Chronic pain conditions are common causes of disability in the United States and contribute to other serious problems such as opioid use disorder. Chronic pain is associated with high levels of psychological distress. Individuals with chronic pain have higher prevalence of mental health conditions, including PTSD, depression, and insomnia; they are also at greater risk for other chronic health conditions. Veterans have a higher prevalence of chronic pain conditions compared to civilians, resulting in significant healthcare costs for the Veterans Health Administration (VHA). Current guidelines for chronic pain recommend non-pharmacologic and non-invasive therapies with demonstrated benefits. First-line treatment options include evidence-based psychotherapies (EBPs), exercise and movement therapies, physical therapy, and non-opioid medications. EBPs with demonstrated efficacy for improving chronic pain outcomes include cognitive behavioral therapy (CBT), acceptance and commitment therapy (ACT), and mindfulness-based stress reduction (MBSR).

To help identify areas of research critical for improving the uptake of EBPs for chronic pain, VA HSR&D’s Pain/Opioid COnsortia for REsearch (CORE) requested an evidence review on barriers, facilitators, and implementation strategies to improve uptake of EBPs. Key questions addressed 1) barriers and facilitators at the patient, provider, and system levels, and 2) results of implementation strategies aimed at promoting uptake of and engagement with EBPs. The review focused on CBT, ACT, and MBSR, because these have demonstrated efficacy for improving chronic pain outcomes; the review also addressed other EBPs commonly used to treat mental health conditions in VA (e.g., trauma-focused psychotherapies, depression). Investigators from VA’s Evidence Synthesis Program (ESP) Center in Minneapolis, MN searched the literature, including MEDLINE, Embase, PsycINFO, and CINAHL, from inception through March 2021. From 7,295 unique citations, we identified 20 eligible articles that addressed barriers and facilitators for uptake of CBT (k=13), MBSR (k=5), and ACT (k=4); 2 studies addressed more than one therapy. Nineteen articles were rated moderate or high quality and one was rated low quality. The majority were conducted in the US (k=14, with 6 in VA settings), with the remaining conducted in the UK (k=4), Ireland (k=1), and Australia (k=1).

Summary of Findings

- Shared facilitators of CBT, MBSR, and ACT for chronic pain included a good match between patient knowledge and beliefs about pain and EBP principles, as well as positive patient-therapist or patient-group dynamics. Other facilitators of CBT included patient readiness for change and telehealth availability.
- A common barrier to uptake of CBT, MBSR, and ACT for chronic pain was a mismatch between patients’ pain-related beliefs and perceptions of core therapy concepts. Other barriers to CBT included cultural, communication, and logistical factors; barriers to MBSR and ACT included physical discomfort and logistical challenges.
- One article showed that CBT and MBSR for chronic pain were cost-effective for improving quality of life.
- Most articles assessing CBT involved individual therapy (via telehealth and in person), while all articles assessing MBSR or ACT involved in-person groups.
- Patient demographics did not consistently predict pain psychotherapy attendance.
Demographic variables including race, ethnicity, sex and gender were not clearly defined, and no studies assessed role of cultural and social factors in patients’ views or experiences of EBPs.

Research Gaps/Future Research
Studies of barriers and facilitators to EBPs for chronic pain focused largely on patient-level findings. Future work is needed to explore heterogeneity of treatment effects within EBPs for chronic pain, as well as provider- and system-level barriers and facilitators for EBPs for chronic pain. Specific recommendations for future research include the following:

- Examine provider- and system-level barriers and facilitators for CBT, MBSR, and ACT for chronic pain using comprehensive frameworks and in clinical practice settings.
- Identify patient-level factors contributing to heterogeneity of both treatment effects and treatment uptake for EBPs for chronic pain, to identify targets for future effectiveness and implementation work.
- Assess patient-level sociocultural and demographic factors, including sex, gender, race, and ethnicity, accurately and with clear analytic purpose.
- Use implementation frameworks to guide future evaluations of barriers and facilitators, processes of change, and key implementation outcomes.

STUDIES ADDRESSING BARRIERS AND FACILITATORS TO EBPS FOR CHRONIC PAIN

**Cognitive Behavioral Therapy (CBT)**

CBT and Acceptance and Commitment Therapy (ACT)


CBT and Mindfulness-Based Stress Reduction (MBSR)


ACT


MBSR


VA EVIDENCE SYNTHESIS PROGRAM (ESP) REPORT:


https://www.hsrdr.research.va.gov/publications/esp/Psychotherapies-Pain.cfm