

# Chronic Pain Management from a Psychologist's Perspective

**National Academies Workshop: Exploring the Treatment and Management of Chronic Pain**

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# INTENTIONS

## **Bio-Psycho-Social Model of pain**

- Important for understanding your patient's experience and their needs

## **Psychological / Behavioral Treatments for Pain**

- Cognitive-Behavioral Therapy (CBT)
- Acceptance & Commitment Therapy (ACT)
- Mindfulness-Based Stress Reduction (MBSR)

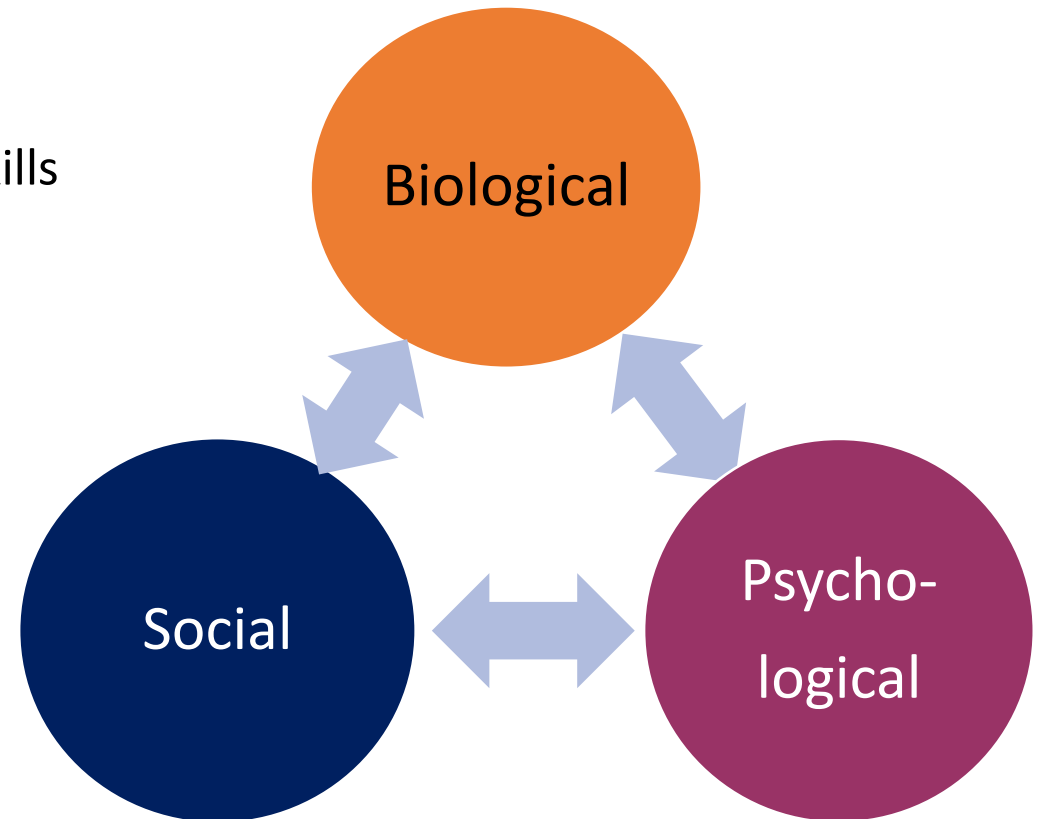
**Integrating mind-body and psychological methods into Physical Therapist's and Chiropractor's care**



# BIOPSYCHOSOCIAL MODEL OF PAIN

- Pain is complex and is influenced by many factors:
  - Biopsychosocial model
    - **Biological** – physiology, genetics, injury
    - **Psychological** – beliefs, attitudes, coping skills
    - **Social** – family, peers, work, social skills

*Biology or physical symptoms, moods/thoughts, and behaviors can all influence one another*



# PSYCHOLOGY VERSUS PSYCHOPATHOLOGY?

## Psychology / psychological

- “of, or pertaining to, the mind”
- Everyone has a mind...!
- May include distressing symptoms
- Includes **resources and strengths**

