



Exploring Psychosocial Interventions in Chronic Pain

PANELISTS

Dr. Andrea Furlan • Dr. Paul Hoogeveen • Dr. Bryan MacLeod

WITH

Dr. Stephanie Zhou • Dr. Nikki Bozinoff

Ontario College of
Family Physicians 



Family & Community Medicine
UNIVERSITY OF TORONTO

**Mental Health
and Addictions**

January 22, 2025

Practising Well: Your Community of Practice

Please introduce yourself in the chat!



@OntarioCollege
#PractisingWell

Your Panelists: Disclosures

Dr. Andrea Furlan

Relationships with financial sponsors (including honoraria):

- OCFP Practising Well CoP speaker, Google Inc.

Membership on advisory boards or speakers' bureaus

- WSIB

Funded grants, research or clinical trials

- CIHR, Ontario Health, Health Canada, Canadian Generic Product Association

Patents for a drug or device

- Opioid Manager App, Opioid Manager Book

All other investments or relationships

- 8 Steps to Conquer Chronic Pain

Dr. Bryan MacLeod

Relationships with financial sponsors (including honoraria):

- OCFP Practising Well CoP speaker, Owner of MSc North

Funded grants, research or clinical trials

- AMS 2020 grant (compassion in medicine), NOAMA AFP grant - compassion curriculum

Dr. Paul Hoogeveen

Relationships with financial sponsors (including honoraria):

- OCFP Practising Well CoP speaker

Disclosures

Dr. Nikki Bozinoff @NikkiBozinoff

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Implementation Group Member, CoP Speaker
- CAMH
- Department of Family and Community Medicine (University of Toronto)
- National Institute on Drug Abuse
- Womenmind
- CIHR
- Academic Health Sciences Alternate Payment Plan

Dr. Stephanie Zhou @stephanieyzhou

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Scientific Planning Committee
- Canadian Medical Association – Honoraria for practice management lectures
- Habitat for Humanity GTA – Board of Directors member
- Toronto Public Health – Board of Directors member

Disclosure of Financial Support

This program has received funding from the Ontario Ministry of Health and in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto.

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

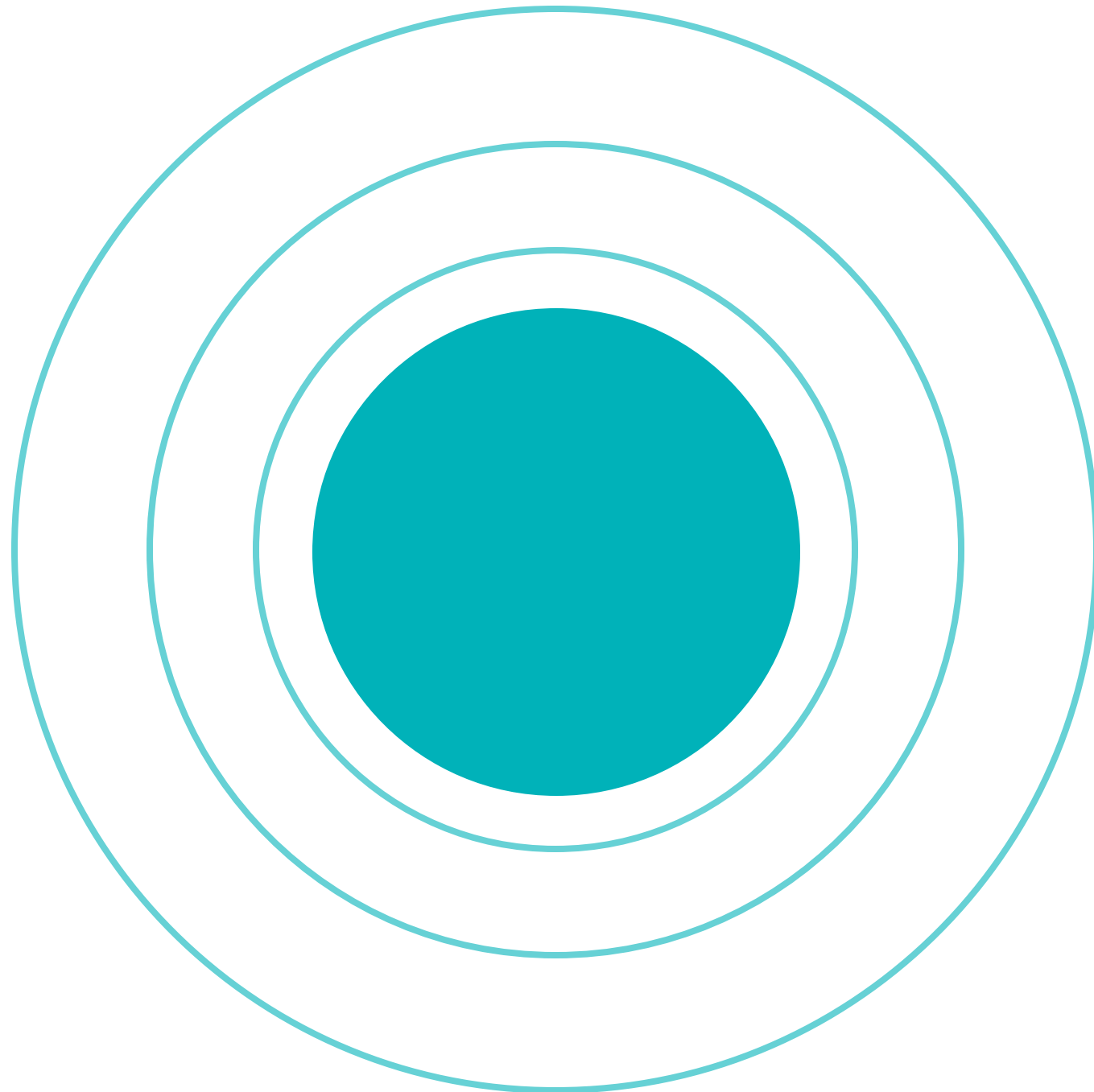
- The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by the SPC.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



