

OUTLINE

Pain
 Acute vs. chronic pain
 Emotional aspect of pain
 More problematic than physical aspect
 Anxiety, fear, catastrophizing
 ACE (Adverse Childhood Experiences)
 Study and link to pain
 Chronic pain onset: Physical & emotional
 Pain vs. suffering
 Impact of pain
 Prevalence
 Societal costs
 Chronic pain cycle
 Psychological
 Physical
 Factors that impact pain
 Physical, thought, emotions, behaviors
 Social interactions
 Suicidality and chronic pain

Opioids
 Scope of the problem
 The "painkiller" myth
 Not effective pain relief
 Medication assisted treatment
 Methadone
 Buprenorphine (Suboxone)
 Naltrexone injection (Vivitrol)
 Risks
 Men, women, elderly

Assessment
 Pain experience factors
 Psychological
 Behavioral
 Social
 Physical
 5 E's of pain interview
 Self-report measures
 Impact of pain

Treatment
 Treatment options
 Medication
 Invasive
 Non-invasive
 CDC guidelines
 Behavioral treatment first
 Importance of therapeutic relationship
 Mindfulness
 Powerful evidence-based interventions
 Motivational interviewing
 Proven techniques to move toward behavior change
 Goal-setting
 SMART goals
 Matching goals with client values
 CBT tools
 Automatic negative thoughts
 Thought distortions
 ABC worksheet
 Decatastrophizing
 Additional behavioral treatment tools
 Breathing
 Imagery
 Pleasant activities
 Progressive muscle relaxation
 Anger management
 Time-based pacing
 Stress management
 Sleep hygiene
 Research limitations and risks of psychotherapeutic approaches

OBJECTIVES

1. Describe how the emotional aspect of a client's pain can be more problematic than the physical aspect.
2. Specify the differences in risks of opioid medications use in men, women and the elderly and the related treatment implications.
3. Assess the psychological, physical, social, and behavioral factors that contribute to chronic pain and articulate their treatment implications.
4. Implement motivational interviewing techniques to motivate clients towards behavior change that reduce the symptoms of chronic pain.
5. Summarize the CDC recommendations for the treatment of chronic pain and communicate how that impacts clinical treatment.
6. Utilize mindfulness-based strategies to decrease symptoms of chronic pain in clients.

Target Audience:
 Social Workers • Psychologists • Counselors • Addiction Counselors • Occupational Therapists
 Psychotherapists • Marriage and Family Therapists • Case Managers • Physical Therapists
 Physical Therapist Assistants • Nurses • Nurse Practitioners • Other Helping Professionals

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BEHAVIORAL TREATMENT OF CHRONIC PAIN

Evidence-Based Techniques to Move People from Hurt to Hope

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 Wednesday, July 24, 2019

SCOTTSDALE, AZ
 Thursday, July 25, 2019

PHOENIX, AZ
 Friday, July 26, 2019

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We are in the midst of a nationwide push to treat chronic pain and address our out of control opioid prescribing. At least 1/3 of the people we treat are dealing with this condition, yet most of us are ill-prepared to address this with skill and expertise. The CDC recently published recommendations for the treatment of chronic pain, specifically highlighting behavioral treatment as an approach that should be tried before opioids are prescribed.

We are witnessing a devastating public health crisis that is ruining individual's lives, tearing up families, and ripping through communities. We need to arm ourselves with the skills needed to offer our clients evidence-based behavioral interventions that will help them live healthy and productive lives.

Come to this interactive and cutting-edge training and learn creative tools and techniques to transform your practice. Learn powerful mindfulness interventions and motivational interviewing techniques to move your clients towards behavior change. Master the four pain-changing CBT tools. You will leave with the skills and confidence to provide practical and life-changing help to help people move out of chronic pain and into active, healthy, and meaningful lives.

SPEAKER

JAMES KEYES, PhD, has specialized in the area of chronic pain and worker's compensation treatment over the past 20 years, working both in CARF accredited multidisciplinary comprehensive treatment programs and in integrated primary care/medical centers. He has presented at national conferences (Ericksonian Congress and Brief Therapy conferences); as well as in the training programs for resident physicians and with mental health providers. He is on faculty with the University of Washington as a clinical instructor, supervising clinical work. He completed a specialized track in his doctoral program at Loyola University of Chicago and an internship at Denver Health & Hospitals for clinical child and adolescent psychology, in addition to training on clinical psychological treatments, later getting Board Certification in this area. However, in the changes of life (moving cities) an opportunity became available to work in a comprehensive pain program with providers who had 40 years' experience in the treatment & management of chronic pain, Dr. Keyes added this treatment area to his base of skills, by joining this hospital based program.

Dr. Keyes primarily describes his theoretical orientation as a cognitive behavioral therapist, because the approach he goes to first are those with the strongest research backing. However, in the course of training, he was exposed to the work of Milton Erickson, the psychiatrist who integrated strategic family therapies; hypnosis; and uncommon therapies (Haley) approaches to help patients individually reach their desired goals. Working with this background, in a patient centered approach, Dr. Keyes has worked over the years in multidisciplinary settings to assist patients who present.

Speaker Disclosures:

Financial: James Keyes is in private practice. He receives a speaking honorarium from PESI, Inc.

Non-financial: James Keyes is a member of the American Board of Professional Psychology; Association for Behavioral and Cognitive Therapies; and the American Psychological Association.

Live Seminar Schedule

7:30 Registration/Morning Coffee & Tea
8:00 Program begins
11:50-1:00 Lunch (on your own)
4:00 Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon).
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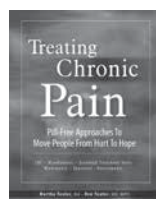
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Treating Chronic Pain

Pill-Free Approaches to Move People From Hurt To Hope

By Martha Teater, MA, LMFT, LCAS, LPC and Don Teater, MD, MPH

The best treatment for chronic pain isn't found in a doctor's office or pharmacy—it's in the therapist's office. Written by a mental health professional and a physician with over 50 years combined experience, this skills manual will teach you how to treat pain without pills and with confidence, using cutting-edge assessments, insights and interventions.



Somatic Psychotherapy Toolbox

125 Worksheets and Exercises to Treat Trauma & Stress

By Manuela Mischke-Reeds, MA, MFT

From over 25 years of clinical experience, Manuela Mischke-Reeds, MA, LMFT, has created the go-to resource for mental health therapists who want to incorporate somatic techniques into their daily practice. Highly-effective for clients dealing with trauma and stress disorders, somatic psychotherapy is the future of healing the entire person-body and mind.

Hassle-Free Cancellation Policy: If you contact us before the event date, you can exchange for a DVD or CD/digital manual package on the subject (self-study continuing education credit may be available), a certificate to attend another seminar, or receive a tuition refund less a \$30 cancel fee. Substitutions are permitted at any time.



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If your profession is not listed, please contact your licensing board to determine your continuing education requirements and check for reciprocal approval. For other credit inquiries not specified below, or questions on home study credit availability, please contact cepsi@pesi.com or 800-844-8260 before the event.

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OCCUPATIONAL THERAPISTS & OCCUPATIONAL THERAPY ASSISTANTS:



PESI, Inc. is an AOTA Approved Provider of continuing education. Provider #: 3322. Full attendance at this course qualifies for 6.0 contact hours or .6 CEUs in the Category of Domain of OT and Occupational Therapy Process. Partial credit will be issued for partial attendance. The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA. Course Level: Intermediate.

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