

**Pathways To Comfort: Dealing With Pain And Brain Injury  
A Companion Guide To The Road To Rehabilitation Series**

**Step 1: Pain Management**

**When is pain considered unusual?**

Pain is considered unusual when it continues after the injured area has healed and medical reasons for it to continue have been ruled out.

**What special considerations in pain management should be made for the person with brain injury?**

Careful assessment of cognitive behavioral and emotional difficulties along with steps to work around these limitations should be included in the pain management program. This includes securing the assistance of a neuropsychologist and/or psychiatrist who can provide education to the person with brain injury, family members and treating professionals on the specific effects the brain injury is likely to have on the individual's participation in the pain management program.

**How can pain affect recovery?**

Pain can become an obstacle to efforts directed at improving the person's awareness of deficits and may limit the person's confidence and incentive to return to previous activities and responsibilities.

**How can cognitive deficits affect chronic pain interventions?**

Cognitive deficits will place limitations on the person's capacity to effectively and reliably participate in the pain interventions. For example, the individual may have problems in remembering to perform certain interventions for the pain during the course of the day or may have problems participating in interventions as a result of attention and concentration problems.

**Will increased activity cause further damage?**

If monitored by the individual's physician or other appropriate professional, increased activity can help to improve pain and functioning. However, professionals and family members will need to help in monitoring the person's exercise regimen to ensure the person exercises properly.

**Substance abuse is an area of concern for persons with brain injury and pain.  
Which substances are of most concern?**

Alcohol, narcotics, sedative-hypnotics and minor tranquilizers are substances most frequently abused.

### **How can family members help in managing the chronic pain in person with brain injury?**

Family members can increase their knowledge of chronic pain and brain injury in order to increase their effectiveness in working with professionals helping to manage the person's pain.

### **From whom should individuals with brain injury and pain seek help?**

Individuals with brain injury and pain and their family members can call a local hospital and ask if they have a program for treating chronic pain in person's with brain injury and if they are aware of any nearby pain centers. The individual's insurance company can also be contacted and asked whether they have a pain management program. Further, the Brain Injury Association, Inc. can be contacted and asked about brain injury programs in the individual's state who may provide assistance with pain management.

### **What is the goal of pain management?**

The goal of pain management is the reduction, not the complete elimination of pain. Some successful outcomes include a reduced need for pain medication, improved relationships with family and friends, improved functioning at home and possibly a return to employment.

### **Is chronic pain in a person with brain injury best treated by one person or by a coordinated effort from professionals in several different disciplines?**

Chronic pain in a person with a brain injury is best treated through a coordinated effort from professionals in several different disciplines. It is important to include a physiatrist, neuropsychologist and/or other professionals well versed in brain injury to provide guidance in working around limitations from the person's brain injury.

### **Do people with brain injury and chronic pain go back to work?**

People with brain injury and chronic pain may be able to return to work. The primary obstacle is usually the person's cognitive difficulties and not the pain. Provided the person has the cognitive capacity, drive and incentive to return to work, and there are no significant behavioral and emotional limitations, the person may be able to return to work despite continuing pain.

### **About The Authors**

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