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Six Week Chronic Pain Group's Impact on Relationship to Pain and Mental Health Symptoms

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Introduction

A study published in May of 2023 from the National Institutes of Health (NIH) shows that “new cases of chronic pain occur more often among U.S. adults than new cases of several other common conditions, including diabetes, depression, and high blood pressure”.

Given the increasing needs for behavioral health services within the primary care landscape and the workforce shortage, it's imperative that we consider ways to address the growing gaps in care for patients, especially those suffering with chronic pain.

This six-week group explored the impact of pain interventions (e.g., Pain Reprocessing Therapy, Cognitive Behavioral Therapy, Psychoeducation and Mindfulness) on treating pain and mental health disorders (i.e., depressive disorders, anxiety disorders and/or trauma- and stress-related disorders) for adults living with chronic pain.

Methods

Hypothesis: following the six weeks of group, participants will have an **improved relationship** with their pain, leading to a reduction in both their pain and mental health symptoms.

Recruitment Inclusion criteria:

- Must qualify for a mental health diagnosis.
- Must be living with pain for at least three months.
- Must not have engaged in any suicidal, homicidal or self-harm behaviors within the past six months.
- Must not have engaged in any substance abuse within the past year.

Pre and Post-tests:

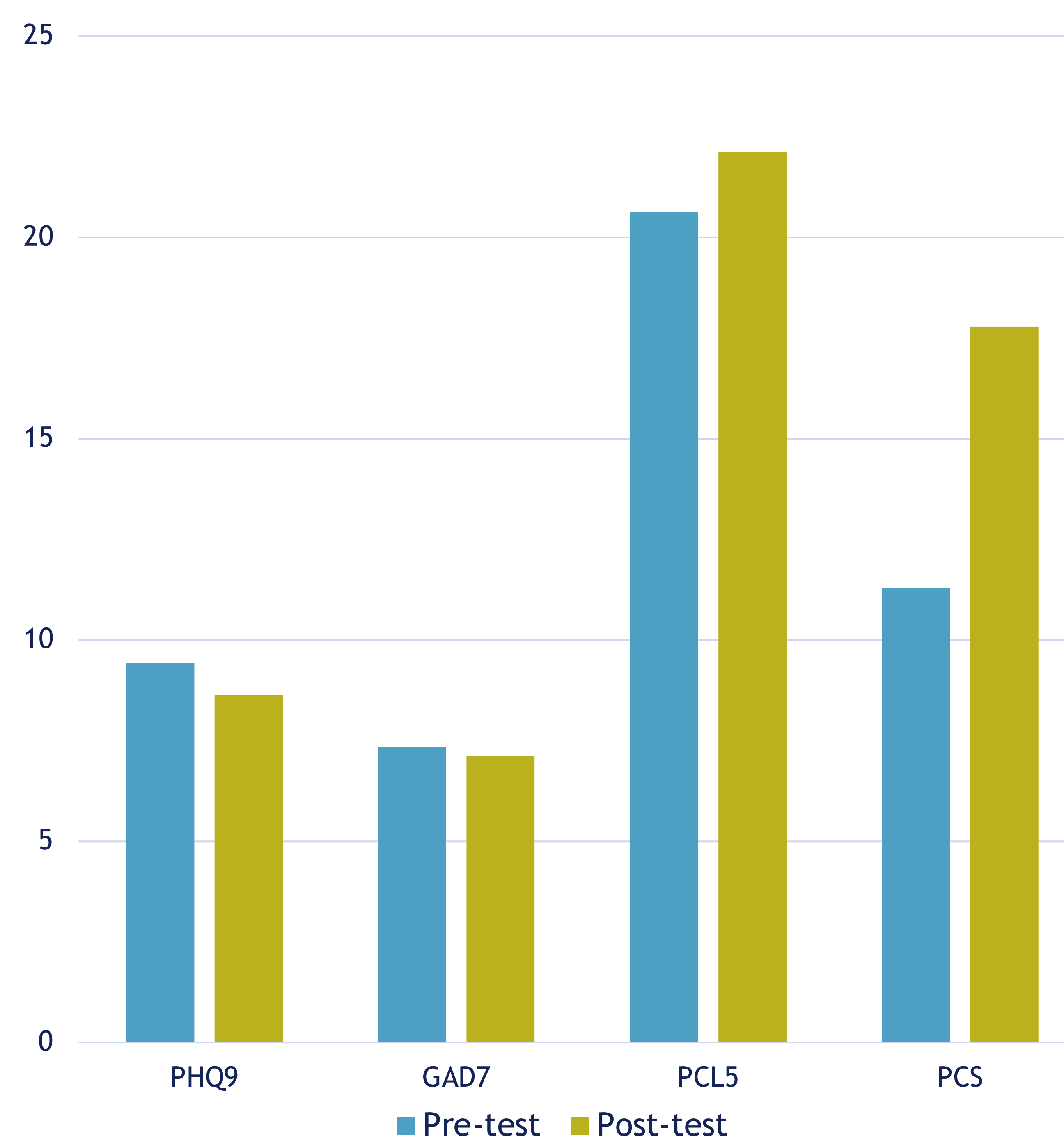
- PHQ-9, GAD-7, PCL-5, ACEs* (only pre-test) and PCS

Topics/Areas Covered:

- Week One: Introductions and Pain Science Overview
- Week Two: Strategies to Reduce and in Some Instances Eliminate Pain
- Week Three: Strategies Continued
- Week Four: Application in Real Life Situations
- Week Five: Application Continued
- Week Six: Group Reflections and Next Steps

Results

Data Trends for Chronic Pain Group



“Understanding ACEs, helped me understand how trauma can lead to physical pain”

- Participant M.K.

Conclusion

Participants' mean PHQ-9 and GAD-7 scores declined. Participants' mean PCL-5 and PCS scores increased. One theory as to why there was an increase in mean scores for PCL-5 and PCS is because negative experiences associated with pain can be considered traumatic. Discussion of pain, without instruction of grounding strategies, may worsen both pain and trauma symptoms.

In the group, 100% of participants reported at least 2 ACEs and 3 in 8 (37.5%) reported experiencing four or more ACEs, which is higher than the general population. According to the Centers for Disease Control and Prevention, “about 64% of U.S. adults report they have experienced at least one type of ACE before age 18, and nearly 1 in 6 (or 17.3%) report they have experienced four or more types of ACEs”.

Results were not statistically significant, however, because the sample size was too small. Further research, with a larger sample size, is recommended.

This group will be conducted again in Fall of 2023. Given the mixed results, it is worth teaching participants grounding strategies before providing psychoeducation about the relationship between pain and mental health to increase the likelihood of application of self-soothing techniques if group participants find the content to be triggering in any way.

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