## Psychopathology

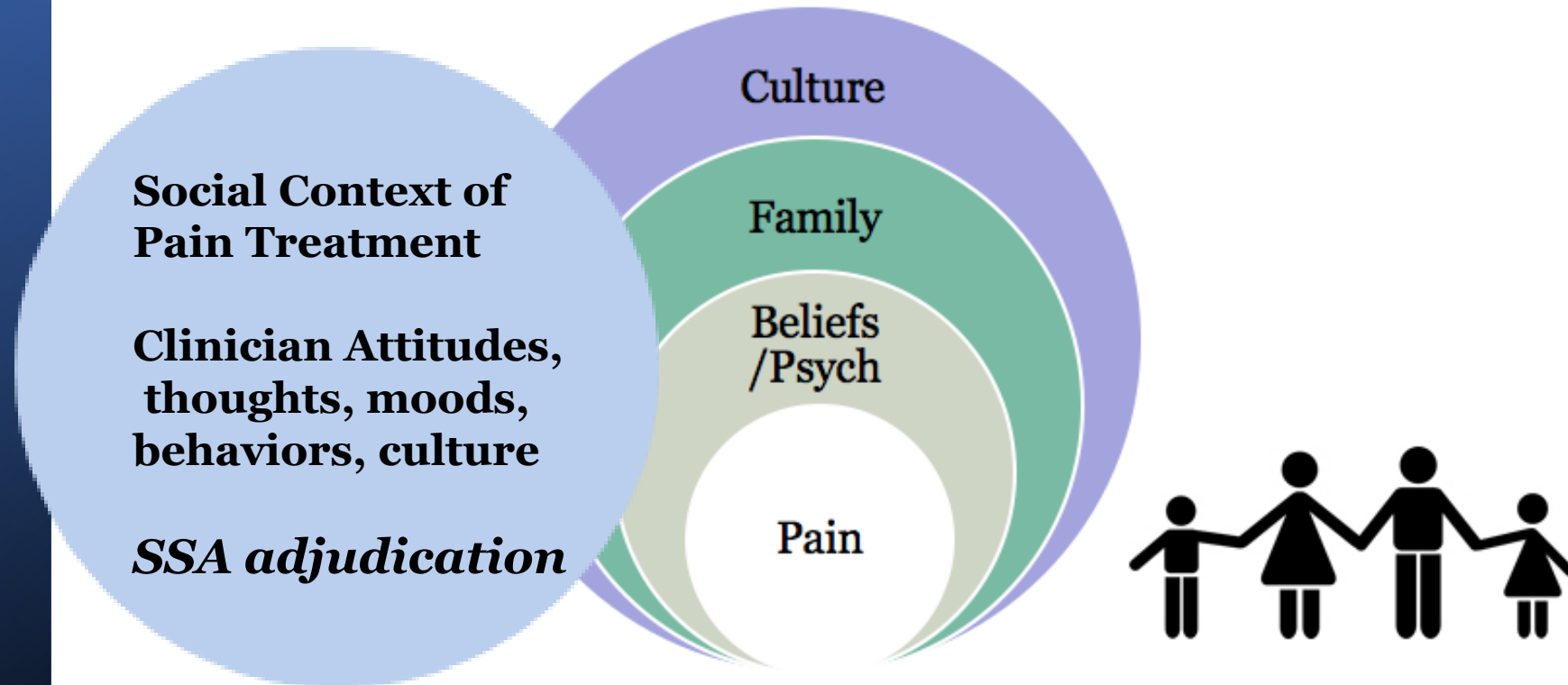
- Diagnosis of a **disorder** based on collections of symptoms
  - Major depressive disorder
  - Generalized anxiety disorder
  - Post-traumatic stress disorder
  - Substance use disorder



Pain is experienced in a personal, psychological, and social context.

*Understanding an individual patient's context can help to better tailor your treatment, leading to better outcomes*

The medical setting and system, the clinic personnel, the clinical provider – all part of the social context of Pain and treatment



# QUESTIONNAIRES TO ASSESS BELIEFS:



- Fear Avoidance Beliefs Questionnaire (FABQ) Waddell et al., 1993
  - *Example: I should not do physical activities which (might) make my pain worse.*
- Unhelpful Beliefs about Pain (Pain Catastrophizing Scale - PCS) Sullivan 1995
  - *Example: I keep thinking about how badly I want the pain to stop.*
- Resilience (chronic pain acceptance questionnaire – CPAQ) McCracken et al., 2004
  - *Example: I lead a full life even though I have chronic pain.*

