

Behavioral Management of Chronic Pain in Primary Care: Using the 5As

Assess

An assessment using the 5As is typically more focused than a general psychological assessment. Recommended areas of questioning include:

- Where is the pain located and what is its quality (e.g. aching, stabbing, shooting, etc.)
- When did the pain start? What was going on when it started?
- How many times a day, week, or month does it occur?
- How long does the pain (or pain exacerbation) last when it occurs?
- On a scale of 1 to 10, 1 being mild pain and 10 being the worst pain imaginable, what is your pain level right now? Where is it on that scale at its worst? Its best?
- What can you do to decrease the pain?
- What makes the pain worse?
- Why do you think you are experiencing pain?
- What has your physician told you about your pain?
- Describe a typical day, including home, work, and leisure activities
- How does the pain limit you? What would you be doing differently if you didn't have pain?
- How has the pain affected you emotionally? [look for depression, anxiety, anger]
- How have others responded to the pain? Family? Friends? Coworkers?
- How would you like others to respond?
- What have you done to help deal with the pain [Include medication, self-management, procedures, alcohol or substance use, and excessive sleep or inactivity]
- In what other ways has pain affected your life?

Advise

The goal of "advise" is to facilitate understanding of the biopsychosocial nature of pain and increase motivation for self-management. You can also provide information about what kinds of things the patient can expect from the appropriate level of stepped care (based on your previous assessment)

Agree

Patient agreement to behavioral approaches to care is critical for success; if patients are only interested in medications, they may not be a good candidate for behavioral interventions. Additionally use this time to agree on goals of treatment, including: increased functioning, decreased distress, and improved quality of life (rather than a "cure" to pain). Additionally ensure you have agreed about the practical aspects of care (frequency of contact, nature of treatment, etc.)

Assist

Based on the patient's stepped care needs and what you previously agreed upon, this may include:

- Challenging unhealthy beliefs about pain
- Pacing activities, graded exercise
- Relaxation
- Coping skills for flare-ups

Arrange

Follow-up is often critical for patients with chronic pain. For patients who need step 1 or step 2 levels of care, follow-up with the behavioral health provider in 1-4 weeks to check in on impact of interventions on pain levels and functioning can be useful. For patients who require a more intensive (step 3) intervention, facilitating both the referral to this level of care, and communication between primary and specialty care services is critical to patient success.

Adapted from: Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer, A. C. (2009). *Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention*. American Psychological Association: Washington, DC.

Role Play Activity: The Case of Steven (or Stephanie)

Patient Information

You are a 25 year old United States Army Veteran. You have a past medical history positive for chronic low back pain, which you never sought medical treatment for, and instead “dealt with.” Since returning from Iraq, you have been diagnosed with combat-related PTSD, and have considered seeking mental health treatment, but never followed-up with a referral to specialty care. Instead, you have been prescribed medical marijuana to help manage your PTSD which you use daily. You have a history of heroin abuse in your teens, but have been clean since before you enlisted in the military at age 20. You currently drink approximately 2-3 beers with dinner, roughly 2-3 times per week.

You currently live with your mother and her boyfriend, and have a solid relationship with both. You have few friendships outside of your work setting, because you find it difficult to relate to your high school friends who did not have the same combat experiences as you did. You currently work at a local furniture store, and recently started sleeping with a coworker. Your hobbies including surfing, skateboarding, and spending time with your dog.

Roughly two months ago, you were in an electrical fire at your home that has left you with third degree burns to your right thigh, hand, and arm. You were the only person at home at the time of the fire. You’ve been treated at a local hospital that specializes in burn care, and have been following all of your doctors’ recommendations. The doctors have been very happy with the improvements/healing you’ve had so far, and think you are ready to receive all of your care from your primary care doctor again. While your burns are healing well, you’ve noticed recent increases of a different kind of pain than you had immediately after the fire. Now, you’re experiencing a shooting, stabbing pain that goes down your legs and arms. This pain has made it difficult for you to do a lot of things, including work, engage in sexual activities, and skateboard (you have not been able to go surfing since before the fire). Your boss has been flexible with your work schedule and given you more time off, and your mom and her boyfriend have taken over your household chores. You’ve been dealing with this increased pain by spending more time in bed, watching TV, and you’ve noticed increased PTSD symptoms (flashbacks, intrusive thoughts) both related to your combat experience and now the fire. You’ve also noticed your mood is poor, and you’ve been sleeping a lot lately.

When you last saw your PCP to try and transfer care from the burn center to him, the doctor told you he wanted you to meet with a colleague of his about your pain. You are open to trying different behavioral strategies to manage your pain, but are concerned that there are few leisure time activities that you will be able to do successfully because of the pain. You’re particularly interested in meditation and relaxation options, and finding natural ways to better manage your depression, which you think is directly caused by your pain experience. You are not interested in having to come to the office for any type of care more than once every other week, or stopping your use of medical marijuana.

Provider Information

You have been asked by one of your colleagues to meet with their patient, Steven/Stephanie. The patient’s primary care provider tells you that they have seen this patient for roughly three years, and that they have good rapport. The primary care provider asks that you evaluate their appropriateness for a behavioral health intervention to manage their chronic pain, as well as an evaluation to determine whether or not the PCP should continue to prescribe opiates as a supplement to self-management interventions. The patient is currently taking 10 mg oxycodone every four hours to manage their pain, and the PCP informs you that the patient has never asked for early refills.

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