The Role of the Pain Psychologist in Managing Chronic Pain

Pain resources:
- Pain psychology
- Pain psychology assessment
- Pain psychology treatment

The biopsychosocial model of pain conceives of the pain experience as stemming from various biological, psychological, and social factors. Many of the possible interventions aim to optimize the modulation of pain in the central nervous system, which may include strategies to reduce nociception and hypersensitivity to stimuli. Or perhaps the central nervous system misinterprets normal signals from receptors as pain.

Fact, pain may arise even in the absence of a clear nociceptive input—the mechanisms for such pain are termed dysfunctional nociceptive processing. In such instances, the pain psychology assessment would be a logical step. For example, a pain psychologist might use surface EMG electrodes to measure lower-back trigger points and observe whether there is a relationship between lower-back trigger points and the patient’s pain ratings.

Communication with other members of the multidisciplinary pain-management team is key to effective pain treatment. This includes sharing patient progress and concerns and discussing strategies to optimize the timing and amount of physical and mental activity. Other resources include:

- Pain psychology
- Pain psychology assessment
- Pain psychology treatment

The Role of the Pain Psychologist

The pain psychology assessment involves understanding the patient’s concerns and the impact of pain on their daily life. It addresses multiple inputs, including:

1. Physical pain
2. Cognitive factors
3. Emotions
4. Personal and social factors
5. Environmental factors

Identifying and addressing these various factors is a critical step in pain psychology treatment. The pain psychology treatment may include:

1. Cognitive-behavioral therapy (CBT)
2. Mindfulness-based interventions
3. Trauma-focused cognitive-behavioral therapy
4. Acceptance and commitment therapy
5. Psychodynamic therapy

The pain psychologist can assist in managing chronic pain by developing an adaptive self-management approach to chronic pain. For example, if a patient reports frequent pain flares due to irritable bowel syndrome or gastroparesis, the pain psychologist might offer CBT that focuses on modifying pain-related behaviors and thoughts. CBT teaches patients cognitive and behavioral skills to diminish pain, including:

- Cognitive restructuring: Identifying and modifying negative thoughts about pain
- Relaxation techniques: Deep breathing, progressive muscle relaxation, biofeedback
- Mindfulness: Observing pain sensations without judgment
- Distraction: Engaging in activities that interrupt pain perception
- Activity pacing

In the context of chronic pain conditions, where pain may be less responsive to medication, the benefits of pain psychology tend to increase over time, even after people stop seeing the pain psychologist. And unlike medication-related improvements, which tend to diminish once people stop taking the medication, the benefits of pain psychology are often sustained. In some cases, they may even improve over time, possibly because the person has improved their pain-related skills and confidence in managing their pain.

Most people don’t see a pain psychologist for long stretches of time but, more typically, for 4 to 12 visits. That’s often plenty of time to get quite a bit of benefit from pain psychology treatments. The pain psychology treatment can be a supplement to other treatments, such as medication, procedures, and other therapies. Help from a pain psychologist can supplement the use of medications, procedures, and other therapies. For example, a pain psychologist might help patients identify and modify pain-related behaviors and thoughts, which can reduce pain and improve function.


References: