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## Social Workers' Perspectives on Chronic Pain and Mental Health

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SOCIAL WORKERS' PERSPECTIVES ON CHRONIC PAIN AND MENTAL  
HEALTH

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Ashley Danielle Patterson  
Cynthia Christine Sanchez

June 2020

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## ABSTRACT

This study explored social workers' perceived level of competency in addressing chronic pain and mental health. Chronic pain is a prevalent issue and individuals with chronic pain are more likely to experience a mental health concern (Dahlhamer et al., 2016; Gureje et al., 2008). The research design of this study was a quantitative cross-sectional survey distributed through social networks such as Facebook and Reddit. There were a total of 278 respondents, however, 79 were omitted due to not fully completing the survey leaving 199 respondents. The results indicate social workers have a moderate level of competency when working with this specialized population and years of experience, age, having a LCSW and personal experience with chronic pain were found to be associated with higher levels of perceived competency. Factors not found to be associated with perceived competency were gender, ethnicity, and religiosity. Recommendations include incorporating more chronic pain training into the social work degree curriculum, and further research such as on social workers in medical settings and samples with more diverse participants.

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## DEDICATION

I want to dedicate this research to all my friends and family that have supported me along the way. I especially want to thank my mother, my fiancé, and my best friend, Jennifer Clear for their encouragement. This journey has been challenging and their support has not gone unnoticed. Additionally, I want to thank my cohort for the last two years. The friendships I have gained have made such a meaningful impact on my life. I also want to say thank you to my research partner, Cynthia Sanchez, for her support and kindness she has shown me while working together.

Ashley Patterson

I would like to dedicate this research to all of my family and loved ones for supporting me in my journey. I especially would like to express my gratitude towards my partner, Ashley Patterson, for keeping me on track and supporting me through the challenges. Our different, yet, similar personalities were a perfect match, in order to work together and overcome the obstacles to complete our research.

Cynthia Sanchez

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## CHAPTER ONE

### INTRODUCTION

#### Problem Formulation

In the United States alone, around 50 million individuals struggle with chronic pain issues and about 19 million individuals have severe chronic pain (Dahlhamer et al., 2016). Not only does chronic pain affect an individual's physical well-being, but it has a strong influence on an individual's mental health and can cause significant distress. Additionally, there are various other ways that the overall wellbeing of a person is severely affected by pain, including financial issues, limited functioning status, and disruption of family roles and roles in society (Hruschak, 2017).

Having one or more pain conditions is associated with psychiatric disorders (Gureje et al., 2008). Additionally, a person with more than one pain symptom has twice the probability of having an anxiety and/or mood disorder (Gureje et al., 2008). Individuals with mental health issues, who also have chronic pain are more likely to experience anxiety, substance use, and depression (Braden et al., 2008). Overall, chronic pain has been shown to negatively impact an individual's mental health and their day-to-day functioning.

Social workers must have a vast knowledge of the needs of various populations. When working with specialized populations, it is important to have an understanding and a level of competency (being proficient, knowledgeable, or having competent skills) of that population to effectively work with clients. In

order to effectively serve various populations that suffer from chronic pain, given its prevalence and association with mental, financial, and role distress, it is crucial for social workers to be competent regarding the effects of chronic pain on mental health. Competency would provide social workers with more effective interventions and techniques by assisting clients with chronic pain in reaching their goals and maximizing the outcomes of their treatment plan.

In the United States (U.S.) chronic pain affects society on a macro level. Estimates of health care expenses for chronic pain in the U.S. range from \$261-300 billion each year (Rayner et al., 2016). Additionally, having chronic pain with depressive symptoms can increase the number of times individuals seek medical treatment (Azevedo et al., 2013). Rayner et al. (2016) argue if depression in chronic pain patients is noticed and effectively treated, it could help the patient's well-being and utilize fewer medical resources.

Not only does chronic pain associated with mental health issues have macro ramifications, it also affects individuals on a micro level. Rayner et al. (2016) also discovered that clients with chronic pain and depressive symptoms were more prone to have absences in their employment and more issues with daily functioning. As a clinician, acknowledging the co-occurrence of mental illness and chronic pain permits a better understanding of the client's issues and provides an enhanced understanding of the different ailments that can affect an individual. It allows for clinicians to use the proper interventions and techniques

to best support individuals with both chronic pain and mental illness (Asmundson & Katz, 2009).

### Purpose of the Study

The purpose of this research is to assess social workers' perceived competency level on the impact of chronic pain on mental health and their ability to provide effective services to individuals who suffer from it. Research is needed in order to begin addressing the issue of social workers' competency on mental health and chronic pain and how to effectively provide services. By gaining this new information, social workers can become aware of their competency level to evaluate if a change is needed, which helps to provide effective services to clients suffering from chronic pain and mental health.

A quantitative design is the research method utilized for this exploratory research study. This method was chosen due to a limited time period, the desire for a large number of participants, and the lack of research on social workers' perspective on the impact of chronic pain and mental health. The study utilized a survey questionnaire design in which MSW and LCSW social workers in all settings were able to partake in the survey. LCSW are social workers with a master's degree in social work and a license. Including both MSW and LCSW is important for this study because it will gather a broad perspective of current social workers ability to effectively provide services. The questions included in the survey will provide a sense of how social workers provide services, their perspective on their ability to provide these services, and if personal experiences

play a role in social workers' competence to deliver services to individuals suffering from chronic pain and mental health.

### Significance of the Project for Social Work Practice

The findings from this research can contribute to the knowledge about the level of understanding and competency social workers have when working with the specialized population of those with chronic pain. Understanding the perspectives that social workers have on chronic pain and the effects on mental health will allow for more discussion and prompt social workers to consider their own level of preparedness to assist those who have mental health and chronic pain concerns. Considering their own level of preparedness could allow social workers to strive to acquire more knowledge about this population if needed.

