Chronic Pain: Behavioral Management

Adding core behavioral approaches into routine pain care may address complex symptoms and improve pain treatment outcomes.

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A biopsychosocial framework for pain treatment is increasingly valued, as healthcare professionals are encouraged to engage in shared decision making to adequately understand individuals' unique experiences and support their active management of chronic pain.[1,2] Interest in incorporating behavioral approaches into pain care has grown in recent years, in part because of the shifting emphasis on evidence-based nonpharmacologic approaches. Unfortunately, much of the literature on behavioral pain management remains overly specific to mental health clinicians and places too much emphasis on relationships between psychopathology and comorbid pain symptoms. Few resources provide accessible information for medical providers on strategies that, if implemented early, provide a foundation for more successful pain management. The purpose of this article is to provide guidance for how to add core behavioral approaches into routine care that can concurrently address complex symptoms related to pain and mood, enhance motivation to engage in meaningful activities, and improve pain treatment outcomes.

When pain persists over time, the system becomes overly sensitive, and pain is more likely to be debilitating, negatively impacting overall function and mood. Although there are various behavioral approaches for pain, cognitive behavioral therapy (CBT) is the gold standard[3-5] and recommended as a first-line treatment.[6,7] The use of cognitive behavioral principles emphasizes a person changing their response to and relationship with pain.[8] Treatment with CBT includes focused skill-building and basic pain psychoeducation, often incorporating details of neurophysiologic pain processing by the nervous system (See *Understanding Pain* in this issue). These approaches are useful when discussing the complex pain experience that includes how mood, stress and autonomic responses, and pain-related intensity interact.[9,10] The goal of behavioral pain management is to empower patients with a better understanding of pain and a skill set to minimize and manage related symptoms. Importantly, these techniques can be implemented by a diverse variety of healthcare professionals across different care settings. We present 2 scenarios for how behavioral strategies can be used in a variety of real-world interactions between a person with pain and their physician (Case 1 and Case 2).

Case 1. Mr. Shockley Wants to Walk His Dogs

Mr. James Shockley is a Black man, age 66, with an 11-year history of lumbar radiculopathy and depressed mood. He notes that, "since I retired, everything went downhill. I can't fish, golf, or go for walks with my dogs. I should be able to keep up, but I can't—so I just let them run in the yard. When I do actually do something, I push myself to get things done and pay for it later. It kills my interest in doing anything. Many days I just sit and think that I'll never be able to do things I enjoy. Why even bother when it will just make everything worse?"

Conceptualization

Mr. Shockley demonstrates a common pain experience—a pattern of overprotection (ie, avoidance) associated with the unpleasantness of a noxious sensation and concerns about how pain may reflect a worsening of his physical condition. His recent retirement, a time in his life when his routine may be more nebulous, both exacerbates his unsavory pain experience and affords more time to place attention on his pain throughout the day. Instead of the external structure provided by daily commitments (eg, work, golf), which he persisted in regularly despite discomfort, his pain now dictates his level of activity. Decreased engagement in previously valued activities further contributes to low mood and a sense of helplessness. As physical deconditioning worsens, attempts to re-engage in activities at previous levels cause pain flare-ups. These unsuccessful efforts contribute to frustration, reinforcing negative beliefs about himself and his ability to successfully manage his pain.

Case 1. Mr. Shockley Wants to Walk His Dogs (Continued)

Approach

Because mood is a major driver of behavior, it has significant bearing on functional outcomes for chronic pain. Despite this, many people minimize the effect of pain on their mood for fear of being marginalized if psychologic factors are identified as part of their pain experience.[11] It is important to acknowledge the very real impact pain has and address concerns related to stigma. By considering medical and psychosocial perspectives, clinicians may more effectively communicate empathy while assessing the functional impact of chronic pain, normalizing the impact of pain on mood, and educating patients about the role of behavioral strategies that can improve their pain experience.[5] In Mr. Shockley's case, it is beneficial to identify the value or meaning associated with pleasant activities and establish goals that will allow him gradually to engage more consistently.

Provider. "Your experience is not uncommon. We often get stuck when pain gets in the way of what we value. You mentioned walking with your dogs, it seems like that is very important to you. Can we talk about how you might get back to doing that?"

