



## MODULE 2:

# Behavioral Activation: An Effective Pain Management Strategy

Chronic pain (i.e., pain lasting  $\geq 3$  months) is a common and complex condition influenced by biologic, psychosocial, and social factors which means there is variability in the effectiveness of pain treatments depending on the type of underlying pain or condition being treated. Chronic pain can affect almost every aspect of a person's life and contribute to lost productivity, reduced quality of life, and stigma. Clinicians must deliver holistic and compassionate care when treating chronic pain.<sup>1</sup> Behavioral activation exemplifies such care by addressing the psychosocial aspects of pain management.

### What is Behavioral Activation?<sup>2</sup>

- Behavioral activation is a first-line approach designed to increase patient engagement in activities aligned with their personal values, thus improving mood, and reducing stress and inactivity.
- Behavioral activation draws on the concepts of Cognitive Behavioral Therapy, and involves tracking mood and activity patterns, identifying their relationships, and scheduling meaningful, mood-enhancing interests, such as participating in social get-togethers, hobbies, physical activity, and self-care activities.
- Behavioral activation can be used along with pharmacological strategies to treat chronic pain.

### What are the Benefits of Integrating Behavioral Activation in Pain Management?<sup>3</sup>

- Behavioral activation helps patients develop positive routines and build skills for managing their condition(s) to build good habits in their daily lives.<sup>3</sup>
- Behavioral activation helps to enhance mood and reduce stress in patients with chronic pain.<sup>3</sup>
- Behavioral activation has high reported patient satisfaction with a significant reduction in pain at follow-up.<sup>2</sup>

### How Can I Integrate Behavioral Activation in Pain Management Care?<sup>4</sup>

Integrating values-based behavioral activation into chronic pain care may effectively reduce pain-related disruption in daily activities and is a promising addition to pain management practice. An example of the behavioral activation process includes these steps:

- 1 Provide the patient with brief education on pain and the risks associated with opioid use. Discuss how pain may impact depression and other aspects of the patient's life.
- 2 Involve the patient in discussions about how they currently cope with pain and how these choices affect their emotions.
- 3 Assist the patient in identifying the values, priorities, and behaviors they would like to increase, and any supports and resources that would help.
- 4 Ask the patient to choose a realistic and valued regular activity that will replace time spent on less helpful activities. Valued activities may include calling a friend, completing simple gardening tasks, or relaxation exercises.
- 5 Mutually monitor progress over time during follow up appointments and ask the patient to note how the changes affect how they feel.
- 6 Help the patient to choose alternate activities as needed based on their outcomes.

<sup>1</sup> Dowell, D., Ragan, K. R., Jones, C. M., Baldwin, G. T., & Chou, R. (2022). CDC clinical practice guideline for prescribing opioids for pain—United States, 2022. *MMWR Recommendations and Reports*, 71(RR-3), 1–95. <https://doi.org/10.15585/mmwr.rr7103a1>

<sup>2</sup> Hooker, S. A., Slattengren, A. H., Boyle, L., & Sherman, M. D. (2020). Values-based behavioral activation for chronic pain in primary care: A pilot study. *Journal of Clinical Psychology in Medical Settings*, 27(4), 633–642. <https://doi.org/10.1007/s10880-019-09655-x>

<sup>3</sup> Walsh, S., Jones, M., Gray, R. J., Gillam, M., Gunn, K. M., Barker, T., Eshetie, T., & Moseley, G. L. (2021). Use of behavioral activation to manage pain: A scoping review protocol. *BMJ Open*, 11(6), e041036. <https://doi.org/10.1136/bmjopen-2020-041036>

<sup>4</sup> Brooks, J.M., Umucu, E., Storm, M. et al. Preliminary Outcomes of an Older Peer and Clinician co-Facilitated Pain Rehabilitation Intervention among Adults Aged 50 Years and Older with Comorbid Chronic Pain and Mental Health Conditions. *Psychiatry Q* 92, 561–571 (2021). <https://doi.org/10.1007/s11126-020-09831-5>