Furthermore, the perceptions that social workers have may help promote possible further research to see what could be done to prepare social workers to assist individuals who have both mental health and chronic pain issues. This research could assist in acknowledging what additional training is needed for social workers to feel prepared in helping patients with chronic pain. Additionally, assessing for competency and the different factors that can be associated with competency may provide information that promotes exploration on different approaches that could be used to increase competency levels.

Considering the generalist intervention process, this research was in the stage of exploring the competency social workers perceive themselves to have for working with individuals who have mental health and chronic pain challenges.

This exploring phase will allow for an overall understanding of the issue and assist with what needs to be done in order to help this unique population more effectively. This brings forth the research question, what are social workers' perceived level of competency when working with clients with chronic pain and mental health concerns, and does it vary by life experiences? These experiences include personal experience, years in the field, having obtained an LCSW or not, gender, ethnicity, strength of religious beliefs, having a history of chronic pain, age and gender.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter contains an overview of research related to various aspects of chronic pain and mental health. Subsections include the prevalence of mental health and chronic pain concerns, the various types of chronic pain and mental health concerns, what treatment has been used, and competency when working with specialized populations. Lastly, there is a section on the objective self-awareness theory. This theory helps understand the background of the research being done and how self-awareness plays a role in social worker's perceived level of competency when working with this population.

#### Prevalence of Chronic Pain and Mental Health Concerns

In the U.S., approximately 50 million people, 20% of the nation's population, report having chronic pain (Dahlhamer et al., 2018). The frequency of chronic pain is commonly associated with increased age, therefore it is often a factor associated with older adults (Dahlhamer et al., 2018). After controlling age, there are higher rates of chronic pain in women, those who are not currently employed and those living in rural or impoverished areas (Dahlhamer et al., 2018). Chronic pain also had a higher prevalence with individuals who were less than 65-years old and had Medicaid or public health coverage, compared to private insurance (Dahlhamer et al., 2018). Another common factor within chronic

pain patients is socioeconomic status, which can include poverty, low education, and type of health insurance (Dahlhamer et al., 2018).

The association with chronic pain and mental health concerns is common. Individuals who have chronic pain issues have a greater chance of having a mental health disorder, compared to people without chronic pain (Braden et al., 2008). Commonly, mental health issues coexist with chronic pain, including anxiety, depression, and substance use disorders (Braden et al., 2008). Significant evidence suggests that chronic pain is connected with mental health disorders, such as in 4-17% of anxiety disorders, 7–28% of depression disorders and 0.8-5% of substance use disorders (Braden et al., 2008). Adults 18-60 years old, had the highest prevalence of chronic pain coexisting with mental health concerns including panic disorder, depressive disorder, and generalized anxiety disorder (Braden et al., 2008). On the other hand, older adults have a high occurrence of chronic pain, but less prevalence of distress or depressive mood (Braden et al., 2008).

### Types of Chronic Pain and Mental Health Concerns

Specific chronic pain disorders are associated with particular mental health concerns. Gormsen, Rosenberg, Bach, and Jensen (2010) examined fibromyalgia and neuropathic pain and analyzed how these chronic pain conditions affected an individual's mental health and overall well-being. Individuals were assessed on mental distress, depression, anxiety, and health-related quality of life scales (Gormsen, Rosenberg, Bach & Jensen, 2010).

Individuals who had fibromyalgia exhibited greater levels of anxiety, depression, and somatization, and obsession-compulsive tendencies than those with neuropathic pain (Gormsen et al., 2010). Additionally, in this study, chronic pain patients were compared to individuals who did not have pain (Gormsen et al., 2010). Chronic pain patients exhibited higher levels of mental distress, depression, anxiety, and lower quality of life scores (Gormsen et al., 2010).

### Anxiety, Post-Traumatic Stress Disorder and Chronic Pain

Higher levels of anxiety have been seen in individuals who have chronic pain and are more likely to have more than one type of anxiety disorder (Kroenke et al., 2013). The various types of anxiety disorders are: panic disorder, obsessive-compulsive disorder, social anxiety disorder, and generalized anxiety disorder (Kroenke et al., 2013). Chronic pain is also associated with post-traumatic stress disorder (PTSD) (Outcalt et al., 2014). Outcalt et al. (2014) studied veterans and found that PTSD had a strong connection to chronic pain and overall health-related quality of life. Overall, there are different types of mental health concerns that can be co-occurring with various types of chronic pain issues.

### Treatments Used for Co-occurring Chronic Pain and Mental Health

For individuals who have both mental health and chronic pain concerns, there are many effective approaches for treatment. Understanding what treatments or theoretical perspectives are used is important when working with individuals with chronic pain. Regarding theoretical approaches, cognitive-

behavioral therapy (CBT) has been used over the past three decades to help individuals who suffer from chronic pain (Ehde, Dillworth, & Turner, 2014). CBT is an approach that focuses on replacing problem behaviors or cognitions with positive adaptive behaviors and long-term changes in cognition (Turner, 2014). CBT has been integrated into the health care setting by health care professionals using the CBT principles while working with patients (Ehde, Dillworth, & Turner, 2014). Ehde, Dillworth, and Turner (2014) state that CBT can be a helpful tool while working with chronic pain clients and that CBT can significantly help individuals with chronic pain.

Mindful-based stress reduction is another intervention successfully implemented for individuals with chronic pain (Cherkin et al., 2016; Veehof, Oskam, Schreurs, & Bohlmeijer, 2010). Cherkin et al. (2016) evaluated the differences between mindful-based stress reduction, CBT, or the usual care normally given to individuals who have chronic lower back pain. Both CBT and mindful-based stress reduction practices improved the patient's symptoms compared to the group who did not receive these interventions (Cherkin et al., 2016). However, no substantial differences were found between CBT and mindful-based stress reduction techniques (Cherkin et al., 2016).