Mr. Shockley. "Sure, I'd love to get out and walk in the mornings. Almost every night, I tell myself I'm going to do more tomorrow, but I wake-up feeling awful and can't get going."

Provider. "Pain can really change our routine. As we begin to engage in less activity, we also lose motivation and feel physically and emotionally worse. This might be the challenge you're facing for the morning walks. Sometimes it's helpful to treat activities, such as walks, like appointments. If we schedule them, we are more likely to do what we set out to accomplish. Sort of like when you were working. This could get you moving forward."

Mr. Shockley. "So you're saying, every morning I treat going for a walk like I'm going to work–but there's no way I could do the 2-mile walk my dogs want to do."

Provider. "I want you to pace these walks based on time not distance, so you don't pay for it later. How about starting with 5-minute walks 3 or 4 mornings a week?"

Mr. Shockley. "That's probably more realistic, a good start. I know my dogs would love that."

Case 2. Ms. Chen Wants to Get Control of Her Pain

Ms. Anna Chen is an Asian-American woman, age 34, who is a high-achieving editor for a popular online newsfeed. She has found it very frustrating to manage her migraine disorder over the last 5 years. She has 2 to 3 migraine episodes per month and recently has had additional tension headaches throughout the week that seem related to increased stress. Ms. Chen reports knowing they are "just headaches" but endorses significant pain and admits that all areas of her life are suffering. She is frustrated that she "can't seem to get control of them," and even more upset that they seem to escalate more easily now. Ms. Chen expresses the belief that, "there must be something to fix this!" She used to go for runs regularly to relieve stress but lately she has been going to bed later and skipping early morning jogs. Her husband is supportive but feels helpless and has noticed his wife is often "short" with him. In addition, they are discussing having a child, but Anna is concerned about how she would care for an infant on her "bad days" when she typically self-isolates and stays in a dark room.

Conceptualization

Individuals like Ms. Chen who have high-stress jobs and demand much of themselves may be critical of their inability to cope with pain. When people are used to successfully managing work and home responsibilities, the interference of migraine pain may lead to anger turned inward and outward. Further, Ms. Chen's culture may de-emphasize expression of suffering, and she may be hesitant to directly share the effect of her pain with others. Instead of engaging in behaviors that could reduce her pain-related stress, she has stopped exercising and irritability is beginning to affect her interactions with loved ones. The increased frequency and intensity of migraine episodes leaves her feeling frightened about her future. Although Ms. Chen is a good candidate for behavioral strategies given her motivation toward personal problem-solving, her lack of patience and desire for "a quick fix" will require education about persistent pain and the need to use tools on an ongoing basis.

Approach

It is important to first validate each person's pain journey by normalizing frustrations and acknowledging challenges. Fortunately, there are several approaches to help patients minimize pain and enhance feelings of control. In this case, focus on a specific lifestyle adaption and accessible relaxation strategy. Explain how sufficient hydration and nutrition, adequate sleep, and regular movement are all part of optimal migraine management. Because Ms. Chen shared that her physical activity has decreased, returning to more consistent exercise is an ideal place to start. Discuss a goal for gradually returning to running that includes addressing any anticipated barriers. Next, introduce regular practice of relaxation techniques as a cornerstone of successful pain and headache management. Explain that pain as well as fear and anger can stimulate the stress response, leading to physiologic responses including increased heart rate and blood sugar.[12-13] Mindful breathing is a foundational skill that can be used anywhere to activate the relaxation response both as a preventive and acute pain management skill.

Case 2. Ms. Chen Wants to Get Control of Her Pain (Continued)

Provider. "I can see you are a successful person used to being in charge, so I know this must be especially frustrating for you. The good news is there are things you can do on your own to improve your experience. We can discuss some modifiable lifestyle factors and give you tools to help calm your nervous system and feel more in control of your migraine episodes."

Ms. Chen. "I'm angry, I'm so young and this isn't fair! I just feel like things have been getting worse. I don't want this pain to ruin my life, but I feel helpless about how to make it better."

Provider. "I hear you. What we want to do is create a balance in the nervous system and increase your skills for managing your migraine. Believe it or not, things like eating well and exercising regularly can affect frequency and severity of migraine episodes. Through mindfulness strategies, you can self-regulate your physiologic responses to help minimize and manage your pain."

