اسم المادة و الكورس

PSYCHOTHERAPY MANAGEMENT

Sawa University

College of health and medical techniques

Department of Anesthesia

Fourth Stage

- جامعـــــة ســـــاوة الاهلية
- كليـــة التقنيـــات الصحيـة والطبيـة
- قسم تقنيـــات التخديـــــر
- المرحلـــــــــة الرابعة

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Psychotherapy for Pain Management (Week 7)

- Course: Pain Medicine
- Department: Medical Technical College - Anesthesia Technology
- Instructor: Dr. Anmar Rahman, M.B.Ch.B, M.Sc, Pediatric Surgery (Senior Lecturer)

Learning Objectives

- 1. Define psychotherapy role in pain management.
- 2. Understand neuropsychological mechanisms.
- 3. Identify major psychotherapeutic approaches.
- 4. Apply psychological assessment tools.
- 5. Integrate psychotherapy with multimodal management.

Introduction

- Pain involves emotional, cognitive, and behavioral components.
- Psychotherapy reduces suffering, improves coping, and enhances life quality.
- Crucial in chronic pain not explained by tissue injury.

Neuropsychological Basis

- - Pain perception: sensory and emotional pathways.
- - Brain regions: ACC, PFC, amygdala, insula.
- - Neurotransmitters: serotonin, dopamine, endorphins.
- - Chronic pain alters cortical plasticity.

Major Psychotherapeutic Approaches

- 1. Cognitive Behavioral Therapy (CBT)
- 2. Acceptance and Commitment Therapy (ACT)
- 3. Biofeedback and Relaxation
- 4. Mindfulness-Based Stress Reduction (MBSR)
- 5. Psychodynamic and Supportive Therapy

Cognitive Behavioral Therapy (CBT)

- Evidence-based approach.
- Modifies maladaptive thoughts and behaviors.
- Includes cognitive restructuring, relaxation, and pacing.
- Decreases catastrophizing and increases tolerance.

Acceptance and Commitment Therapy (ACT)

- Focuses on pain acceptance and value-based action.
- Promotes psychological flexibility.
- Useful for CBT-resistant patients.

Biofeedback & Relaxation Therapy

- Monitors physiologic signals (muscle tension, HR, skin temp).
- Patient learns voluntary control to reduce stress.
- Often combined with breathing and relaxation exercises.

Mindfulness-Based Stress Reduction (MBSR)

- Developed by Jon Kabat-Zinn.
- Promotes non-judgmental awareness of the present.
- Decreases stress and improves coping.

COMPONENTS OF MINDFULNESS-BASED STRESS REDUCTION (MBSR)

Body Scan

Yoga

Breath Awareness

Group Dialogue and Discussion

Interventions

Stress Reduction Techniques

Daily Homework Assignments

OLYMPIC BEHAVIORAL HEALTH

MBSR :

- In psychotherapy for chronic pain, mindfulness-based approaches teach patients to observe their sensations, thoughts, and emotions related to pain without labeling them as “bad,” “unbearable,” or “unfair.”
- The goal is to shift the patient’s relationship with pain rather than to eliminate it. When attention is focused calmly and non-judgmentally on the present, reactivity and emotional distress decrease, reducing secondary suffering caused by anxiety, catastrophizing, or avoidance.
- This enhances pain acceptance, emotional regulation, and coping ability, leading to improved quality of life even if pain intensity itself remains unchanged.

MBSR


SELF AWARENESS
EMOTIONAL BALANCE
MINDFULNESS
RELATIONSHIP MANAGEMENT
SOCIAL AWARENESS

Headache and Psychotherapy

- Migraine and tension-type headaches have psychogenic links.
- CBT, relaxation, and biofeedback reduce severity.
- Stress management and sleep hygiene are vital.

Pain-Related Psychological Disorders

- - Depression: worsens pain perception.
- - Anxiety: amplifies pain vigilance.
- - Catastrophizing: predicts poor outcomes.
- - Somatic symptom disorder: needs psychiatric management.

Assessment Tools

- • McGill Pain Questionnaire (MPQ)
- • Beck Depression Inventory (BDI)
- • Pain Catastrophizing Scale (PCS)
- • Hospital Anxiety and Depression Scale (HADS)
- • Visual Analog Scale (VAS)

Integration with Multimodal Management

- Combine psychotherapy with:
- - Pharmacologic therapy
- - Physical therapy
- - Interventional procedures
- - Lifestyle modification

Clinical Example

- 35-year-old female with tension-type headache unresponsive to medication.
- Findings: stress, catastrophizing.
- Treatment: CBT + biofeedback + lifestyle change.
- Outcome: 60% improvement after 10 sessions.

Summary

- Psychotherapy is vital in chronic pain.
- CBT, ACT, MBSR, and biofeedback are key.
- Addresses emotional, behavioral, and cognitive aspects.
- Improves quality of life and reduces drug reliance.

References

- 1. Bonica’s Management of Pain, 5th ed., 2019.
- 2. Bonica’s Handbook, 2nd ed., 2018.
- 3. Gatchel & Turk, Psychological Approaches, 2018.
- 4. Eccleston, Chronic Pain and Psychology, 2016.