Veehof et al. (2010) also compared CBT and acceptance-based interventions which include acceptance and commitment therapy, and mindfulness-based stress reduction, within various studies. It was concluded that

both CBT and acceptance-based interventions yielded similar results (Veehof et al., 2010).

### Competency When Working with Specialized Populations

Social workers have an ethical responsibility to be competent when working with various populations. For several years, mental health professionals' input was unappreciated in medical settings, due to the perception of these professionals being incompetent in medical matters. Substantial evidence suggests psychologists have valuable contributions to chronic pain treatment (Frohm & Beehler, 2010). Psychologists provide tremendous value to healthcare; however, the effectiveness is hindered by the limits of their medical competency (Frohm & Beehler, 2010). To become competent, psychologists are recommended to enhance their knowledge of the medical environment and power dynamics between medicine and psychology (Frohm & Beehler, 2010). Little examination has been conducted on the competency of social workers on chronic pain and mental health. However, studies have shown positive outcomes in gaining competency to work with other specialized populations.

For instance, research was conducted on the need to ensure that counselors are competent to deliver effective treatment to Lesbian, Gay, and Bisexual (LGB) clients (Graham, Carney, & Kluck, 2012). Counselors have a high probability of having an LGB client, due to the increase of counseling needs in the LGB population, and how this population is more likely to utilize counseling services (Graham, Carney, & Kluck, 2012). The Sexual Orientation Counselor

Competency Scale (SOCCS) was created to gauge the competency of counselors for working with LGB populations (Bidell, 2005). This instrument measures the knowledge, skills, and attitudes working with LGB individuals (Bidell, 2005). The SOCCS was developed from the conceptual model established by Sue et al. (1982). This model measured participants' attitudes, cultural history, and minority and ethnic awareness (Sue et al., 1982).

Although LGB individuals are commonly included as members of society, different competencies are needed to effectively service an individual's sexual orientation and gender identity, since, LGB can differ from other populations, by having their own culture, values, and beliefs (Bidell, 2005). Similarly, helping individuals with chronic pain may require different competencies. In order to conduct effective treatments for clients with chronic pain and mental disorders, acknowledging social workers' attitudes and skills towards how chronic pain differs from only having a mental disorder is important. Social worker's competency on chronic pain and mental health concerns is crucial, since, the probability of encountering clients with mental health and chronic pain issues is high. Especially since individuals with mental health disorders and chronic pain are more prone to utilize mental health services (Braden et al., 2008). For instance, adults 60 years or younger, have a higher prevalence for utilizing mental health care for chronic pain coexisting with mental health disorders (Braden et al., 2008). Although adults 60 years and older have a lower prevalence of having chronic pain coexisting with a mental disorder, chronic pain

increases the use of mental health services in older adults (Braden et al., 2008). Understanding this information, it is important for clinicians in the field to have an understanding of how mental health and chronic pain are associated with one another.

### Theory Guiding Conceptualization

The theory guiding this research project is the objective self-awareness theory.

Objective self-awareness theory was established by Duval and Wicklund (1972) and concerns an individual's process of self-reflection to evaluate one's own consciousness. Self-awareness is a process in which an individual does a self-evaluation of one's self (Dvual & Wicklund, 1972). For example: self-evaluating one's discrepancies between their attitudes and behaviors. (Dvual & Wicklund, 1972) This self-evaluation can lead the individual to assess themselves against standards put into place or provide a comparison to others (Dvual & Wicklund, 1972). These standards are defined by the individual on what is deemed acceptable behaviors, traits, perspectives or what is correct (Duval & Wicklund, 1972). Additionally, if an individual feels as if they have not met the standards in place, this encourages the individual to strive towards meeting these standards (Silvia & Duval, 2001).

Understanding one's self, one's own feelings, perceived abilities, and perspectives are important when engaging in social work. Being able to self-reflect and evaluate ourselves provides a way to self-monitor and analyze our

understanding and knowledge about various topics. Social workers evaluating their level of competency allows themselves to assess their preparedness when working with clients, especially when working with a specialized population. It is important for social workers to reflect on whether they have a basic understanding of the relationship between chronic pain and mental health and the ability to address the needs of these individuals. In this study, clinicians used their own self-awareness to examine their own level of competency for working with individuals who have mental health and chronic pain concerns.

### Summary

In conclusion, chronic pain and mental health is a significant issue. Additionally, different theoretical treatment approaches have been found to help with various types of chronic pain and mental health concerns. However, research is needed to assess the level of social workers competency on individuals suffering from chronic pain and mental health issues. Guided by the objective self-awareness theory, an exploratory research study was conducted by distributing surveys that assess social workers' perceived competency levels of chronic pain and mental health.

## CHAPTER THREE

### METHODS

#### Introduction

This study will assist in the understanding of the competency that social workers have on working with individuals with chronic pain and mental health. Additionally, this research measured other factors such as age, gender, religiosity, ethnicity, years of experience, whether or not respondents obtained their LCSW and personal experiences with pain to see if competency is affected by these factors. Although not found in literature, these factors can potentially influence competency, as this is an exploratory study. This chapter will discuss the way this research study was conducted, including, study design, sampling, data collection, procedures, protection of human subjects, and data analysis.

#### Study Design

The purpose of this study was to explore the competency level that social workers have when providing effective services to individuals who suffer from chronic pain and mental health challenges. In order to assess social workers' competency, a quantitative cross-sectional survey study was utilized. An exploratory quantitative design was the research method chosen due to a limited time period and the lack of research on social workers perspective on the impact of chronic pain and mental health.

Furthermore, utilizing a survey will increase the number of participants in the research, but a limitation is that the data collected will lack details about the individuals surveyed. Because little research has been conducted on the competency of social workers on chronic pain and mental health, exploring this topic will provide a better understanding of the issue and identify what needs to change in order to assist this specific population more effectively.

