### **MOOD** Clinician Handout



Catriona Buist, Psy.D.

Pain Psychologist, Oregon Health and Science University

"One text, one call, one message, one person can change your mood in one second." – Narasimha



www.oregonpainguidance.org/paineducationtoolkitforclinicians/mood

#### MOOD

Chronic pain often leads to fear, anxiety, depression, and avoidance behaviors. People often stop engaging in the activities they associate with pain, giving up hobbies they enjoy. Pain management aims to increase patients' function and quality of life, by helping them to see they can improve and enjoy their lives without necessarily eliminating their pain.

## STRESS, PAIN CATASTROPHIZING, AND TRAUMA

Chronic pain can be considered a form of chronic stress, activating the body's stress response.

**Pain catastrophizing** is the tendency to describe a pain experience in more exaggerated terms than the average person, to ruminate on it more, and/or to feel more helpless about the experience. **Pain catastrophizing**, **PTSD** or a **history of trauma** can also exacerbate pain.

#### PAIN AND FEAR

The body's natural response to pain is to guard and protect, which often leads to muscle guarding, and changing breathing patterns and movements to protect from pain. Fear of movement can make pain worse by leading to a more sedentary lifestyle and weight gain.

#### HOW TO IMPROVE MOOD TO MANAGE PAIN

Improving Mood can improve pain. Learning stress management techniques such as deep breathing and mindfulness, engaging in fun activities, and connecting with social supports can decrease depression and anxiety. Mood can also improve by learning how to reframe negative thoughts and through counseling.

#### MINDFULNESS FOR PAIN

Mindfulness meditation has been shown to improve pain, pain acceptance, depression, functional status, and quality of life. Mindfulness meditation refocuses the mind on the present and increases awareness of one's external surroundings and inner sensations, allowing the individual to step back and reframe experiences. These changes are associated with increases in overall well-being and decreases in fear.

# COGNITIVE BEHAVIORAL THERAPY (CBT) and ACCEPTANCE AND COMMITMENT THERAPY (ACT) are evidence-Based Therapies for Pain.

#### Cognitive Behavioral Therapy (CBT)

CBT is a present-focused, short-term psychotherapy approach that encourages patients to engage in an active coping process. The patient learns to change their maladaptive thoughts and behaviors that often maintain and even exacerbate the experience of chronic pain. The goals of CBT in pain management are to reduce the impact pain has on one's daily life and to learn skills for better coping with pain.

#### Acceptance and Commitment Therapy (ACT)

ACT is based on behavioral therapy and encourages acceptance, mindfulness, and values-guided action. Helping patients identify their values enables them to refocus their priorities away from pain and toward doing more of what they enjoy. ACT encourages patients to shift from reducing or eliminating pain to fully engaging in their lives.

#### **REFERENCES**

- Abdellah, C.G. & Geha, P. Chronic Pain and Chronic Stress: Two Sides of the Same Coin? Chronic Stress (Thousand Oaks). 2017 Jan-Dec:
- Hilton, L, Hempel, S., Ewing, B.A., Apaydin, E., Xanakis, L., Newberry, S., Colaiaco, B, Maher, A., Shanman, R.M., Sorbero, M.E., Maglione, M.A. Mindfulness Meditation for Chronic Pain: Systematic Review and Meta-analyssi. Ann. Behav. Med. 2017; 51(2): 199-213.
- 3. Clark, M.R., & Dinoff, B. CBT and ACT Therapy for Chronic Pain: How Does Psychotherapy Help? Practical Pain Management.

