buprenorphine (Suboxone) Naltrexone injection (Vivitrol)

Risks

Men, women, elderly

#### Assessment

Pain experience factors

Psychological

Behavioral

Social

**Physical** 

5 E's of pain interview Self-report measures Impact of pain



#### **Treatment**

Treatment options

Medication

Invasive

Non-invasive

CDC guidelines

Behavioral treatment first Importance of therapeutic

relationship

Mindfulness

Powerful evidence-based

interventions

Motivational interviewing

Proven techniques to move toward behavior change

Goal-setting

SMART goals

Matching goals with client values

Automatic negative thoughts

Thought distortions

ABC worksheet

Decatastrophizing

Additional behavioral treatment tools

**Breathing** 

Imagery

Pleasant activities

Progressive muscle relaxation

Anger management

Time-based pacing

Stress management

Sleep hygiene

Research limitations and risks of psychotherapeutic approaches

- 1. Describe how the emotional aspect of client's pain can be more problematic than the physical aspect.
- 2. Specify the differences in risks of opioid medications use in men, women and the elderly and the related treatment implications.
- 3. Assess the psychological, physical, social, and behavioral factors that contribute to chronic pain and articulate their treatment implications.
- 4. Implement motivational interviewing techniques to motivate clients towards behavior change that reduce the symptoms of chronic pain.
- 5. Summarize the CDC recommendations for the treatment of chronic pain and communicate how that impacts clinical treatment.
- 6. Utilize mindfulness-based strategies to decrease symptoms of chronic pain in clients.

Questions? Call customer service at 800-844-8260

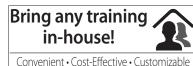
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BEHAVIORAL TREATMENT

**CHRONIC PAIN** 

Evidence-Based Techniques to Move

People from Hurt to Hope

# BEHAVIORAL **TREATMENT** CHRONIC PAIN

Evidence-Based Techniques to Move People from Hurt to Hope

- Exposed! The biggest myth about pain treatment
- Master 4 pain-changing CBT tools
- Transform your practice with creative and practical evidence-based approaches to treat chronic pain

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e are in the midst of a nationwide push to treat chronic pain and address our out of control opioid prescribing. At least 1/3 of the people we treat are dealing with this condition, yet most of us are ill-prepared to address this with skill and expertise. The CDC recently published recommendations for the treatment of chronic pain, specifically highlighting behavioral treatment as an approach that should be tried before opioids are prescribed.

# BEHAVIORAL TREATMENT **CHRONIC PAIN**

Evidence-Based Techniques to Move People from Hurt to Hope

We are witnessing a devastating public health crisis that is ruining individual's lives, tearing up families, and ripping through communities. We need to arm ourselves with the skills needed to offer our clients evidence-based behavioral interventions that will help them live healthy and

Come to this interactive and cutting-edge training and learn creative tools and techniques to transform your practice. Learn powerful mindfulness interventions and motivational interviewing techniques to move your clients towards behavior change. Master the four pain-changing CBT tools. You will leave with the skills and confidence to provide practical and life-changing help to help people move out of chronic pain and into active, healthy, and meaningful lives.

Martha Teater, MA, LMFT, LCAS, LPC, is a Diplomate with the Academy for Cognitive Therapy and is a practicing cognitive-behavioral therapist. She has maintained a private practice for over 25 years. She has worked in primary care settings, free clinics, and medication-assisted treatment programs. Martha is well known for her work as a disaster mental health manager with the American Red Cross, and has been on many national disaster deployments where she provides support to traumatized people.

She has provided trainings in the United States and internationally on topics such as evidencebased treatments for trauma, DSM-5°, compassion fatigue, and behavioral treatment of chronic pain.

A prolific writer, Martha has published over 175 articles in newspapers and magazines, including Psychotherapy Networker and Family Therapy Magazine.

Martha is the coauthor (with John Ludgate) of Overcomina Compassion Fatique: A Practical Resilience Workbook.

Speaker Disclosures:

Financial: Martha Teater maintains a private practice. She receives a speaking honorarium from PESI, Inc. Non-financial: Martha Teater is a Clinical Member of the American Association for Marriage and Family

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**11:50-1:00** Lunch (on your own)

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## **Overcoming Compassion Fatigue**

A Practical Resilience Workbook

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A fresh workbook approach to equip you with practical tools to manage your work and minimize your risk of personal harm. Expertly woven with personal experiences, assessment tools, proven interventions, and prevention strategies. Filled with worksheets, exercises, checklists and assessments.



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(DVD! Discover solid research into what constitutes an adverse childhood experience (ACE) and measureable ways to track the effect of that trauma. There are clear and dramatic ways that ACEs harm people, not just during childhood, but well into adulthood. It has been said that ACEs a cause much of chronic disease, most mental illness, and are at the root of most violence.

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at this course qualifies for 6.0 contact hours or .6 CEUs in the Category of Domain of OT and Occupational Therapy Process. Partial credit will be issued for partial attendance. The assignment of AOTA CEUs does not imply endorsement of specific course content products, or clinical procedures by AOTA. Course Level: Intermediate

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