### Sampling

The research was conducted by utilizing a purposive non-probability sampling method. A specific eligibility criterion was established to include, MSW OR LCSW, in all social work settings to partake in the survey such as, school settings, hospital settings, and non-profit agencies. This sample method and eligibility criteria were selected to gather a broad perspective of current social workers ability to effectively provide services. The data was obtained by a survey questionnaire design with a target of 100 participants.

### Data Collection

A self-administered survey was used to measure the social workers' perceived level of competency when working with a specialized population of those with chronic pain. This survey consisted of two yes or no questions, 16 rating questions, and four demographic questions, derived from the Sexual Orientation Counselor Competency Scale (SOCCS) (Bidell, 2005). This is a valid and reliable instrument that measures counselors' skills, attitudes, and

knowledge working with individuals who identify as lesbian, gay, or bisexual which would be modified to assess competency levels regarding chronic pain and mental health concerns (Bidell, 2005). The original scale scored .90 on internal consistency and .84 on 1-week test re-test reliability (Bidell, 2005).

The independent variables for this study were social worker's years in the field, level of spirituality, and personal experience with chronic pain. The level of measurement for years in the field is ratio, the level of measurement for spirituality was interval and personal experience with chronic pain was nominal. The dependent variable was the level of competency the individual has with working with chronic pain and mental health clients, using the scale SOCCS, in which the level of measurement is interval.

The researchers utilized the SOCCS as a basis for the survey utilized in this research study, due to, it's reliability and validity (Bidell, 2005). Another reasoning for the usage of this scale is that it measured a distinctly vulnerable population, LGBT, similar to the population utilized in this study, people suffering from chronic pain and mental health. The SOCCS scale utilized specific questions on their questionnaire that directly influenced the questions utilized on the survey for this study. For instance, the SOCCS scale asked "I have been to in-services, conference sessions or workshops, which focused on LGB issues in psychology" (Bidell, 2005) and this survey asked respondents "I have been to in-services, conference sessions or workshops, which focused on chronic pain and mental health concerns". Another example is the SOCCS scaled asked if the

respondent had experience working with, gay, lesbian, or bisexual clients (Bidell, 2005) and in this survey respondents are asked if they have any experience working with individuals with chronic pain and mental health concerns.

Questions on the survey, administered to participants, include, (4) demographic questions, (2) yes or no questions, and (16) rating questions. Some of the demographic questions include ethnicity, gender, age and the total number of years of experience. The yes or no questions include: Do you have a history of chronic pain? Have you obtained your LCSW? For the rating questions, participants must rate between strongly agree to strongly disagree. For instance, "Would you consider yourself religious?" The participant will rate themselves from strongly disagree to strongly agree. Another example is: "I have received adequate training and supervision to provide services to individuals with mental health and chronic pain issues." Hence, respondent would choose the rating that aligns with their perspective.

Overall, these questions will address how social workers perceive their own ability and competency to provide care for individuals who have chronic pain and mental health issues. Data was gathered to have an overall understanding of the various backgrounds of the individuals participating in the study.

### Procedures

Participants were solicited through social networking sites with relevant groups. For example, Reddit is a discussion website where individuals can be part of a specific community based on a topic. Within Reddit, there is a social

worker community, also known as a “subreddit,” with approximately 24,000 members. Members of the community are able to post within the group. There are various rules within the website, however, posting links about surveys is permitted. The survey was also posted in Facebook social work groups called social work tutor group, social work and the social workers, and social work resources and support. In these groups, the survey link was posted by the researchers for other members to answer. The estimated time for individuals to finish the survey was between 5-10 minutes long. The survey was available to take the beginning of January until the beginning of March.

Data was gathered by using an online survey software system called Qualtrics. Qualtrics allows for informed consent in the beginning section of the survey and allows researchers to reach a broader range of individuals and to possibly gain more responses.

#### Protection of Human Subjects

Prior to answering the questions on the survey, participants were directed to an informed consent page. This page outlined what the survey is about, confidentiality, how the survey is voluntary, and the estimated time it will take to partake in the survey. There were two options on the informed consent. The first option was that the participant accepts to participate in the survey and the second option would indicate a refusal to take the survey.

To ensure confidentiality and anonymity, no identifying information about the individual was collected. No signature was needed in the informed consent.

Data from the survey collected was in the Qualtrics system, which was password protected. Additionally, any identifiable information, such as IP addresses, was deleted prior to downloading the data on a computer to be analyzed. The computer that the data was download on is password protected. Overall, researchers engaged in practices that will ensure the protection of human subjects. Additionally, this study protocol was approved by the California State University, San Bernardino Institutional Review Board before conducting this research.

### Data Analysis

The independent variables used in this study were: the years of experience in the field, level of spirituality, ethnicity, gender, age, having obtained an LCSW, and personal experience with chronic pain. The dependent variable was the level of competency regarding chronic pain and mental health client. The adapted scale, Sexual Orientation Counselor Competency Scale (SOCCS,) was used and yields a total score for competency. These variables were statistically analyzed by conducting various analyses in SPSS, which allowed researchers to explore how the independent variables affect the level of competency.

An independent samples T-test was used to compare the survey scores between respondents who have obtained their LCSW or who have not obtained their LCSW, and will also be used to compare respondents who have history of chronic pain or who do not have a history of chronic pain. This type of test was used for these variables because the independent variables levels of

measurement were nominal and was measuring two different groups. Also, the level of measurement for the dependent variable was ratio.

A Pearson coefficient correlation was used to see the relationship between years of experience in the field and level of competency and was used to see the relationship between age and level of competency. This type of test was used for these variables because age and years of experiences have a ratio level of measurement and level of competency have ratio as a level of measurement.

For ethnicity, religion, and gender, an ANOVA was utilized. Additionally, other demographic factors like age was analyzed to gain a descriptive analysis. This type of test was used due to the independent variable having a nominal level of measurement and has more than 2 groups associated with the independent variable. The dependent variable (level of competency) level of measurement was ratio.

