Benefits of Intervention in Managing Chronic Pain **Kyle L. Benbow¹**, Megan Miller¹, Eric Scott², Kurt Kroenke³ ¹Department of Psychology, Purdue School of Science, ²Riley Children's Hospital, IU School of Medicine,³ Roudebush VA Medical Center, IU School of Medicine

As studies of individuals with chronic pain continue more is being understood about cognitive and behavioral components that drive pain. While the goal of treatment is to reduce or eliminate the locus of pain, another model known as intervention, focuses more on self-management and cognitive change. The presented research is the 12-month results of trails of intervention for chronic pain management. Three hundred participants were recruited from the VA of Indianapolis. All participants were being seen in a primary care setting for severe pain that persisted for more than 3 months. Participants were randomly assigned to two groups: the control group, which would continue receiving the usual care for their pain; and the variable group, which would receive intervention. Intervention methods included automated home-based monitoring, selective care manager calls, weekly case review with MD specialist and escalation of therapy using an evidence-based stepped care analgesic algorithm. Participants pain was measured using the Brief Pain Inventory (BPI), which is a self-report assessing the severity of pain and impact of pain on daily functioning. The trial results showed that a 1-point difference in BPI scores between the intervention and control group. Participants in the intervention group showed a good adherence and satisfaction with automate and nurse components of intervention. These results show pain management through intervention has a positive effect on pain, which in turn has an effect on depression, anxiety, and outlook. Intervention aims to empower patients to become active participants in the management of their illness and feel more in control of their pain in hopes of giving them a better outlook of their situation.

Mentors: Megan Miller, Department of Science, Purdue School of Science; Eric Scott, Riley Children Hospital, IU School of Medicine