# STaRT BACK SCREENING TOOL:

Thinking about the **last 2 weeks** tick your response to the following questions:

		Construct
1	My back pain has <b>spread down my leg(s)</b> at some time in the last 2 weeks	Leg pain
2	I have had pain in the <b>shoulder</b> or <b>neck</b> at some time in the last 2 weeks	Co-morbid pain
3	I have only <b>walked short distances</b> because of my back pain	Disability (walking)
4	In the last 2 weeks, I have <b>dressed more slowly</b> than usual because of back pain	Disability (dressing)
5	It's not really safe for a person with a condition like mine to be physically active	Pain related fear
6	<b>Worrying thoughts</b> have been going through my mind a lot of the time	Anxiety
7	I feel that <b>my back pain is terrible</b> and <b>it's never going to get any better</b>	Pain catastrophizing
8	In general I have <b>not enjoyed</b> all the things I used to enjoy	Depressive symptoms
9	Overall, how <b>bothersome</b> has your back pain been in the last 2 weeks?	Bothersomeness

Not at all	Slightly	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	0	0	1	1

Total score (all 9): \_\_\_\_\_

Sub Score (Q5-9): \_\_\_\_\_

# PSYCHOLOGICAL TREATMENTS FOR CHRONIC PAIN AND ILLNESS SYMPTOMS:

- Cognitive – Behavioral Therapy (CBT)
- Acceptance and Commitment Therapy (ACT)
- Mindfulness-Based Stress Reduction (MBSR)



Created by Lars Meier toberens  
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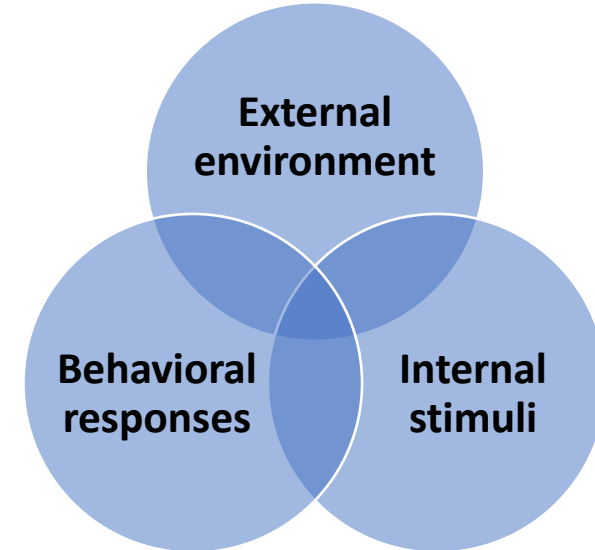


