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Applying ACT to a Functional Restoration Program for Veterans with Chronic Pain

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OBJECTIVE

According to the NIH (2012), approximately 11% of Americans have chronic pain. Opioid overdose is the leading cause of accidental death, above motor vehicle crashes (CDC, 2013), and Veterans are twice as likely to die from accidental overdose compared to civilians (Seal, 2012). Guidelines in opiate prescribing have shifted drastically, lowering the recommended dose, and research emphasizing behavioral and multimodal approaches to pain management is underway (CDC, 2016). The need for sustainable, alternative treatments to traditional biomedical management is abundantly clear.

Functional Restoration Programs (FRP) are comprehensive, medically supervised, biopsychosocial, interdisciplinary, rehabilitation programs that include disability case management and exercise and psychological interventions. Functional Restoration Programs are supported by research in the treatment of chronic pain, though these programs typically use a traditional CBT approach. Yet there is increasing evidence to support Acceptance and Commitment Therapy for the treatment of chronic pain (Hann & McCracken 2014). The Veterans Affairs Puget Sound Health Care System has adopted an ACT-based FRP (across modalities of physical therapy, medicine and psychology) to improve self-management and treatment of Veterans with chronic pain. The primary goal is to enhance thriving as it relates to pain.

Hypothesis: Combining ACT with an FRP leads to a viable and effective treatment of chronic pain.

DESIGN

This is a program development and quality improvement project for a CARF accredited outpatient FRP. Veterans met with providers twice weekly for four hours for eight weeks, totaling 64 hours of physical therapy, ACT, and mind-body interventions. Veterans participated in 16 hours of ACT group treatment.

METHOD

	Tuesday	Thursday
1000	Physical Therapy (PT)	ACT Group
1100	Exercise in Gym	PT Lecture
1300	Mind-Body	PT in Gym
1400	Meditation	ACT Group

Participants: 91 Veterans with chronic pain who had not benefited from traditional pain management treatment.

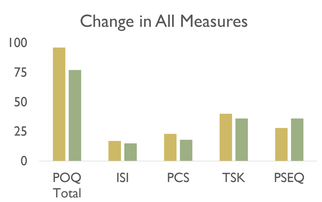
Measures: Pain Outcomes Questionnaire (POQ), Insomnia Severity Index (ISI), Tampa Scale of Kinesiophobia (TSK), Pain Self-Efficacy Questionnaire (PSEQ), and the Pain Catastrophizing Scale. PSEQ is the one measure where a higher score indicates improvement.

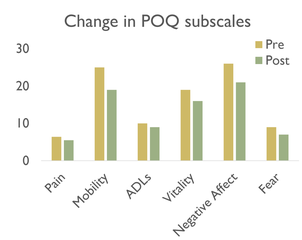
RESULTS

These statistically significant results show that there was improvement in all outcomes measured, except ADLs.

Outcome	Pre	Post	*p* value	Cohen's d
Pain	6.4	5.5	.000	-0.63
Mobility	25	19	.000	-0.74
ADLs	10	9	.309	-0.16
Vitality	19	16	.000	-0.76
Negative Affect	26	21	.000	-0.58
Fear	9	7	.000	-0.62
POQ total	96	77	.000	-0.86
ISI	17	15	.000	-0.4
PCS	23	18	.000	-0.62
Kinesiophobia	40	36	.000	-0.61
PSEQ	28	36	.000	-0.92

Effect size magnitudes presented in terms of Cohen's d. The general guideline is that around 0.2d is a small effect, 0.5d is a medium effect, and 0.8d or greater represents a large effect size.





CONCLUSION

In this observational, non-experimental exploratory analysis of outpatient chronic pain treatment outcomes, pain, sleep, confidence in pain management, valued living, and thinking about pain, all improved in a way that allowed veterans to engage more in committed action (all p values < 0.001).

Change in ADL across treatment was not significant (p=.309). The likely reason for this could be due to the fact that this was an outpatient population, ADLs were not significantly reduced to begin with thus little change was made.

The treatment demonstrated beneficial effects, and preliminary evidence suggested that the treatment provides statistically and clinically significant positive outcomes. Results showed improvement in increasing values based living, thinking about pain differently, and reducing fear about pain and movement.

These results support to our hypothesis that an ACT-based multidisciplinary FRP is effective in reducing pain-related difficulties.

FUTURE DIRECTIONS

Further study of this program should assess for changes in ACT-related outcomes such as cognitive fusion and valued living.

Chronic pain management programs, specifically FRPs, might choose to use ACT as the psychological treatment modality as ACT continues to gain support for the treatment of chronic pain.

SELECTED REFERENCES

Centers for Disease Control. Prescription Drug Overdose in the United States: Fact Sheet (2015, April 1). Retrieved November 2, 2015. http://www.cdc.gov/drugoverdose/index.html

Hann, K. E. J. & McCracken, L. M. (2014). A systematic review of randomized controlled trials of Acceptance and Commitment Therapy for adults with chronic pain: Outcome domains, design quality, and efficacy. Journal of Contextual Behavioral Science, 3, 217-227.

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