### Summary

The use of surveys provide insight into the perceived competency level of social workers. It is a crucial part of discovering what may be lacking for social workers to have higher levels of competency. Using a non-probability purposive sampling approach allows researchers to connect with individuals who will have the characteristics needed for this study. The types of data that was collected included demographic data, as well as, the perceived level of competency various social workers may have towards working with patients with chronic pain

and mental health concerns and different factors that may influence an individual's competency. The surveys were online and were posted on various social media networking sites such as Reddit and Facebook groups. Additionally, ensuring confidentiality, having a debriefing statement, and not saving any identifying information about individuals, allowed for the protection of human subjects. Overall, these methods are the first steps in assuring research is conducted in the hopes of exploring the perceived level of competency and if experience in the field, age, gender, history of chronic pain, obtaining an LCSW, ethnicity, and strength of religious beliefs, attributes to level of competency.

## CHAPTER FOUR

### RESULTS

#### Introduction

The purpose of this section is to report results from the data collected from the competency survey on chronic pain and mental health. The demographics, reliability of the chronic pain and mental health scale, univariate statistics relating to the scale on competency in work with chronic pain and mental health issues, and bivariate statistical results of the various tests conducted will be presented.

#### Demographics

Data was collected from the middle of January to the beginning of March. There were 278 respondents in total. Of these, 199 of respondents completed the full survey and 79 of the respondents only gave their demographics and gave no responses on the rest of the survey. These 79 cases were deleted from the data set and not used in any data analysis. The majority of the respondents were female, accounting for 180 (90.5%) responses, and there were 13 males (6.5%), and 6 (3%) respondents identified as other. The demographics for ethnicity were Caucasian (86.9%), Hispanic/Latino (6%), African American (3%), Asian/Pacific Islander (2.5%), other (1%) and Native American/American Indian (.5%). The average age of respondents was 34 ( $M=34.07$ ,  $SD=8.87$ ) and the average years of working in the social work field were 7 years. ( $M=7.66$ ,  $SD=6.65$ ) 39.2% of respondents reported obtaining a license for clinical social work (LCSW), and

38.7% reported having a history of chronic pain. When respondents were asked “Do you consider yourself to be religious,” 38.2% reported strongly disagree, 11.1% reported somewhat disagree, 16.1% reported neither agree nor disagree, 23.1% reported somewhat agree and 11.6% reported strongly agree.

Table 1.

*Frequency Distributions of Study Variables (N = 199)*

Variables	N	%
<b><i>Ethnicity</i></b>	<b>199</b>	<b>100</b>
Caucasian	173	86.9
Hispanic	12	6
African American	6	3
Asian or Pacific Islander	5	2.5
Other	2	1
Native American/American Indian	1	.5
<b><i>Gender</i></b>	<b>199</b>	<b>100</b>
Female	180	90.5
Male	13	6.5
Other	6	3
<b><i>Strength of Religiosity</i></b>	<b>199</b>	<b>100</b>
Strongly Disagree	76	38.2
Somewhat Disagree	22	11.1
Neither Agree nor Disagree	32	16.1
Somewhat agree	46	23.1
Strongly Agree	23	11.6
<b><i>Chronic Pain History</i></b>	<b>199</b>	<b>100</b>
Yes	77	38.7
No	122	61.3
<b><i>LCSW</i></b>	<b>199</b>	<b>100</b>
Yes	78	39.2
No	121	60.8

## Reliability

The survey utilized in this research study was adapted from the SOCCS due to it being a reliable instrument as described in the methods section (Bidell, 2005). A Cronbach Alpha score of .70 is needed in order for a measuring instrument to be considered significant. An alpha reliability analysis was conducted on the adapted scale used in this study. The result was a Cronbach's Alpha score of .892, therefore, this survey is reliable.

## Univariate Statistics

The average sum score of the scale on chronic pain and mental health competency was 52.45 out of 75 ( $N=199$ ,  $M=52.45$ ,  $SD=10.36$ ), indicating a moderate level of competency for a scale where zero is the least and 75 is the most. The average mean of each individual question from respondents was 3.50 out of 5 ( $N=199$ ,  $M=3.50$ ,  $SD=.69$ ). The highest average on one of the scales was 4.47 out of 5 ( $N=199$ ,  $M=4.47$ ,  $SD=.687$ ), which was for the question, "There are different psychological/social issues impacting individuals with chronic pain verses those who do not have chronic pain." The lowest average for an individual scale was 1.94 out of 5 ( $N=199$ ,  $M=1.94$ ,  $SD=1.30$ ). For this item the question was, "I have done a counseling role-play as either the client or counselor involving an issue regarding chronic pain."

Table 2.

*Univariate Statistics of Competency in Work with Chronic Pain and Mental Health Issues (N=199)*

<b>Variables</b>	<b>Mean</b>	<b>SD</b>
Overall Competency Score	52.45	10.36
Individual Scale	3.50	.69
Highest Individual Scale	4.47	.687
Lowest Individual Scale	1.94	1.30

\*Overall score was out of 75,  
Individual scale was out of 5.

#### Bivariate Statistics

Various statistical tests were used to explore if age, gender, ethnicity, years of experience, history of chronic pain, religiosity, and if the respondent obtained their LCSW impacted the sum score of competency in work with chronic pain and mental health issues.

A Pearson correlation coefficient indicated a small positive statistically significant relationship between age and competency in work with chronic pain and mental health issues,  $r = .175$ ,  $n = 193$ ,  $p = .015$ , with higher age associated with higher competency scores. Another Pearson correlation coefficient showed a small positive statistically significant relationship between years of experience and competency in work with chronic pain and mental health issues,  $r = .144$ ,  $n = 191$ ,  $p = .047$ , with more experience associated with higher competency in work with chronic pain and mental health issues.

Table 3.