Created by Gan Khoo Lay  
from Noun Project

# COGNITIVE BEHAVIORAL THERAPY (CBT) FOR CHRONIC PAIN:

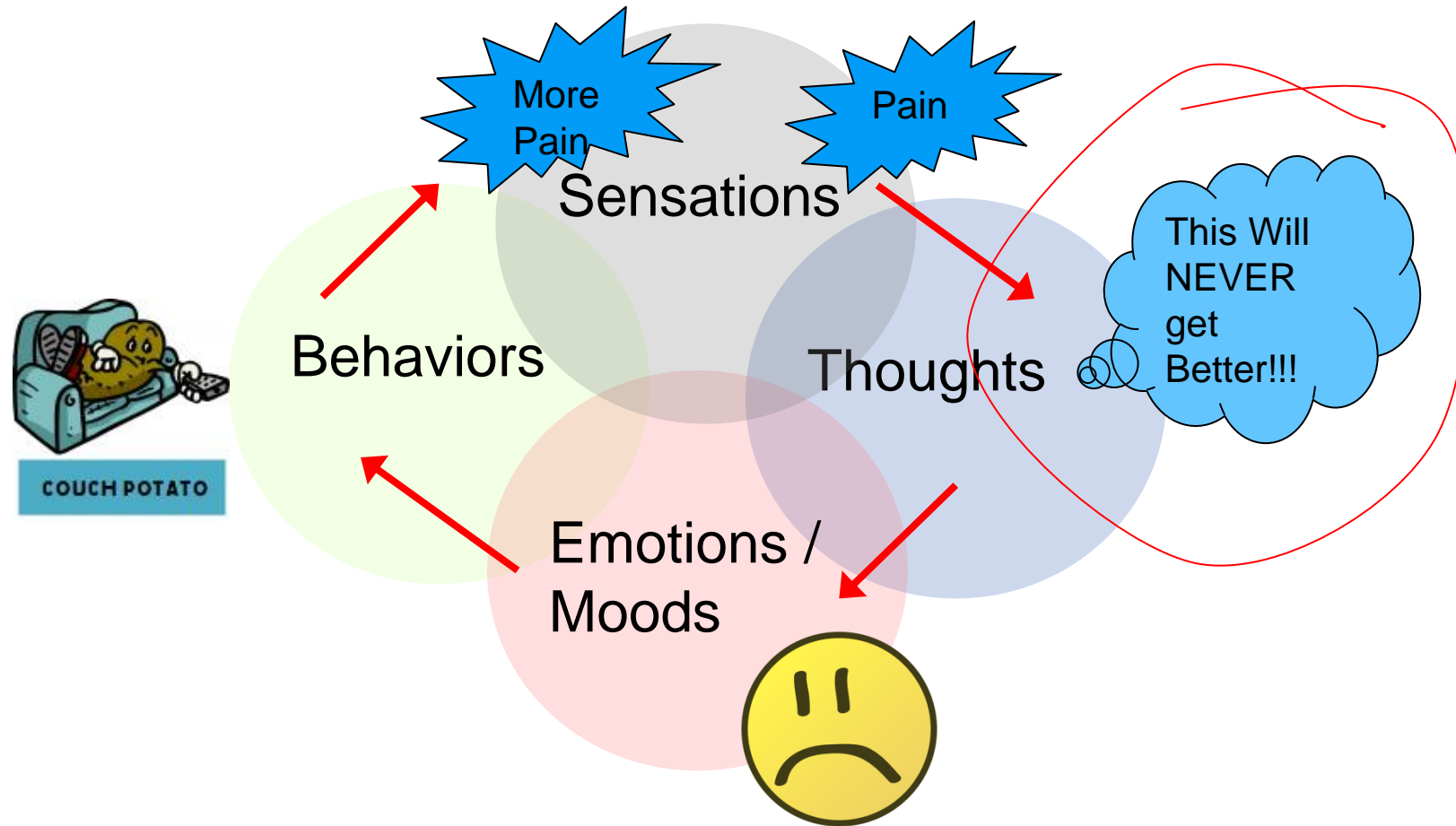
**Aligns with Biopsychosocial model, and is patient centered:**

- Treatment must address the **cognitive, emotional and behavioral dimensions** of the presenting problem.
- Active Processing of Events: Internal experience / external environment influence behaviors – **ongoing, dynamic processes**.
- The patient is an **active participant** in treatment.



