Pain Assessment: Implications for Vocational Rehabilitation
Michael J. Lewandowski, Ph.D.
American Board of Vocational Experts
Fall Conference 2000

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.
BRIEF SCREENING TESTS OF PSYCHOSOCIAL ISSUES IN PAIN PATIENTS

- 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

- Back Pain Classification Scale. Leavitt, F. *Measurement and Assessment*, 1983
- McGill Comprehensive Pain Questionnaire. Monks, R., Taenzer, P. *Pain Measurement and Assessment*

OTHER DISABILITY MEASURES


- 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


**SPECIFIC AREAS OF PAIN ASSESSMENT**

**COGNITIVE FACTORS and COPING STRATEGIES**


- Pain Locus of Control Questionnaire. *Occupational Medicine*, 1997; 47:25-32


- 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.

MOOD FACTORS (Depression and Anxiety)

- Behavioral Assessment of Pain Questionnaire.
  Tearman, B., Lewandowski, M.
  *American Journal of Pain Management* 2; 181-191., 1992
- 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.

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 Clinical Multiaxial Inventory-2 (MCMI-2 & MCMI-III)
- Personality Assessment Inventory (PAI). 344 Items on non-overlapping scales

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