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 client's 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.

Questions? Call customer service at 800-844-8260

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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 of control 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

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ROBERT UMLAUF, PhD, ABPP, is a licensed clinical psychologist with advanced board certification in rehabilitation psychology. He has over 30 years of direct clinical experience working with clients with chronic pain and has also worked in a wide variety of medical/rehabilitation settings. In addition, Dr. Umlauf has experience working with people who have addictions and is passionate about teaching skills to people living with chronic pain so they can avoid the trap of opiate abuse.

Dr. Umlauf is in private practice and consultation, with a specialty in health/wellness, pain management, and lifestyle adaptation to maximize well-being. He has been on the faculty at the University of Washington, University of California San Diego, and Georgetown University, and has published dozens of peer-reviewed articles, professional presentations, workshops, and book chapters. Dr. Umlauf earned his MA and PhD in clinical psychology from the University of Missouri-Columbia and his BS in psychology from the University of Washington.

Financial: Robert Umlauf is in private practice. He receives a speaking honorarium from PESI, Inc. Non-financial: Robert Umlauf has no relevant non-financial relationship to disclose.

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Pill-Free Approaches to Move People From Hurt To Hope

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

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The Anxiety, Worry & Depression Workbook

65 Exercises, Worksheets & Tips to Improve Mood and Feel Better

By Jennifer L Abel, Ph.D.

Jennifer Abel, PhD, has compiled an interactive workbook that will help you tame anxiety, worry and depression. Backed with science and over 25 years of clinical experience, this easy-to-use quide is full of practical, proven worksheets, self-monitoring forms, exercises and scripts for you to start changing your habits, and start changing your life.



Just One Thing Card Deck

52 Practices for More Happiness, Love and Wisdom

By Rick Hanson, Ph.D.

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education. Provider #: 3322. Full attendance at this course qualifies for 6.0 contact hours or .6 CEUs in the Category of Domain of OT and Occupational Therapy Process. Partial credit will be issued for partial attendance. The assignment of AOTA CEUs does not imply endorsemen of specific course content, products, or clinical procedures by AOTA. Course Level: Intermediate.

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