*Pearson Coefficient Correlation Results for Age, Years of Experience and Competency Scores (N=199)*

<b>Variables</b>	<b>Mean</b>	<b><i>r</i></b>	<b><i>p</i></b>
Age	34.07	.175	.015
Years of Experience	7.66	.144	.047

\*Alpha level ( $p < .05$ )

An independent samples t-test was conducted to compare the competency in work with chronic pain and mental health issues between individuals who obtained their LCSW and individuals who did not obtain their LCSW. There was a statistically significant difference in competency in work with chronic pain and mental health issues between individuals who have their LCSW ( $M= 55.64, SD=11.36$ ) and those who do not have their LCSW ( $M=50.39, SD=9.13$ );  $t(197)= 3.59, p =.00$ , two-tailed). Respondents who had an LCSW exhibited higher scores than those who did not have an LCSW.

Another independent samples t-test was used to compare the competency in work with chronic pain and mental health issues between respondents who had a history of chronic pain and those who do not have a history of chronic pain. There was a statistically significant difference in scores between respondents who have a history of chronic pain ( $M= 54.51, SD=9.87$ ) versus respondents who do not have a history of chronic pain ( $M= 51.15, SD=11.48$ );  $t(197)=2.25, p=.026$ ,

two-tailed). Respondents who had a history of chronic pain exhibited higher scores than those who did not have a history of chronic pain.

Table 4.

*Independent Samples T-test Results Comparing Differences in Competency Scores (N=199)*

<b>Variables</b>	<b>N</b>	<b>Mean</b>	<b>t</b>	<b>p</b>
LCSW	78	55.64	3.59	0.00
No LCSW	121	50.39		
History of Chronic Pain	77	54.51	2.25	.026
No History of Chronic Pain	122	51.15		

\*Alpha level ( $p < .05$ )

A one-way between-groups ANOVA was conducted to explore differences in gender (male, female, and other) on competency in work with chronic pain and mental health issues. There was no significant difference in the competency in work with chronic pain and mental health issues between female, male, and those who identified as other:  $F(2, 196) = .771, p = .464$ . For ethnicity, a one-way between-groups ANOVA was used to analyze the differences with competency in work with chronic pain and mental health issues. There were no significant differences in competency in work with chronic pain and mental health issues between Hispanic or Latino, Caucasian, African American, Native American or American Indian, Asian or Pacific Islander, and respondents that identified as other:  $F(5, 193) = 1.24, p = .29$ .

Table 5.

*ANOVA Results with Gender, Ethnicity, Religiosity and Competency Scores*

<b>Variables</b>	<b>Sum of squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>p</b>
<b>Gender</b>				0.771	.464
Between Groups	165.758	2	82.879		
Within Groups	21079.438	196	107.548		
Total	21245.196	198			
<b>Ethnicity</b>				1.244	.290
Between Groups	663.464	5	132.693		
Within Groups	20581.732	193	106.641		
Total	21245.196	198			
<b>Religiosity</b>				1.439	.223
Between Groups	612.045	4	153.011		
Within Groups	20633.151	194	106.356		
Total	21245.196	198			

\*Alpha level ( $p < .05$ )

However, visual observation of the data showed differences in mean scores. Native American or American Indian was the highest mean score with 55 ( $N=1$ ,  $M=55$ ), however there was only one respondent that identified with this ethnicity. The mean score for other ethnicities were: 53.05 for those who were Caucasian ( $N=173$ ,  $M=53.05$ ,  $SD=9.91$ ), 52.40 for those who were Asian or Pacific Islander ( $N=5$ ,  $M=52.40$ ,  $SD= 8.62$ ), 49.50 for those who reported other ( $N=2$ ,  $M=49.50$ ,  $SD= 20.51$ ), 47.33 for those who were Hispanic or Latino ( $N=12$ ,  $M=47.33$ ,  $SD= 15.14$ ) and 45.83 for those who were African American ( $N=6$ ,  $M=45.83$ ,  $SD=9.52$ ).

Respondents were asked to consider how religious they are by using a scale between 1-5, 1 being strongly disagree and 5 being strongly agree. A one-way between-groups ANOVA was conducted to see the differences between respondent's strength of religious beliefs and competency in work with chronic pain and mental health issues. There were no significant differences between competency scores of respondent's strength of religious beliefs:  $F(4, 194)=1.434$ ,  $p=.223$ .

## CHAPTER FIVE

### DISCUSSION

#### Introduction

The purpose of this section is to interpret the results from the survey and explore the different outcomes discovered through the findings. Researchers were able to discover that certain factors, such as age, obtaining an LCSW, years of experience and a history of chronic pain, were associated with higher competency in work with chronic pain and mental health issues. There were no significant differences with gender, ethnicity and religiosity. From the results, there will be a discussion regarding interpretations, recommendations for social work practice, policy and research, and the implications this research brings forth.

#### Discussion

The average score for competency in work with chronic pain and mental health issues was 52 out of 75, which means the respondent's overall score was approximately 70% of the total possible. This score means that social workers' knowledge about the impact of chronic pain on mental health was moderate. This showed that the social workers in the sample had a basic understanding of how chronic pain and mental health can be co-occurring. Researchers expected the competency score to average lower than 70% because, the expectation was that social workers have a low understanding of the impact of chronic pain and

mental health. Therefore, it was surprising to see that social workers have a moderate understanding.

The average age was 34 and years of experience was 7 years. Age is a factor in increased competency; the statistical test made a positive correlation visible. However, it is unclear if the positive correlation is due to the increase of experience with time or knowledge that could be gained with age. An Independent t-test presented a significant difference between having or not having an LCSW. It is unclear if the higher score among LCSW was due to more experience or certain education obtained during the licensing period. This difference could be because individuals who obtain an LCSW might have more clinical or therapy experiences versus individuals who primarily do clinical case management. An independent sample t-test showed that there was a significant difference between respondents who have a history of experiencing chronic pain and those who do not. It is possible that experiencing chronic pain could allow the respondent to have higher competency because these individuals may have their own struggles with chronic pain and mental health. Therefore, obtaining an LCSW and history of chronic pain were significant factors in the data, which can infer that having certain experiences may influence competency in work with chronic pain and mental health issues. A one-way between-groups ANOVA that conducted separately on gender, ethnicity and religiosity, indicated that there are no significant differences with competency in work with chronic pain and mental health issues. Therefore, gender, ethnicity, and religiosity did not seem to

influence competency in work with chronic pain and mental health issues in this study.