Turk DC, Rudy TE (1989) Handbook of chronic pain management

## Example: the Role of Thoughts and Beliefs



# COGNITIVE BEHAVIORAL THERAPY (CBT) FOR CHRONIC PAIN:

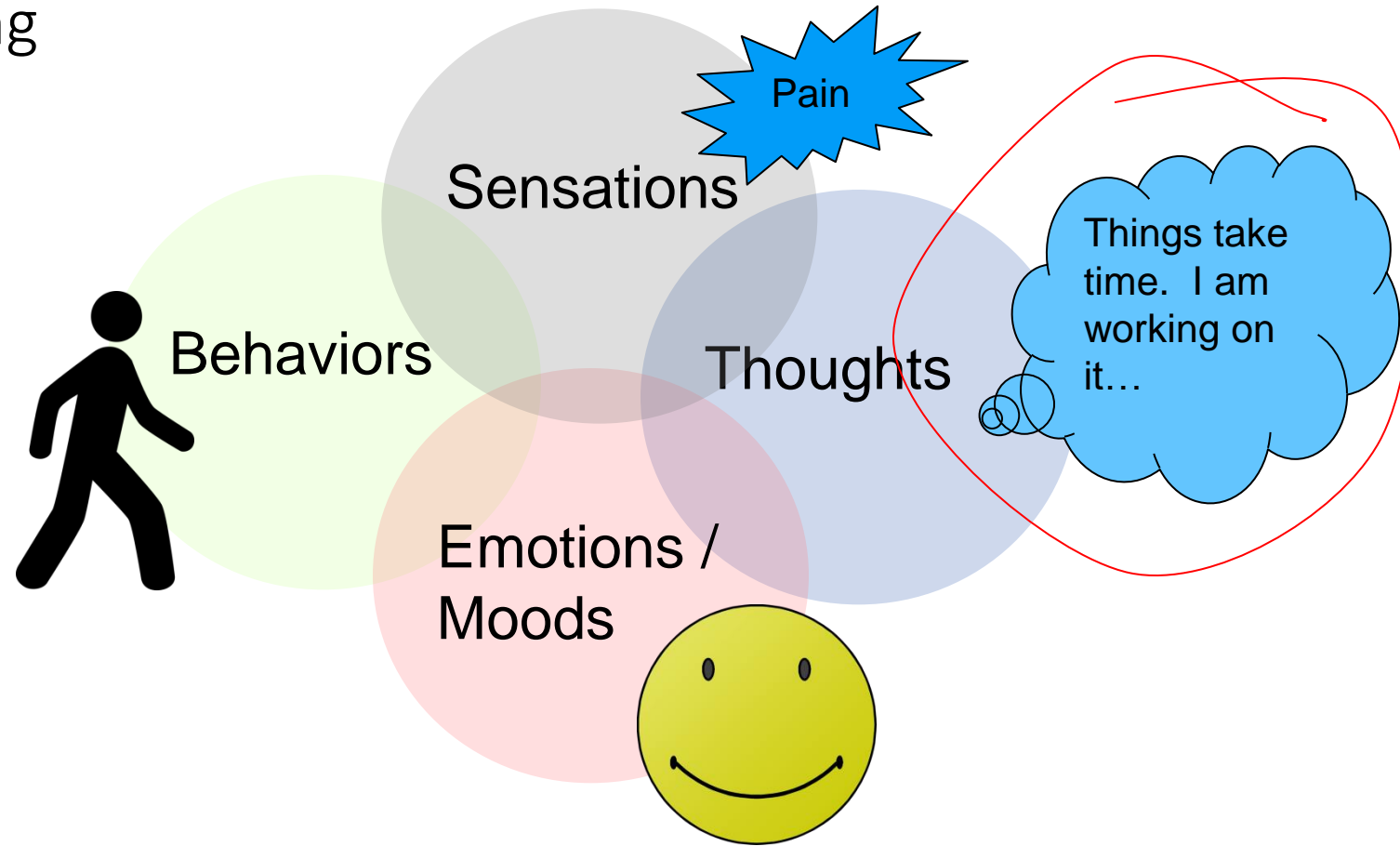
- Assess from the person's perspective
- Re-conceptualize using biopsychosocial model
- Pleasant activity scheduling
- Breath focus/Relaxation/guided imagery
- Target unhelpful thinking: Cognitive Reframing, Communication skills/conflict resolution
- Skills practice and Generalization
- Develop long-term goals

**BUILD  
PARTNERSHIP**

**BEHAVIORAL  
ACTIVATION**

**BUILD NEW  
HABITS /  
NEW BRAIN  
PATHWAYS**

Replacing unhelpful thinking with more balanced thinking



# ACCEPTANCE and COMMITMENT THERAPY (ACT):

- Principles:
  - Treatment is **Values Driven**
    - “what is important to the patient?”
    - “what gets in the way ?” (of moving toward important People/activities /Values)
  - Based on **Acceptance and Mindfulness**
    - Engagement in activities even though pain present
    - Willingness to experience, not avoid, pain or other challenges

# MINDFULNESS-BASED STRESS REDUCTION (MBSR):

- 8-week Group-based psychoeducational program
- Uses Meditation methods (secular)
- Reduces reactivity to pain and stress
- Improves coping ability
- *Home practice*
- *Mindfulness in daily life*
- *Mindful stretching*



# MBSR – recommended for Chronic Low Back Pain (cLBP)

- American College of Physicians (ACP): Evidenced-based guidelines for initial treatment of cLBP
- One of the ACP's 12 recommended non-pharmacologic treatments
- Agency for Healthcare Research and Quality (AHRQ) comprehensive systematic review (2018) recommends MBSR for chronic pain

Skelly AC, Chou R, Dettori JR, et al. In: *Noninvasive Nonpharmacological Treatment for Chronic Pain: A Systematic Review*. Rockville (MD)2018.

