Contributions to Psychology and Medicine

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Assessing Chronic Pain: A Multidisciplinary Clinic Handbook
Paul M. Camic/Frederick D. Brown, Editors

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Editors

Assessing Chronic Pain

A Multidisciplinary Clinic Handbook

With 46 Illustrations

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Preface

Assessment and treatment of acute and chronic pain has become an area of specialization within anesthesiology, clinical psychology, dentistry, neurology, neurosurgery, and physical therapy. This has occurred in part, due to major advancements in both assessment and treatment procedures over the past decade that have further developed the art and science of clinical pain management. Initially, these advancements were reported solely within their respective disciplines. It was the rare exception that a psychologist knew about anesthesiological treatments or a neurosurgeon about cognitive and behavioral aspects of chronic pain. As each discipline developed their respective subspecialty in chronic pain, the limitations of each discipline became apparent.

The founding of the International Association for the Study of Pain in May 1974 brought together the scientists and clinicians of the various disciplines working in the area of pain management on an international level. Since its inception, this association has been a leading proponent of integrating advances in the treatment of acute and chronic pain between disciplines. As a health care problem, pain affects the physical and psychological well-being of our patients. Due in part to the integration of the mind and body in the experience of pain, no single discipline has been able to provide us with all the answers in managing pain.

This book provides the reader with an up-to-date perspective about integrative treatment approaches from a multidisciplinary assessment and approach. It was edited by a psychologist and a neurosurgeon with contributions from others in these fields in addition to anesthesiology, dentistry, psychiatry, and social work. It is a volume written by practicing clinicians who have collectively worked with thousands of patients in hospital clinics at The University of Chicago, Universität Göttingen, Case Western Reserve University, and the University of Illinois/Illinois Masonic Medical Center.

A volume such as this can serve many purposes without losing sight of its primary goal, which is to advance further an understanding and appreciation of the work of a multidisciplinary pain clinic. Although the term “multidisciplinary pain clinic” has become a fashionable concept to disseminate as we enter the last decade of this century, it is also a treatment perspective that has begun to bear fruit. Simply listing various disciplines on a clinic’s letterhead or brochure does not assure the patient or insurance company or regulatory agency that integrative assessment and treatment is, in fact, taking place. The organization and development of a clinic’s philosophy of assessment and treatment, together with a coherent rationale for such assessment and treatment, does set that clinic apart from the dreaded and now infamous “pain doctor” who was content to prescribe narcotics and schedule questionable surgeries.

This handbook provides a clear, concise, step-by-step approach to the evaluation of a patient within a multispecialty clinic practice. It provides the physician with the basis of clinical decision making utilizing available treatments from medicine, surgery, and psychology. It provides the psychologist with an in-depth understanding of the assessment procedures and treatment options of the other members of the pain clinic treatment team. This handbook further provides the insurance company claims executive with a look at the appropriate assessment and treatment tools considered to be relevant components of pain management. Finally, this volume provides the hospital administrator with a detailed overview of clinical operations that are sound and ethical.

Many of us have worked side by side in the clinics for several years before the idea for this volume was conceived. While we are excited by the work we have accomplished and by the many successes we have experienced, there remains much to be done to help further the patient manage his or her pain. The recent decision to admit psychologists to institutes of psychoanalytic training in the United States will help advance research in psychodynamic treatment of pain as well as a host of other psychophysiological problems. This will hopefully allow psychoanalytic research on patients presenting with physical complaints to equal the outstanding contributions of behavioral researchers. As medical science advances and imaging techniques take us into new areas of the human body, we may uncover yet-unknown physical mechanisms that contribute to the continuation of pain. As these advances in research translate into clinical practice, refinements in chronic pain assessment will be needed. In a final note, we thank the many secretaries who worked diligently in typing the manuscript; Jean E. Rhodes, Ph.D., for her invaluable comments; and Glenn M. Deacon (PMC) and Mary Jo Brown (FDB) for their personal support and encouragement.

Paul M. Camic
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