Psych CE

Psychology of Pain Symptom Management

1. Which of the following characteristics best describe chronic pain?

A. It has a sudden onset due to an injury or illness and is often self-limiting.
B. It lasts or recurs for over three months or persists over a month after an acute injury has healed.
C. It starts in the central or peripheral nervous system and lasts for a few days.
D. It starts in the skin, muscles, or joints and is characterized by sharp, localized pain.

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2. Which of the following non-pharmacological treatments is effective for managing chronic pain?

A. Cognitive-behavioral therapy
B. Prescribed opioids
C. Ibuprofen
D. Local anesthesia

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3. How are emotions and pain interrelated in the context of pain management?

A. Emotional distress solely amplifies the sensory-discriminative dimension of pain.
B. Emotional responses to pain can modulate an individual's experience and perception of pain.
C. Emotions are unrelated to the management and experience of pain.
D. Only positive emotions have an impact on reducing pain intensity.

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4. Which of the following opioid prescriptions should be considered appropriate according to the Centers for Disease Prevention (2024)?

A. For managing chronic non-cancer pain without considering alternative therapies.
B. For severe acute pain with prescriptions specified to minimal effective doses and shortest duration necessary.
C. For mild to moderate pain that can be managed with nonopioid pain relievers.
D. For pain related to mental health disorders where other treatments are not attempted first.

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5. What is the role of a mental health professional in a multidisciplinary approach to treating clients with chronic pain?

A. Solely focusing on advocating for higher dosages of pain medications.
B. Providing counseling, support, and advocacy to enhance comprehensive pain management.
C. Managing the medical treatments prescribed by physicians.
D. Offering solely pharmacological solutions to manage client pain effectively.

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6. How do psychological responses impact chronic pain based on the 'chronic pain cycle of emotions'?

A. They trigger physical activity that reduces pain immediately.
B. They can lead to negative emotions, avoidance, and distress, perpetuating a negative spiral of pain.
C. They only affect psychological well-being without influencing physical pain.
D. They eliminate the need for pharmacological treatments entirely.

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7. What is a key difference between Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) and traditional Cognitive Behavioral Therapy (CBT)?

A. CBT-CP focuses solely on emotional regulation without addressing physical sensations.
B. CBT-CP addresses cognitive, emotional, behavioral, and lifestyle changes specifically tailored to chronic pain.
C. Traditional CBT includes mindfulness and acceptance practices, which CBT-CP does not.
D. CBT-CP is primarily used for anxiety and depression, unlike traditional CBT.

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8. Which of the following are primary goals of Acceptance and Commitment Therapy (ACT) for chronic pain management?

A. Reducing negative thoughts through mindfulness and relaxation alone.
B. Enhancing psychological flexibility and engaging in values-based behaviors amidst complex emotions or sensations.
C. Eliminating pain symptoms through traditional physical therapies.
D. Using pharmacological treatments as the main approach for altering pain perception.

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9. How do emotions like fear and helplessness physiologically impact individuals with chronic pain?

A. They activate the sympathetic nervous system, which can lead to chronic stress and associated health issues.
B. They have no significant impact on physical health and are only relevant to mental health.
C. They completely eliminate the activation of the 'fight or flight' response.
D. They reduce the occurrence of cardiovascular issues and sleep disturbances.

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10. What roles do mental health professionals play within a multidisciplinary care team for clients with chronic pain?

A. They focus solely on the physical aspects of pain management.
B. They provide holistic care addressing physical, emotional, spiritual, and cognitive factors, and connect clients with vital resources.
C. They advocate for one-size-fits-all pharmacological treatments only.
D. They mainly perform administrative tasks without direct client interaction.

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