Qaseem A, Wilt TJ, McLean RM, Forciea MA, Clinical Guidelines Committee of the American College of Physicians. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med*. 2017;166(7):514-530.

Original Investigation

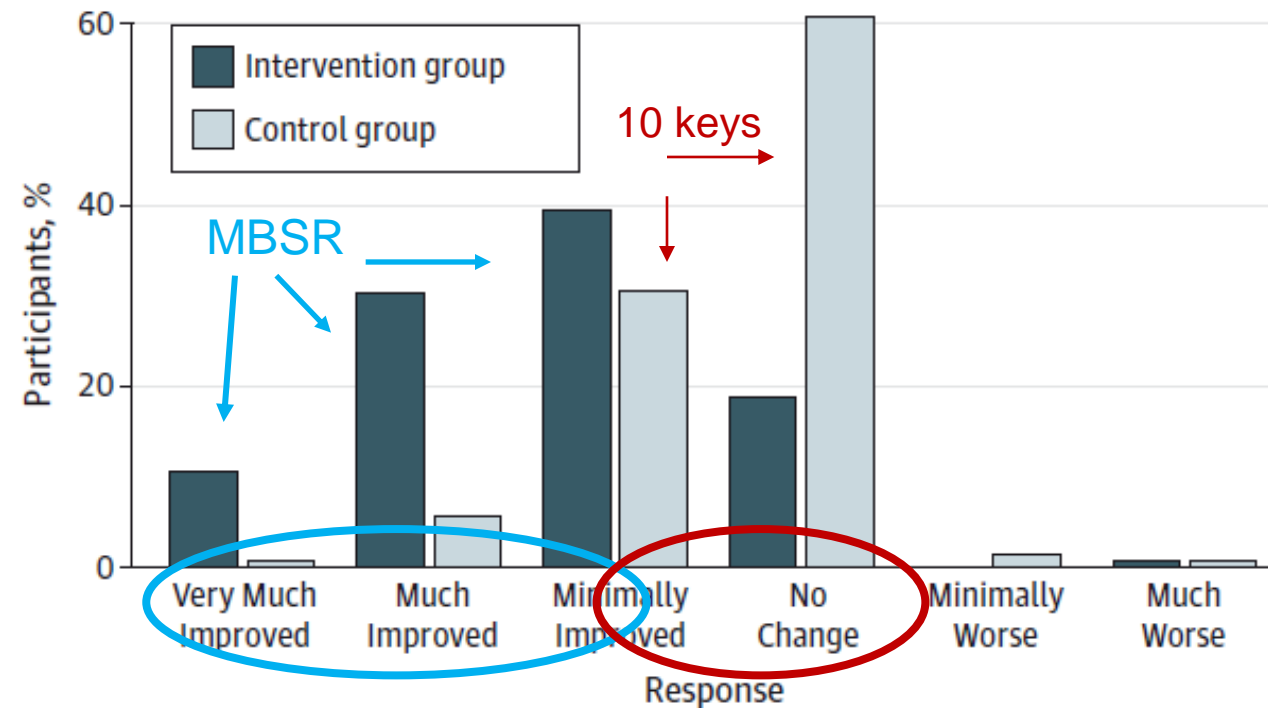
# A Mind-Body Program for Older Adults With Chronic Low Back Pain

## A Randomized Clinical Trial

Natalia E. Morone, MD, MS; Carol M. Greco, PhD; Charity G. Moore, PhD; Bruce L. Rollman, MD, MPH; Bridget Lane, MA; Lisa A. Morrow, PhD; Nancy W. Glynn, PhD; Debra K. Weiner, MD

- 270 patients  $\geq$  65 years old
- Mindfulness-Based Stress Reduction
- Active Control Group: 10 Keys to Healthy Aging

Figure 2. Global Impression of Change Findings



Participants in both groups answered the question "How much have your back symptoms changed as a result of the treatment provided in this study?" Assessment was performed at the end of each program (8 weeks). Improvement in back pain symptoms among the intervention participants was significantly greater than among control participants ( $P < .001$ ).



