

## How your clients think affects how they feel

### The importance of taking a Biopsychosocial Approach to chronic pain

November / December 2010

The relationship between pain and how it affects us is very complex. However, previous concepts and understanding regarding pain took a very simplified approach. For example, most models assumed that if you had a minor injury, in turn you would experience a small degree of pain—if you had a serious injury, in turn you would experience a large degree of pain.

Fast forward to today and years of research and extensive analysis has led to a new—and improved—model of pain called the **Biopsychosocial Model** of pain, which is now widely accepted as the ‘gold standard’ as the foundation for how to most effectively assess and treat chronic pain.

#### **Pain Redefined...**

The Biopsychosocial Model of pain takes into consideration all of the components that influence how we experience pain. Essentially, it recognizes that pain is relative; it depends on the situation in which the pain is experienced and on the individuality of the patient.

Accordingly, pain is not simply a physical event; it is also closely linked to your MVA clients' psychology and social circumstances. How your MVA clients experience pain depends not just on the extent of their injuries, but also their perception of the experience combined with variables like their mental and emotional health and life situation.

#### **Pain Assessment and Treatment Redefined...**

To provide your MVA clients with the best care possible—especially to avoid hours of passive treatment that is ineffective and counter-productive, not to mention costly—the importance of taking a scientific, research-based approach to rehabilitation cannot be understated:

- Ensure early intervention by a multi-disciplinary team of rehabilitation professionals, including a Physiatrist, Psychiatrist and Occupational Therapist.
- Check that the assessment report answers these key questions: Does the client suffer from chronic pain? How serious is it? Was it caused by the MVA? What can be done to treat it?

This ensures a comprehensive assessment that includes all facets of chronic pain: ‘bio’ (biological/physical), in combination with the ‘psycho’ (psychological), as well as the ‘social’ (interpersonal) aspects of chronic pain. Please see the attachment for a graphic overview of the Biopsychosocial Model.

## Overview of the Biopsychosocial Model of Pain

The Biopsychosocial Approach takes into consideration the many facets related to how pain is experienced:

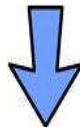
- **Bio = How the physical (biological) outcomes of the MVA cause pain** (e.g., pain from a muscle tear or pressure on nerve endings due to swelling)
- **Psycho = How your MVA client feels about the situation** (e.g., what is the client's perception of pain in comparison to others? Has the client experienced similar pain in the past?)
- **Social = How your MVA client's life situation is affected** (e.g., what is the impact of pain on the client's interpersonal relationships with their spouse and co-workers?)

### Biopsychosocial Model of pain

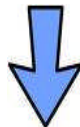
**Feel pain:** MVA accident leads to pain due to the MVA injuries.



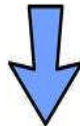
**Worry:** anxiety about experiencing more pain occurs – especially if they try to do certain activities, often leading to worry about what the future holds, and feelings of helplessness, dependency, and guilt, as well as anger and frustration.



**Avoid activity:** client stops doing activities and becomes increasingly inactive.



**Experience a cycle of pain:** inactivity leads to increased physical and emotional deterioration that leads to more inactivity creating a cycle of pain.



**Cycle continues:** sometimes lasting months or even years and often resulting in secondary issues.