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INTEGRATING COGNITIVE BEHAVIORAL METHODS AS FIRST LINE PAIN MANAGEMENT

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The Institute of Medicine's report on relieving pain in American has guided pain assessment and treatment in profound ways. It is also attempting to provide guidance regarding the importance of multidisciplinary pain care, recognizing the primary focus of pain relief from biomedical interventions have left much of the population without improved skill at managing pain sensation. The historical shift that emerged a generation ago moved pain management from a joint involvement with the patient as participant to the patient as recipient of care, to physician as primary care provider and responsible pain control manager. This of course was further reinforced by the multiple pain medications developed and marketed to alleviate pain, reduce pain intensity and design a chronic pain cohort dependent on opioid therapy as their life tool. The evidence of a failed trajectory is obvious, and much back pedaling is required in order to more effectively assist patients with skills and tools designed to assist them on their path. Responsible and ethical physicians or pain management providers are not basing care on the primary goal of pain reduction. This year has redefined pain management care in the United States and many laws now restrict the liberal availability of opioid analgesics, although the conditioning that took place over the past twenty years is now having to be addressed. As the pendulum shifts towards patients confronting the unreasonable if unattainable desires of total pain relief, the culture is also recognizing that being dependent on ineffective opioid analgesia presents with costly social risks. Additionally, for many patients with neuropathic pain complaints, opioid analgesia is not recommended. The realization that offering pain medication as primary pain treatment response, is being challenged. I would like to acknowledge the barriers that interfere with offering cognitive behavioral interventions as first line interventions, and the attitudes, practices and professional responsibilities that are

necessary for integrating such options.

Biography

F Cal Robinson is a Medical Psychologist with an extensive career in pain management and pain medicine. His early private practice in Indiana, USA centered on the assessment and treatment of behavioral medicine disorders. In addition, he was Clinical Director and Co-owner of the Spine & Rehabilitation Institute. He was recruited in 2001 to the Elliot Health System and hospital in Manchester, New Hampshire as clinical director of their interdisciplinary pain program. He led the organization to obtain full accreditation with accommodation from CARF, the Commission on Accreditation of Rehabilitation Facilities for the Interdisciplinary Pain Program. While in New England, he was active in the New England Pain Association (NEPA) the regional affiliate society of the American Pain Society. He became the state representative for New Hampshire, then Vice-President and eventually President of NEPA for the 2005-2006 year. During that time frame, he was also the President of the state pain initiative representing New Hampshire, funded by the American Cancer Society. He was recruited in 2006 to the Marshfield Clinic in Wisconsin as pain psychologist for the western division. He accepted a one-year contract with the Department of Defense at Elmendorf Hospital in Anchorage, Alaska as the Behavioral Health Consultant in 2010. He was subsequently recruited to become the director of Chronic Pain and Addiction at the Yale affiliated psychiatric hospital, Silver Hill Hospital, in Connecticut. Seeing the opportunity to be closer to his daughter and grandchildren who lived in Oakdale, Minnesota, he rejoined the pain management program at Marshfield Clinic in 2011 as pain psychologist for the western division. His most recent publication was feature article for the *Carlat Psychiatry Report* (November 2012), "Chronic Pain, Comorbidity and Treatment Complexity." His clinical interests center on the theory and practice of Acceptance and Commitment Therapy (ACT) especially for chronic pain, suffering, abuse and affective disorders. He is Board-Certified in Medical Psychology from the American Board of Medical Psychology. Join Dr. Robinson for one of our group sessions on Mindfulness Based Chronic Pain Management.

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