

Testimony for House Bill 332: Behavioral Health in Pain Medicine

Gary J. Sipps, PhD, ABPP testified on January 7, 2014 for House Bill 332: Behavioral Health in Pain Medicine.

Psychologists offer a variety of relevant services in the treatment of patients with chronic pain, especially in consideration of the prescription of opiate medication. Although medical intervention is primary, psychologists provide assessment and treatment that augments other pain management approaches. I will be highlighting the work that psychologists do in a comprehensive pain management program.

Psychologists conduct screening prior to prescribing opiates

- Applying measures such as the Screener and Opioid Assessment for Patients with Pain (SOAPP) and Substance Abuse Subtle Screening Inventory (SASSI)
- Differences misuse, abuse, dependence, tolerance, addiction
- Health and Behavior Assessments of presence of risk factors
 - Substance use history (drugs, alcohol, tobacco, food)
 - History of treatment compliance
 - Criminal history (violence, substance)
 - Passive/ reactive vs. responsible/ proactive
 - Reasonable expectations for treatment
 - Over-dependence on oral medication
 - Untreated psychological disorders

Psychologists diagnosis and treat mental disorders which often accompany chronic pain (co-morbid) or are otherwise present (co-occur)

- Importance of distinguishing physical and mental pain
 - People tend to prefer attributing problems to physical than mental causes
 - Patients can confuse physical and mental pain, seeking medication for the latter that is intended for the former
 - Depression and anxiety and related syndromes are often present in a “vicious circle” with physical pain
 - Mental disorders can interfere with patients’ ability to maximize the benefit from pain treatment
 - Side effects of opiates can exacerbate symptoms of mental disorders e.g. depressed mood, impaired concentration

Psychologists provide pain management psychotherapy and related adjudicative services directly impacting the presence of perceived pain and reducing the need for opiates

- There is substantial evidence that addressing particular personal factors
 - Increases patients' capacity for managing pain
 - Decreases patients' perceptions of intensity of pain
 - Improves functional capacity and quality of life
- Individual standards and expectations
 - Goal Attainment Scaling as a research proven means of individualizing measurable goals
 - Determining reasonable, realistic current personal standards
 - Developing reasonable expectations and redressing comparisons (to others or former capacity)
- Psycho-educational counseling
 - Effective ways of maintaining regimen
 - Weaning from opiates
 - Dealing with side effects of medication
 - Adjusting standards and self-expectations
 - Mindfulness approaches—relaxation, biofeedback, hypnosis, meditation/prayer
- Social support and interaction-dealing with others
 - Communication with treating providers Boundary making and maintenance
 - Changing roles and function
 - Diversion, secondary gain, manipulation

Case example—Sally Jones

- Hyperalgesia, misuse of medication
- Escalating dose—7.5, 15, 30 mg oxycodone
- Withdrawal
- Currently Cymbalta (SNRI) and Voltaren (NSAID)
- Functioning and quality of life gains including return to full-time employment

References

- Gatchel, R.J., Bo Peng, Y., Peters, M.L., Fuchs, P.N., Turk, & D.C. (2007). The biopsychosocial approach to chronic pain: scientific advances and future directions. *Psychological Bulletin*, 133: 581-624.
- Sipps, G.J. & Howard, L.C. (2009). The application of health and behavior codes in a pain management center. *The Ohio Psychologist*, 56: 20-22.

Psychologists who work in pain medicine programs are well trained to provide assistance to patients and physicians before opiates are prescribed, when the opiate regimen is maintained, and in cases when opioids are discontinued. We support HB 332 and suggest clarifying that psychologists trained in pain management are included in the definition of pain medicine specialists as described in the bill. I would be happy to answer any questions you may have.