As expected, social workers' perceived level of competency was affected the most by years of experience when comparing all of the variables, which were, age, gender, ethnicity, history of chronic pain, religion, and if the respondent obtained their LCSW. The most significant finding from this research is that age and years of experience were the variables with the most significant difference in the data. A Pearson correlation coefficient indicated a positive relationship with higher competency in work with chronic pain and mental health issues was associated with age and more years of experience.

Also, the highest rated individual scale in the survey was, "there are different psychological/social issues impacting individuals with chronic pain verses those who do not have chronic pain." This could be because respondents may have a basic understanding of how different populations have different barriers. The lowest average for an individual scale was for, "I have done a counseling role-play as either the client or counselor involving an issue regarding chronic pain." This could have been because over half the sample did not have their LCSW (60.8%), therefore respondents might not be as familiar with clinical practices.

Some limitations of this research are sample size, possible sample bias and limited questions. The sample size of this study lacks diversity in gender, and ethnicity in the respondent's population. In this research, 90% of

respondents were female and only 6% were male and approximately 87% of respondents were Caucasian. There is a possibility for sample bias because the respondents may have been more intrigued to complete this survey if the respondent knew an individual suffering from chronic pain and mental health issues or had their own personal experiences with chronic pain. As a result, the data has the possibility of being skewed in higher competency scores since, the respondents have more experience with individuals with chronic pain and mental health concerns. Also, the questions on the survey are limited, since various questions were not asked, and details or explanations were not permitted due to the survey method. For example, knowing the types of experiences that enhanced social workers competency would have been beneficial.

#### Recommendations for Social Work Practice, Policy and Research

Researcher's recommendations require change at the micro, mezzo and macro levels of social work practice. Change is needed in order to enhance social workers competency level. This change needs to be implemented quickly because precious time is wasted when all that is needed are more experience opportunities to be available. Age, experience, obtaining LCSW, personal knowledge and years of experience are all factors associated with social workers' competency level and the impacts of chronic pain on mental health. Therefore, it would be beneficial if experience could be embedded into the social work curriculum. For instance, perhaps incorporating a course or training in the BASW and MSW program. This would provide social work students the opportunity to

learn more about this particular population. These types of programs would be crucial and implemented at a time in which social workers are deciding which field of social work would be best for them.

In a micro perspective, requiring professors to educate students about the impacts of chronic pain and some useful interventions could allow for social work students to have increased competence. For example, using mindfulness or CBT interventions when working with individuals with chronic pain because these interventions have been seen to be effective (Cherkin et al., 2016; Ehde, Dillworth, & Turner, 2014). This knowledge could help social workers understand how chronic pain diagnoses can affect an individual's mental health and how to help. Having an overview of the more common chronic pain conditions would educate and allow for social workers to understanding how chronic pain conditions can be co-occurring with mental health. Additionally, when respondents were asked about counseling role-plays involving patients with chronic pain and mental health issues, the average was low. Involving more counseling role-plays could promote more clinical experiences for social workers.

At a mezzo level, students who had more education regarding chronic pain and mental health may provide more effective services to clients. Also, providing outreach in the community could de-stigmatize the mental health component and help individuals who have chronic pain and mental health issues to see that services could assist them during their time of need.

At the macro level, policies need to change to include chronic pain and mental health issues in the social work degree curriculum. Having these types of policies could ensure that social workers are being provided with the education that could increase competency. Additionally, advocacy for patients who suffer from both chronic pain and mental health could help these patients get the support needed. Social workers could play a role in helping the medical systems understand the mental health issues that may come from chronic pain. Advocacy and awareness can be enhanced by public speakers with shared effects of chronic pain and mental health concerns.

Further research is recommended to be conducted on social workers in a medical setting since, the prevalence of chronic pain and mental health concerns are higher. Having a better understanding of the social worker's perspective in this setting could provide better insight on the competency in this particular field of social work. Furthermore, conducting research with the individuals that have chronic pain and mental health about their experiences with social worker's services could provide another perspective. This could show what adjustments need to be done in order to better serve patients who have chronic pain and mental health. Even if social workers have high perceived levels of competency, the treatment given to individuals with chronic pain and mental health could still be improved if it is not effective for patients.

Additionally, the research should be inclusive of a more diverse population. The respondents were primarily Caucasian Females. There is

potential for future research which can be beneficial to gain further information on how demographics impact competency. Also, while statistically there was no difference between ethnicities, the competency score indicated that there were observable differences in means scores between different ethnicities. There was a 10-point difference with the lowest competency score (African American respondents,  $M=45.83$ ,  $SD=9.51$ ) and the highest competency score (Native American respondent,  $M=55$ ). However, as previously mentioned there was only one respondent who was Native American, with Caucasian respondents being the second highest ( $M=53.05$ ,  $SD=9.91$ ). More research could examine these differences to have a better understanding if ethnicity plays a role in impacting social workers' perceived competency.

More research is needed to understand how equipped social workers are when helping individuals with chronic pain and mental health. This research offered a small insight into how social workers perceive themselves to be competent. For instance, personally experiencing chronic pain and experience in the field were significant factors. Having a basic understanding on how chronic pain affects mental health could provide social workers the tools in order to provide services to individuals who have mental health and chronic pain concerns.

