Occupational Therapy and Pain Management

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Learning Objectives

1. Understand how occupational therapy can have a role in pain management (non-pharmacological approach)
2. Identify 1-2 tools that you can use in practice to help when speaking with individuals who experience pain

OT misconceptions

“I’m fine with my fine motor coordination, I don’t need OT.”

“I am already retired, I don’t need a job.”

“OTs only work with people who have a physical issue”
**Occupational Therapy**

- "Enables people to do the ‘day-to-day activities that are important to them’ despite impairments, activity limitations, participation restrictions or risks for these problems." *
- May address physical, emotional and psychosocial barriers
- Work with neonatal to geriatric populations
- Strive to improve ability to carry out activities of daily living, promote wellness, and promote safety in home/school/work environments

*(Neistadt & Crepeau, 1998, p.5)*

**Occupational Therapy Theory**

**Person-Environment-Occupation**

- **Person Factors**
  - Physical Capacity
  - Psychological Flexibility
- **Environment Factors:**
  - Social
  - Physical
- **Occupational Demands**
  - adapting
  - changing
  - compensating


**Occupational Therapy and Pain**

- Occupational Therapy Practitioners work to increase client’s engagement in meaningful activities
- Complete comprehensive assessment to understand how pain affects functioning
- Skilled to work with individuals who have pain individually or group across the continuum of care

**Occupational Therapy Settings**
- Hospitals
- Rehabilitation Centers
- Nursing Facilities
- Outpatient Clinics
- Home Care
- Community Agencies
- Schools
- Early Intervention Centers
- Sheltered Workshops
- Group Homes
- Behavioral Health
- Primary Care (including palliative care)

**OT Treatment Approaches and Interventions Across Continuum of Care**

### Occupations
- Assistive Technology and Environmental and Activity Modifications

### Physical Agent Modalities
- Exercices and stretching
- Manual Therapy
Case Study: Inpatient Behavioral Health

Jane is a 23 YO F with a past medical history of chronic pain syndrome, fibromyalgia, irritable bowel syndrome and a past psychiatric history of depression and PTSD who was transferred from the ICU to an inpatient behavioral health unit after a suicide attempt.

In the initial OT evaluation on the inpatient unit, Jane identified pain, poor sleep, inability to follow structured routine and emotional distress as primary barriers to occupational engagement. At the time of admission, she was on medical leave from her job as a computer engineer working from home.

Jane expressed during the evaluation that she “has to will to live” but is struggling to self-regulate (pain, thoughts, feelings).

The goal of OT treatment was to support Jane in finding ways to manage her physical and emotional pain to promote participation in valued roles and activities.

Acceptance and Commitment Therapy (ACT)

What is ACT?

- A mindfulness based, cognitive behavioral therapy grounded in science
- Based on deep and broad evidence and proven effective with a wide variety of psychological and physical conditions
- Aims to create a rich and meaningful life by increasing psychological flexibility rather than symptom reduction
What is ACT?

- Targets 6 psychological processes that have been shown to impact behavioral choice
- Makes no effort to change negative thoughts and painful emotions
- Emphasizes acceptance of what is out of our personal control and committing to take actions guided by values rather than feelings
- Offers concrete interventions that address underlying psychological barriers to function

Addressing Psychological Barriers to Function

Why use ACT in OT Treatment of Pain?

- ACT interventions support OTs ability to increase willingness coexist with physical and emotional discomfort related to pain experience
- ACT provides OTs a strong, evidenced based approach to address psychological barriers to function
- OT and ACT are interrelated and complementary - both focus on moving people toward a meaningful life by emphasizing person centered values and action
- ACT can be used across treatment settings and with a wide variety of populations, disabilities, occupational roles and diagnosis

Jane Case Study: Assessment

**Acceptance and Action Questionnaire (AAQ-II)**

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>My painful experiences and memories make it difficult for me to live a life that I would value.</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>I worry about not being able to control my worries and feelings.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>I worry that my painful memories prevent me from having a fulfilling life.</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Thinking cause problems in my life.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>5</td>
</tr>
<tr>
<td>It seems like most people are handling their lives better than I am.</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Things go in the way of my success.</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
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</tbody>
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Total (Higher scores indicate greater inflexibility): 30/49

Case Study: Palliative Care

Shonda was a 56 year old female being seen in palliative care for chronic hip pain. She had an MVA 14 year ago and has multiple comorbidities. She uses a walker for functional ambulation and able to complete her activities of daily living (ADL's) with increased time. She requires assistance with her instrumental activities of daily living (IADL's) including cleaning and cooking. Shonda has been working with the Palliative Care provider to reduce and change her pain medication. The Palliative Care provider placed an OT referral in the EMR and the OT completed an evaluation in the primary care clinic and follow up treatment sessions with her in outpatient.
Intervention

Clean Pain & Dirty Pain
- Clean Pain
  - Physiological Pain
    - Sharp, shooting, burning, etc.
- Dirty Pain
  - Psychological response to pain
    - Anxiety, anticipation, worry, etc.

Mindfulness
- Present moment attention (ACT hexaflex)

MORITA THERAPY
WHAT IS CONTROLLABLE?

We cannot control our thoughts, feelings and body sensations directly by an act of will. Our actions may eventually influence our thoughts and feelings, but in the moment we cannot simply force ourselves to think or feel “better.”

<table>
<thead>
<tr>
<th>Uncontrollable</th>
<th>Controllable</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Thoughts</td>
<td>- Actions</td>
</tr>
<tr>
<td>- Feelings</td>
<td></td>
</tr>
<tr>
<td>- Body Sensations</td>
<td></td>
</tr>
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</table>

* If we are conscious of our urges we can choose how we act. This suggests that we can feel unmotivated and take action anyway, or feel an urge and not act on it.

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Questions?