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 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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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.

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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

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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7:30 Registration/Morning Coffee & Tea 8:00 Program begins

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

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By Martha Teater, MA, LMFT, LCAS, LPC and Don Teater, MD, MPH

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