Chronic Non-Malignant Pain and Cognitive Behavioral Therapy

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Problem

- Approximately 116 million
 Americans suffer from CNMP.
- Opioid epidemic costs the US \$78.5 billion a year and presents serious risk of overdose, drug use disorders, and death.
- Access to multimodal treatment modalities for underserved or uninsured is abbreviated.

Literature Review

- CNMP with the use of CBT improves maladaptive feelings and can relieve pain and improve quality of life.
- "A comprehensive and interdisciplinary approach is the most important and effective way to treat pain" (IOM, 2011).

Methods

- Descriptive, qualitative approach, based on a feasibility study framework.
- In-depth interviews of key players using a student developed, semi-structured, face validated, questionnaire

Results

Three Themes Identified:

- Knowledge Gaps Regarding CBT for CNMP
 - Care gaps for CNMP
- 2. AdventHealth University Hope Clinic Resources
 - Staff
 - Money
 - Legal assistance

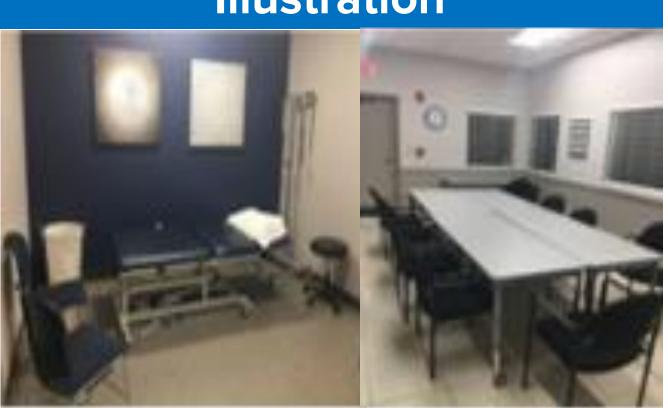
Illustration



More Results

- 3. Facilitators and Barriers for Implementation of CBT for CNMP
 - Utilize AHU Hope Clinic facilitators
 - Pursue needed facilitators
 - Address barriers

Illustration



Discussion & Implications

- Access to multimodal treatment modalities for vulnerable populations is very much abbreviated.
- EBP supports CBT
- Benefits- client, community, and University

Conclusions

- CBT is best conducted by a multidisciplinary team including CRNAs who are pain management specialists
- We used a feasibility study which is not a formal accepted framework.

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