OUTLINE

Pain Acute vs. chronic pain Emotional aspect of pain More problematic than physical aspect 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

<u>Opioids</u>

Scope of the problem The "painkiller" myth Not effective pain relief Medication assisted treatment Methadone Buprenorphine (Suboxone) Naltrexone injection (Vivitrol) Risks Men, women, elderly

<u>Assessment</u>

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 CBT tools 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

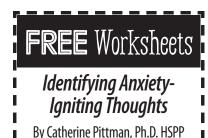
Research limitations and risks of psychotherapeutic approaches

- OBJECTIVES

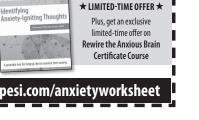
- 1. Describe how the emotional aspect of clients' pain can be more problematic than the physical aspect.
- 2. Specify the differences in risks of opioid medications use in men, women and the elderly and the related treatment implications.
- 3. Assess the psychological, physical, social and behavioral 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.

Target Audience:

Social Workers • Psychologists • Counselors • Addiction Counselors • Occupational Therapists Psychotherapists • Marriage and Family Therapists • Case Managers • Physical Therapists Physical Therapist Assistants • Nurses • Nurse Practitioners • Other Helping Professionals



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- 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-ofcontrol 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

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SPEAKER _____

ERIC K. WILLMARTH, PhD, is a licensed clinical psychologist who has been affiliated with Michigan Pain Consultants for the past 30 years. He is the founder and president of Michigan Behavioral Consultants, a psychology and social work practice with 13 offices dedicated to meeting the needs of individuals with chronic pain or other chronic medical conditions. He is a Fellow of the American Academy of Pain Management and past president of the American Society for Clinical Hypnosis, the Society for Clinical and Experimental Hypnosis and the Midwest Society for Biofeedback and Behavioral Medicine. Dr. Willmarth is the assistant director of Saybrook University's Department of Applied Psychophysiology in the College of Integrative Medicine and Health Sciences where he also serves as coordinator of training and coordinator for the specialization in integrative mental health.

Speaker Disclosures:

Financial: Eric Willmarth is the director of Integrative Mental Health at Saybrook University. He receives a speaking honorarium from PESI, Inc.

Non-financial: Eric Willmarth is a member of the Society for Clinical and Experimental Hypnosis; American Society of Clinical Hypnosis; and Michigan Society of Clinical Hypnosis.

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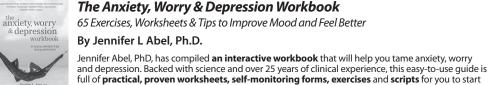
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