

# Pain Assessment: Implications for Vocational Rehabilitation

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## Goals of Presentation

- Discuss the value of psychosocial assessment in pain patients
- Identify factors influencing perception of pain and impacting RTW
- Examine methods to evaluate tests and response bias
- Review current assessment tools for your practice

## OBJECTIVES OF PRESENTATION

- Convince you of the benefit of measuring psychosocial factors in your rehab practice.
- Examine response bias in pain patients.
- Present brief screening instruments to identify patients with psychosocial and RTW problems.
- Classify pain questionnaires that focus on assessing patients ability to RTW
- Present the BAP and BAP-MSQS as tools for your practice.  
“Progress in the field of chronic pain and disability depends on developing and refining uniform approaches to measuring numerous independent and dependent variables including psychosocial variables. Standardized questionnaires should be used to systematize information collection.”

Institute of Medicine for the Social Security Administration

### THESE INSTRUMENTS SHOULD BE:

- Comprehensive in nature
- Understandable by patients
- Yield a wide range of scores with sensitivity to changes
- Demonstrates appropriate reliability and validity

# Key Recommendations of the Faculty of Occupational Medicine of the Royal College of Physicians in London: 2000

Prevention and case management need to be directed at both physical and psychosocial risk factors

- Strong Evidence in the literature (generally consistent findings in multiple, high quality scientific evidence.
- Conclusion: Disability due to low back pain & RTW depends more on psychosocial factors.

Assessment of the worker presenting with back pain:

Consider psychosocial issues for chronicity

- Strong Evidence (generally consistent findings in multiple, high quality scientific evidence.
- Conclusion: Individual and work-related psychosocial factors play an important role in persisting symptoms and disability.

## Goals of Assessment

- Description of current functioning
- Confirmation or Refutation of Clinical Impressions
- Differential Diagnosis
- Identification of Treatment Needs
- Assignment of appropriate treatments
- Monitoring Treatment over time

## Key Assumption

The honesty, accuracy and completeness of each patients self-report should be considered an integral part of the clinical assessment.

## The Importance of Examining Response Style/Response Bias

- Inconsistencies between and within
- Overly impaired performance when compared to normative group
- Signs of exaggeration or feigning

- Maximization or minimization
- Neutral response style

## Evaluating the Tests

- Validity: Does it measure what it says it does?
- Reliability: Is it consistent over time.
- Normative data: Who makes up the sample?

## Important Areas of Assessment in Return to Work

- Job Satisfaction
- Level of need for Medical Treatment
- Impact of Childhood abuse
- Measure the Fear of Pain
- Concept of Blame

“The gold standard in assessment of disability and pain should be:

- Practical: self-report
- Comprehensive: measure social, cognitive, emotional and behavioral areas
- Reliable: consistent
- Valid: measures what it says it does.”

R. A. Deyo in Contemporary Conservative Care for Painful Spinal Disorders.

## BEHAVIORAL AND PSYCHOSOCIAL ASSESSMENT INSTRUMENTS

### BRIEF SCREENING TESTS OF PSYCHOSOCIAL ISSUES IN PAIN PATIENTS

- Hendler Screening Test. Hendler, N. *Psychosomatics* 20:801-808, 1979
- Behavioral Assessment of Pain-Medical Stability Quick Screen (BAP-MSQS). Lewandowski, M. Measures patient assets as well as obstacles for recovery. Measures perceived need for additional medical treatment, maximum medical improvement, job satisfaction, pain acceptance, anger/entitlement, depression, anxiety, perceived ability to return to work.

### MEASURES OF PAIN, DISABILITY, and ILLNESS BEHAVIOR

- Pain Disability Index. Tait, R. C., Pollard, A., Margolis, R. B., Duckro, P. N., Krause, J. J. *Archives of Physical Medicine and Rehabilitation* 68: 438-441.
- Back Pain Classification Scale Leavitt, F. *Measurement and Assessment*, 1983
- Chronic Illness Problem Inventory Kames, L. O., Naliboff, B.D., Henrich, R.I., Schag, C.C. *International Journal of Psychiatric Medicine* 14: 65-75, 1984
- Functional Rating Scale Evans, J., Kagan, A. *Spine* 11: 277-281, 1986
- Illness Behavior Questionnaire Pilowsky, I., Spence, N. D. *Journal of Psychosomatic Research* 19: 279-287, 1975.
- The Pain Behaviour Scale. Feuerstein M, Greenwald M, Gamache M P, Papciak A. Cook E W. *Journal of Psychopathology and Behavioural Assessment* 1985 7:301-315
- McGill-Melzack Pain Questionnaire Melzack, R. *Pain* 1: 277-299, 1975
- McGill Comprehensive Pain Questionnaire Monks, R., Taenzer, P. *Pain Measurement and Assessment*
- Vanderbilt Pain Management Inventory Brown, G., Nicassio, P. *Pain* 31:53-64 1987