Ms. Chen. "So, of course, I've heard of this kind of thing, but honestly it just sounds fluffy. I guess I'm willing to try anything at this point, but I'm not convinced."

Provider. "Thanks for considering, let's try something brief right now. To get started, sit comfortably in your seat with both feet on the ground and your hands in your lap. Take a moment, notice what it feels like to sit in the chair, the parts of your body making contact with the chair, and the sensation of your feet on the floor. When your attention wanders, bring it back to the sensations involved in sitting. Now, turn your attention to your breathing. Notice what this feels like as air comes in through your nose or your mouth, fills your lungs, and goes back out again. You might choose a place on your body where you feel these sensations most strongly–like the inside of your nostrils, or the belly gently expanding and contracting, or maybe the chest rising and falling. Wherever you feel the sensations most clearly, see if you can let your attention rest there, and follow these sensations as they happen. See if you can just follow a single breath from its beginning entering the body, to its eventual end leaving the body. Then do the same with another breath. When your mind wanders, gently bring it back to the present by noticing what sensations happen when you breathe. Stay with it for a few breaths longer. When you are ready, gently open your eyes.[14] Tell me how you feel after this exercise?"

Ms. Chen. "Actually, a little better. And I get that you need to do it regularly. I know there are some apps that help with this, so maybe I can experiment with using one of those to get me going."

The Complexity of Pain

People who seek care for chronic pain often do so with the expectation and hope that clinicians can deliver a treatment that will eliminate their pain symptoms. This stems from a biomechanical reductionistic view of pain that does not reflect its complexity. The pain experience is much more than sensory descriptors, significantly interacting with mood, behaviors, and beliefs. Chronic pain is not merely a physical symptom of underlying tissue pathology, but a condition in and of itself,[15] requiring a whole-person assessment and behavioral prescriptions. By acknowledging the association between pain, psychosocial stress, and mood symptoms, we may more effectively communicate that their pain experience is both valid and valued. Although comprehensive care can be delivered by multiple disciplines working together collaboratively,[16] these messages can and should be delivered by all providers early and often to establish the biopsychosocial framework as the prevailing approach for successful chronic pain management. This approach empowers those seeking care by underscoring the complex nature of chronic pain while appreciating the role of behavior in response to pain and the value of self-management skills. Education about the physiologic and psychologic relationships relevant to pain and mood assist with expectations, allowing more reasonable goals to improve overall function, and enhance motivation necessary to take charge of pain.

The cases provided show how skills can be incorporated seamlessly into care. For Mr. Shockley, his provider shared that behavioral change is necessary for him to return to valued activities despite his pain, which helped him adjust his expectations. His frustration with unsuccessful attempts to return to important activities was acknowledged, facilitating collaboration on a specific plan for how he might safely reengage. Furthermore, the role of mood and emotion was acknowledged and normalized. Similarly, Ms. Chen's provider focused on being empathic and highlighting the empowering role of self-managed techniques. Despite her skepticism, Ms. Chen learned a valuable skill to manage pain and stress, and the message about its ability to calm the nervous system was received.

Biopsychosocial Approaches Are Needed

At the heart of effective pain management is the biopsychosocial approach, in which we not only examine physical pathology but also actively address pain-related thoughts and behaviors. Too often, individuals are sent to a mental health provider with expertise in pain management only after years of suffering. Rather than adopting a "referral only" approach, medical providers can include core behavioral strategies for managing pain and stress as a foundation for most encounters addressing pain. It is important to note, in instances where mental health symptoms are severe or there is concern for patient safety, general mental health referrals are often necessary. In general, however, all providers should include the suggested approaches early in treatment or when taking over care for those who live with chronic pain. Resistance to beneficial behavioral changes is likely to be encountered, as patients may expect "silver bullet" solutions to come in the form of pre-

scription medications or interventional procedures. Yet, when physicians promote investing energy into behavior change—by discussing pain from a biopsychosocial model that is complex and requires collaboration—patients are more likely to "buy-in" and be more willing to engage in self-care. This reduces the burden for people with pain and those who care for them. ■

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