

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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