

Chronic Non-Malignant Pain and Cognitive Behavioral Therapy

Jennifer Nieves, BSN, RN and Liberty Pagayon, BSN, RN

Dr. Sarah Snell, DNP, CRNA, APRN, Dr. Yvette Saliba PhD, LMHC, NCC, Dr. Tia Hughes DrOT, MBA, OTR/L
AdventHealth Doctor of Nurse Anesthesia Practice

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.

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

Illustration



Discussion & Implications

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

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).

Results

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

More Results

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

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.

Illustration



Acknowledgements

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