### OTHER DISABILITY MEASURES

- Sickness Impact Profile. Bergner, M. Bobbit, R. A., Carter, W. B., Gibson, B. S. Norms: 107 pain patient who experienced chronic low back pain. Reliability: Good and useful for assessing disability in low back pain patients. Validity: Good concurrent validity and sensitivity to change over time. *Medical Care*. 19: 787-805. 1981.
- SF-36: short 36-question outcome assessment instrument. quick standardized assessment of patients' health status. 8-separate indices of health and well-role function due to physical limitations, role function due to emotional limitations, social function, mental health, bodily pain, vitality and energy. Limitation in Usefulness of SF-36. Gatchel et al. presented at the North American Spine Society, San Francisco, 1998. The SF-36 has limited usefulness in charting the outcomes of patients with chronic back pain. The SF-36 was designed to treat study populations and not individual patients.

### COMPREHENSIVE PAIN ASSESSMENT DEVICES

- West Haven-Yale Multidimensional Pain Inventory (WHYMPI). Robert D. Kerns, Dennis C. Turk, and Thomas Rudy. 120 chronic pain patients (81.5% male Veterans). *Pain*, 23:345-356. 1985.

## ➤ Behavioral Assessment of Pain Questionnaire.

Tearnan, B., Lewandowski, M.

Comprehensive 32 scale self-report questionnaire normed on 1,021 pain patients with good reliability and validity

*American Journal of Pain Management* 2; 181-191., 1992

### SPECIFIC AREAS OF PAIN ASSESSMENT

#### COGNITIVE FACTORS and COPING STRATEGIES

## ➤ Behavioral Assessment of Pain Questionnaire.

Tearnan, B., Lewandowski, M.

Comprehensive 32 scale self-report questionnaire normed on 1,021 pain patients with good reliability and validity

*American Journal of Pain Management* 2; 181-191., 1992

- Cognitive Errors Questionnaire. Smith, T. W., Aberger, E.W., Follick M. J., Ahern, D. K. *Journal of Consulting and Clinical Psychology* 54: 573-575., 1986.
- Cognitive Evaluation Questionnaire (CEQ)  
Philips, H. C. *Behavior Research and Therapy* 1989. 27; 469-473. Philips developed the 48-item Cognitive Evaluation Questionnaire (CEQ) to permit the systematic assessment of patient expectations and beliefs.
- Pain Locus of Control Questionnaire. *Occupational Medicine*, 1997; 47:25-32
- Pain and Impairment Relationship Scale (PAIRS). Slater MA; Hall HF; Atkinson JH; Garfin SR. *Pain* 1991; 44:51-6.
- Cognitive Strategies Questionnaire (CSQ). Lawson K; Reesor KA; Keefe FJ; Turner JA. Department of Psychology, Rehabilitation Centre, Ottawa, Canada. *Pain* 1990; 43:195-204. Cognitive Strategies Questionnaire (CSQ), a 42-item measure of different strategies used by pain patients that includes diverting attention, coping self-statements, praying or hoping, increased behavioural activities, reinterpretation of pain sensations, ignoring pain sensations and catastrophizing.
- Coping Strategy Questionnaire. Rosenstiel, AK, Keefe, FJ. (1983). *Pain*, 17; 33-44.

MOOD FACTORS (Depression and Anxiety)

## ➤ Behavioral Assessment of Pain Questionnaire.

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- Modified Zung Depression Inventory
- Beck Depression Inventory
- Beck Anxiety Inventory
- Fear-Avoidance Beliefs Questionnaire
- Pain Anxiety Symptoms Scale

WORK AND JOB SATISFACTION

- Behavioral Assessment of Pain—Medical Stability Quick Screen—Lewandowski, M.
- Job Stress Survey. Spielberger, C., & Vagg, P. 1998. *Journal of Occupational Health Psychology*, 3, 294-305

## PATIENT PERCEIVED NEED FOR TREATMENT

- Behavioral Assessment of Pain--Medical Stability Quick Screen—Lewandowski, M
- Level of Expressed Needs Questionnaire (see Elliott, AM in *Lancet*, 1999; 354:1248-52).

## \*\*\*PERSONALITY MEASURES AND MEASURES OF PSYCHOPATHOLOGY

- Minnesota Multiphasic Personality Inventory-2 (MMPI-2): 567 items.
- Millon Behavioral Health Inventory. Millon, T, Green CJ, Meagher, RB: Millon Behavioral Health Inventory, 2<sup>nd</sup> edition, Clinical Assessment Systems, 1981.
- Millon Clinical Multiaxial Inventory-2 (MCMI-2 & MCMI-III)
- Personality Assessment Inventory (PAI). 344 Items on non-overlapping scales
- SCL – 90 Derogatis, L. R. (1977). SCL-90R. Towson, MD: Clinical Psychometric

\*\*\*Commercial products requiring degree in Psychology. Level C products.