

Psychologists' roles in chronic pain management

For those with chronic, intractable pain, life is a strain. Those who cannot find relief from pain often develop psychological symptoms, such as depression, withdrawal from activities, helplessness, and anxiety. Counseling by psychologists can sometimes help chronic pain patients find a quality of life, despite their pain. A multidisciplinary pain program can teach various coping skills for pain. Psychologists have a role in pain management, addressing the emotional and cognitive factors that affect the experience of pain. When pain cannot be avoided, people can learn to work around it; to keep on living their lives despite the pain. In addition, many pain patients seek relief through treatments with chiropractic, physical therapy, exercise, massage, injections, a TENS unit, and even back surgery.

If these means do not help, people sometimes seek relief through implantation of a Spinal Cord Stimulator (SCS). An SCS is a mechanical device that stimulates some of the nerves sending pain signals to the brain. It is believed that stimulating certain nerves closes a “pain gate”, meaning that the individual experiences a reduction in perceived pain. The SCS is surgically implanted in the back. A psychologist's role in the SCS procedure is to complete a psychological evaluation of a person before a surgeon does the implant. The reason for this evaluation is to be sure the candidate is able to understand and to cope with the perceived surgery. In addition, as a practical matter, third party payers often require a psychological evaluation before consenting to pay for the SCS.

In helping prepare a candidate for the SCS surgery, psychologists use an interview and one or more psychological tests. Tests, such as the MMPI-2-RF and MBMD, have norms for pain patients. They take 1 – 2 hours to complete and the interview usually lasts about an hour. The psychologist is looking for strengths, as well as emotional struggles the person is experiencing.

One area to be assessed is the history of the person's pain, how it affects him/her currently, and treatments s/he have received for it. Family life, especially how the family has responded to the chronic pain condition, is another area to be assessed. The candidate's emotional status, including any treatment for psychiatric disorders, is part of the assessment. General ability to understand the procedure being proposed is important to assess, because the surgery is permanent and the candidate will have to manipulate a remote control device.

Some “red flags” which may mean the person is not a good candidate for surgery, but should be treated by another provider, are the following:

- candidates who do not understand reality correctly, who have a psychotic disorder and who may distort their pain experience
- candidates who have any other severe mental disorder, such as depression, anxiety, or active substance use disorders
- candidates who have chronic difficulty getting along with others, including their physicians
- candidates who have active suicidal or homicidal behavior, or have difficulty controlling anger or have a past history of violent behavior