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 a 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.

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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.

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We are witnessing a devastating public health crisis that

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JAMES KEYES. PhD. has specialized in the area of chronic pain and worker's compensation treatment over the past 20 years, working both in CARF accredited multidisciplinary comprehensive treatment programs and in integrated primary care/medical centers. He has presented at national conferences (Ericksonian Congress and Brief Therapy conferences); as well as in the training programs for resident physicians and with mental health providers. He is on faculty with the University of Washington as a clinical instructor, supervising clinical work. He completed a specialized track in his doctoral program at Loyola University of Chicago and an internship at Denver Health & Hospitals for clinical child and adolescent psychology, in addition to training on clinical psychological treatments, later getting Board Certification in this area. However, in the changes of life (moving cities) an opportunity became available to work in a comprehensive pain program with provides who had 40 years' experience in the treatment & management of chronic pain, Dr. Keyes added this treatment area to his base of skills, by joining this hospital based program.

Dr. Keyes primarily describes his theoretical orientation as a cognitive behavioral therapist, because the approach he goes to first are those with the strongest research backing. However, in the course of training, he was exposed to the work of Milton Erickson, the psychiatrist who integrated strategic family therapies; hypnosis; and uncommon therapies (Haley) approaches to help patients individually reach their desired goals. Working with this background, in a patient centered approach, Dr. Keyes has worked over the years in multidisciplinary settings to assist patients who present.

Speaker Disclosures:

Financial: James Keyes is in private practice. He receives a speaking honorarium from PESI, Inc. Non-financial: James Keyes is a member of the American Board of Professional Psychology; Association for Behavioral and Cognitive Therapies; and the American Psychological Association.

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7:30 Registration/Morning Coffee & Tea 8:00 Program begins

11:50-1:00 Lunch (on your own) **4:00** Program ends

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Somatic Psychotherapy Toolbox

125 Worksheets and Exercises to Treat Trauma & Stress

By Manuela Mischke-Reeds, MA, MFT

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