Primary care patients are satisfied with Brief Cognitive Behavioral Therapy for Chronic Pain and report improved pain functioning following treatment.

Methods
A clinical demonstration project was conducted with 24 primary care behavioral health (PCBH) providers in the Veterans Healthcare Administration.

PCBH providers received the Brief CBT-CP treatment manual, participated in community of practice phone consultations, and had access to individual consultation as needed.

PCBH providers distributed a 1-page anonymous survey to patients who agreed to treatment.

Survey included demographics, 6 questions regarding patient attitudes and perceptions of Brief CBT-CP, and 1-item global assessment of change measure.

Results
34 primary care patients completed survey (M age=55.8 years, SD =9.8).

Patients self-identified as:
68% male, 26% female, 6% transgender.
53% White, 27% African-American/Black, 6% American Indian or Alaskan Native, 3% Multicultural/Multiracial, 12% other.

Patient Perceptions of Brief CBT-CP:
71%: very satisfied with treatment.
65%: treatment was very useful.
88%: received “just the right” number of appointments.
85%: length of appointments was acceptable.

Global Assessment of Change:
59%: at least moderately better pain functioning.
32%: definite improvement in pain functioning.

Discussion
Satisfaction and usefulness scores suggest that Brief CBT-CP is a viable intervention to be used in the PCBH model.

Recipients of Brief CBT-CP reported clinically significant improvement in pain functioning.

Future Directions
Exploration of potential differential responses to Brief CBT-CP across racial and ethnic subgroups is warranted.

Controlled trials are needed to further examine the efficacy and effectiveness of Brief CBT-CP in improving pain functioning.

Implementation studies to optimize the adoption and sustainable use of Brief CBT-CP in PCBH settings is warranted.

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For reference list please contact first author

Quick Facts
• All participants reported a history of taking medications to manage pain and 71% reported being prescribed opioid medications.
• A higher percentage of White patients (v. non-White patients) reported that they were very satisfied with treatment (83% vs. 56%).
• Similar percentages of both White and non-White patients reported that treatment was very useful (67% vs. 63%) and reported treatment improvement (61% vs. 56%).
• Similar percentages of females (33%) and males (35%) improved from treatment.
• Same percentage (33%) of non-opioid users improved compared to opioid users.
• Greater percentage of opioid users (71%) reported treatment was useful compared to non-opioid users (56%).
• Global measures of change such as the one used in this study are easy to administer and function well in identifying clinically significant change in real-world settings.