Participant has  
chronic low back  
pain

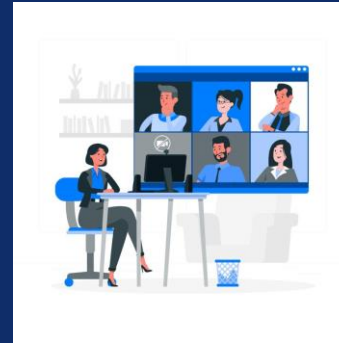


Participant  
engages, and consents to  
take part in the study

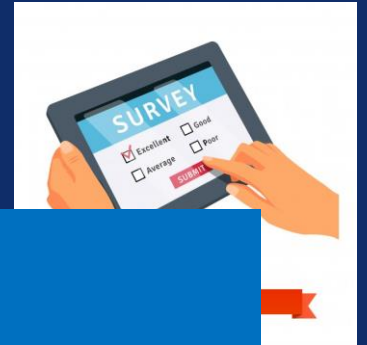


Participant  
completes survey

By chance



Participant gets group  
pain management  
program for 8 weeks



Participant  
completes  
surveys monthly, after 8  
weeks, 6 months and 12  
months. Also gets  
compensated for their  
time



Participant gets usual  
primary care by provider

# *Positive effects on Pain Intensity and Pain's Interference with life activities*

Funded by NIH: NCCIH (Morone, N.E., Principal Investigator)

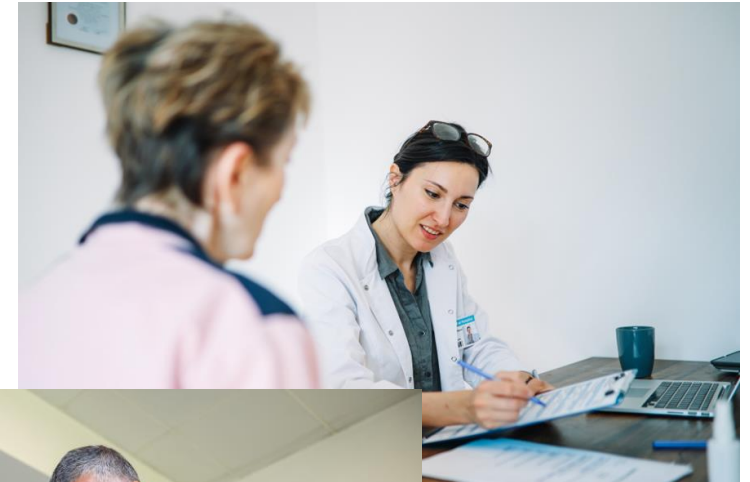
[WWW.OPTIMUM.PITT.EDU](http://WWW.OPTIMUM.PITT.EDU) Greco et al., 2021

# INTEGRATING PSYCHOSOCIAL METHODS INTO PHYSICAL THERAPY TREATMENTS

## EXERCISE-BASED TREATMENT + BIOPSYCHOSOCIAL SELF- MANAGEMENT METHODS

- Patient-Centered Communication
- Shared Decision Making
- Relaxation Strategies

TARGET, PACBACK, SUPPORT, and RESOLVE research studies  
Delitto et al., 2021; Bronfort et al., 2023; Leininger et al, 2025; Farrokhi  
et al., 2020; Main et al., 2023



# QUOTES

Back pain seems not to be foremost on my mind!

I feel like there has been a huge change in my personality and outlook.

This program has really changed my life. Because of the meditation, I not only have less back pain, I am more aware of my life and am learning to live it to the fullest

I use the relaxed breathing with my patients all the time – they really like it!

...it has transformed the way I interact with my patients – I have a better ability to listen and collaborate with them!

# KEY POINTS FOR DISABILITY ADJUDICATORS:

*Psychological treatments should not **replace** other treatments*

Understand the **system limits** regarding psychological treatments for chronic pain / chronic illness

- Psychologist documentation and billing for pain treatment?
  - Psychotherapy codes are General
    - CBT, ACT or other methods might not be specified
  - Mental Health / Psychiatric diagnostic codes must be used
    - Depression or Anxiety can be a result of living with pain

*Potential problem: Assuming that the patient has a mental health problem and NOT a physical condition*

# Thank You!

Questions?

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