### Conclusion

Overall, the respondents were found to have a moderate competency in the impacts of chronic pain and mental health. When analyzing all of the factors,

including, age, gender, ethnicity, religiosity, obtaining a LCSW, years of experience and history with chronic pain, years of experience and age were found to be influential to social worker's perceived abilities. The broader implications of the results can encourage other researchers to conduct further research to include more diversity in the sample population and assess social workers competency in a medical setting. This can help obtain more information on social workers' perceived competency level on the impact of chronic pain and mental health. Policy change is needed to include chronic pain and mental health as part of the social work degree curriculum. Competency may also increase through continued advocacy, community outreach and awareness for this population. Having awareness of an issue could promote further steps in increasing social workers competency and can lead to social workers better supporting individuals who have chronic pain and mental health concerns.

APPENDIX A  
SURVEY

Survey Adapted from Bidell (2005)

Q1 What is your age? \_\_\_years-old

Q2 What is your gender?

- Male
- Female
- Other
- Prefer not to state

Q3 What is your ethnicity?

- Hispanic or Latino
- Caucasian
- African American
- Native American or American Indian
- Asian or Pacific Islander
- Other

Q4 Would you consider yourself religious?

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q5 Do you have a history of chronic pain? (definition of chronic pain: pain that is ongoing and lasts for about 6 months or more and negatively impacts the individual's ability to engage in daily tasks.)

Yes

No

Q6 How many years of experience do you have working in the social work field? \_\_\_

Q7 Have you obtained your License for Clinical Social Work (LCSW)?

Yes

No

The next set of questions are statements that will ask you to rate yourself.

Q8 I have experience working with individuals with chronic pain and mental health concerns.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Q9 I have been to in-services, conference sessions, or workshops, which focus on chronic pain and mental health concerns.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q10 I feel competent to assess the mental health needs of a person who experiences chronic pain.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q11 I am aware that some research indicates that individuals who experience chronic pain are more likely to exhibit mental health concerns.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q12 I have received adequate clinical training and supervision to counsel chronic pain clients.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q13 At this point in my professional development, I feel competent, skilled, and qualified to provide services to chronic pain individuals.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q14 Currently, I do not have the skills or training to do a case presentation or consultation if my client had chronic pain concerns.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q15 I check up on my chronic pain counseling skills by monitoring my functioning/competency via consultation, supervision, and continuing education.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q16 I have done a counseling role-play as either the client or counselor involving an issue regarding chronic pain.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q17 I have knowledge on the different interventions that may be helpful with individuals who have chronic pain and mental health concerns.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q18 I have knowledge on the different mental health concerns that are more likely to affect an individual who has chronic pain.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q19 I am aware what chronic pain is and the different types of chronic pain.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q20 I am aware of the various barriers individuals who have chronic pain may face.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q21 There are different psychological/social issues impacting individuals with chronic pain versus those who do not have chronic pain.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Q22 I feel capable in providing counseling to individuals who suffer from chronic pain.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

APPENDIX B  
INFORMED CONSENT

### Informed Consent

We are interested in understanding social worker's perspectives on chronic pain and mental health and their level of competency regarding this topic. You will be presented with information relevant to this topic and asked to answer questions about it. The study is being conducted by Ashley Patterson and Cynthia Sanchez, who are graduate students, under the supervision of Dr. Laurie Smith at the School of Social Work at California State University, San Bernardino (CSUSB). This study has been reviewed and approved by the Institutional Review Board at CSUSB.

**PURPOSE:** The purpose of the study is to examine social worker's perspectives of their level of competency on chronic pain and mental health.

**DESCRIPTION:** Participants will be asked a few demographic questions and their viewpoints on their own level of competency regarding chronic pain and mental health.

**PARTICIPATION:** Your participation in this research is voluntary. You have the right to withdraw at any point during the study, for any reason, and without any consequences.

**CONFIDENTIALITY:** Please be assured that your responses will be kept completely anonymous.

**DURATION:** The study should take you around 5-10 minutes to complete.

**RISKS:** There are not any anticipated risks. However, if you find yourself feeling uncomfortable answering any questions, you are not required to answer and are able to skip the question or end your participation.

**BENEFITS:** There will not be any benefits to participants. However, this information will benefit by adding knowledge to the social work field and may help social workers better assist individuals with chronic pain and mental health concerns.

**CONTACT:** If you have any questions about the study, please contact Dr. Smith at (909) 537-3837

**RESULTS:** Results of the study can be found on the Pfau Library Scholarworks database.  
(<http://scholarwroks.lib.csusb.edu/>) at CSUSB after July 2020.

By clicking the button, "I do consent", you acknowledge that your participation in the study is voluntary and that you are aware that you may choose to terminate your participation in the study at any time and for any reason. Please note that this survey will be best displayed on a laptop or desktop computer. Some features may be less compatible for use on a mobile device.

I do consent

I do not consent

APPENDIX C  
IRB APPROVAL

**IRB #:** IRB-FY2020-106

**Title:** Social Work Perspectives on Chronic Pain and Mental Health

**Creation Date:** 11-12-2019

**End Date:**

**Status:** Approved

**Principal Investigator:** Ashley Patterson

**Review Board:** Main IRB Designated Reviewers for School of Social Work

**Sponsor:**

### Study History

Submission Type	Initial	Review Type	Exempt	Decision	<span style="color: orange;">Exempt</span>
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### Key Study Contacts

Member	Role	Contact
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## ASSIGNED RESPONSIBILITIES

Both authors worked collaboratively to conduct this research study. For instance, the problem formulation, literature review and methods, was equally divided between both authors. When considering other aspects of the paper, Ashley Patterson wrote the table of contents, the significance of the research for social work practice, results and sections of the discussion. Additionally, Ashley Patterson was responsible for adapting the SOCCS into a survey, using the Qualtrics system, data analysis with SPSS and created the tables in the results section. Cynthia Sanchez was in charge of writing the abstract, purpose of the study, and sections of the discussion and assigned responsibilities. Another responsibility that was tasked to Cynthia Sanchez was completing and submitting the IRB application, in order to be permitted to conduct the research study. Overall, it was a joint effort in creating this research study.