

As seen in:



Ask the Experts

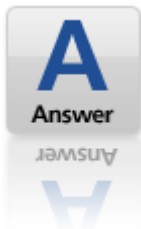
Psychology and Chronic Pain:

Is the pain all in my head?



Question:

I'm in constant, terrible pain (it peaks at 8 every day), and I've lived with this chronic back pain for close to 15 years. I've tried the best I can to keep a good attitude and stay optimistic, but it's hard, so hard. Just recently, my doctor referred me to a psychologist. Why would he do that? Does he think I'm going crazy and making up my pain? What good will a psychologist do when it's my body that's in pain?
— *Ithaca, NY*



Answer:

I can understand how it would feel that way. However, being sent to a psychologist isn't a sign that your doctor believes that you've made up 15 years of intense pain. Instead, it's a sign that he's taking a multi-disciplinary approach to your chronic pain treatment.

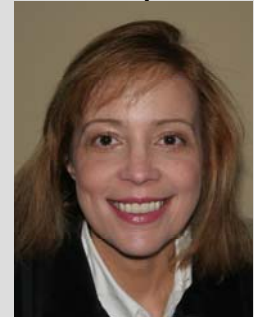
Usually a physician will include a psychologist in your treatment because he or she believes that a multi-disciplinary approach is the best way to address your chronic pain treatment. Using this approach, experts from different disciplines work together on a treatment team with the goal of *decreasing* your pain and *increasing* the things you can do. This is known as your functionability.

These multi-disciplinary treatment plans—such as the ones developed at the practice where I work (the Center for Pain Management in Indianapolis, IN)—take into consideration how the chronic pain is keeping you from fully living and functioning the way you'd like. The treatment team works together to provide you with the tools to improve your functionability.

After all, chronic pain takes a toll on your life, as I'm sure you know from first-hand experience. It is a constant stressor to be in pain all the time. Furthermore, giving up many of the things you used to do because of the chronic pain can cause symptoms of anxiety and depression.

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This Week's Expert:



*Alina M. Clavijo-Passik, PhD
Clinical Psychologist
Center for Pain Management
Indianapolis, Ind.*

Alina M. Clavijo-Passik is a board-certified clinical psychologist with more than 20 years of experience helping people adapt their patterns of behavior in order to live productively and functionally with chronic medical illnesses. She serves as an integral part of the Center for Pain Management's multidisciplinary team, facilitating the outcomes of patients by insuring that their mental health and emotional needs are met.

Clavijo-Passik has special interest in understanding the cultural and psychosocial factors which impact the functioning of the individual. In addition, she is a bilingual professional (fluent in Spanish) and has trained health care professionals in the relevant and competent strategies for the assessment, diagnosis and treatment of Hispanic and Latino patients.

Prior to joining the Center for Pain Management, Clavijo-Passik was a senior psychologist in the Bilingual Treatment Program-Clinic at Bellevue Hospital Center in New York. She also served as a

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Depending on how disruptive it is to your life and roles, this can lead to anxiety, depression, and panic disorders. In short, chronic pain is about more than the *physical* experience of pain, so an optimal chronic pain treatment plan will probably need to include more than just treatments that target the physical pain.

Let me explain briefly what I do in the first appointment. This may help assuage your concerns about being sent to a psychologist.

During the first appointment, I try to get an idea of how the pain is affecting the patient's life. As I mentioned before, many patients come to me feeling depressed or dealing with anxiety. Living with a chronic medical condition creates another level of stress in a patient's life. So I use this time to assess how they have adjusted to living with their chronic medical condition and what adjustments they have not been able to make. In this initial meeting, I also evaluate if there are tools and/or techniques I could provide the patient with to help him or her cope with the pain.

After the first appointment, the multi-disciplinary team at the Center for Pain Management sits down to discuss treatments plans for particular patients. For chronic pain patients, I find it very useful to be part of this team approach: all the specialists are focused on improving the patient's quality of life, and we can stay abreast of all of the treatments a patient is receiving. Working together, we can make the best recommendation to the patient. Of course, as with any treatment approach, acceptance of the treatment is always up to the patient.

Not every patient needs a follow-up appointment (or appointments) with me. Each treatment plan is individualized, so this depends upon the needs of the patient.

For example, after my evaluation of the patient, I may believe that he or she could benefit from learning some relaxation techniques. Perhaps living with chronic pain has made his or her body and mind very tense—unable to adequately relax. That tension can actually amplify the daily experience of pain.

In my work with this patient, I might teach him or her various relaxation techniques, diaphragmatic breathing, and meditation that the patient can use to calm the body and mind. These are techniques the patient can then use on his or her own in daily life to manage the pain and stress. Being less fraught with tension may make it easier for the patient to do some of the "daily life" things that had become difficult, thus in turn *decreasing* his or her pain and *increasing* the things he or she can do with less pain.

Your appointment with the psychologist shouldn't make you feel that the doctor questions your mental status, but actually it reflects that your doctor was really listening to you and heard that you have been suffering from chronic pain for a long time. I hope that through my brief explanation of the role of a psychologist in chronic pain treatment, you may see that this referral may, in fact, be beneficial to your overall treatment. The psychologist will work with *you* to figure out what works best so that you can get through the day with a better handle on your pain and get back to your life.

clinical instructor in psychiatry at the New York University School of Medicine.

Clavijo-Passik graduated with a bachelor's degree in psychology from Fordham University in New York City before earning her doctorate in clinical psychology from Fairleigh Dickinson University in Teaneck, N.J. Clavijo-Passik completed an internship and pre- and post-doctoral fellowships in psychology at New York University's Bellevue Hospital Medical Center.

Licensure

State of Indiana (1998 to present)
State of New York (1991 to present)

Board Certifications

Indiana State Psychology Board: 1998 to present; Health Service Provider in Psychology

Professional Memberships

American Psychological Association
Indiana Psychological Association

Publications & Presentations

1996 Workshop: the Unspeakable condition: Depression and its Effects on Latina Women, presented at By Ourselves: Trauma, Mental Illness and the Latina Woman. 100 Hispanic Women, Inc., First Mental Health Conferences, New York University, N.Y.

1995 Carmen Inoa Vazquez and Alina M. Clavijo, The Special Needs of Elderly Minorities: A Profile of Hispanics. In B.G. Knight, L. Teri, P. Wohlford, and J. Santos (Eds.), Mental Health Services for Older Adults Implications for Training and Practice in Geropsychology (pp.93 – 99), American Psychological Association, Washington, D.C. 1994.

1993 The League School, Staff Training Workshop: Cross-Cultural issues in working with Hispanic children with special needs and their families, Brooklyn, N.Y.

1992 Cross-Cultural Factors in the Treatment of Hispanic Patients, Training Seminar, The Institute for the Study of Culture and ethnicity, New York, N.Y.

1991 Cross-Cultural Factors and Medical Illness Staff Training Seminar, Memorial Sloan-Kettering Cancer Center, New York, N.Y.