Exploring Psychosocial Interventions in Chronic Pain

You raised important questions we'll try to work through together today:

1. What are the best screening tools?
2. Where can I refer for free psychological counselling for pain?
3. Alternatives to medication for chronic pain?
4. How to manage patient expectations?
5. Psychosocial management of chronic pain
6. Current resources for chronic pain management
7. Is there a test to diagnose malfunctioning pain system?
8. Is there an easy method to convince the patient their pain is not structural, but rather, functional?
9. Why some people develop nociplastic pain and others don't?

And other questions you add in the Q&A box...





**Exploring Psychosocial Interventions
in Chronic Pain**

Your Panelists

Dr. Andrea Furlan

Dr. Paul Hoogeveen

Dr. Bryan MacLeod

3 Types of Pain

Andrea Furlan, MD PhD

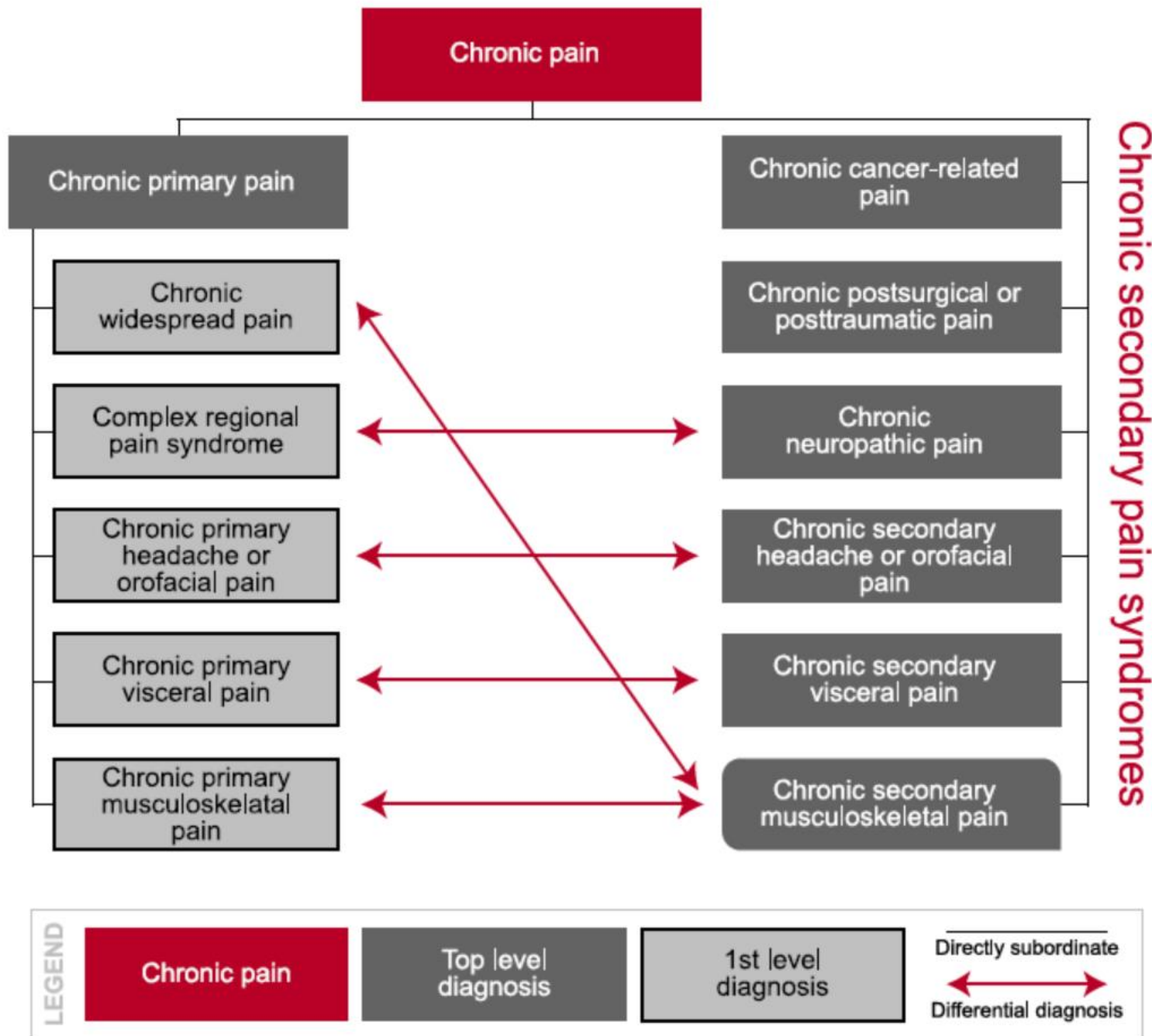
Physical Medicine and Rehabilitation



Learning Objectives

At the end of this presentation, participants will be able to:

- Explain the 3 types of pain in lay terms
 - Identify psychosocial interventions for nociplastic pain
- 
- A large yellow triangle is positioned in the bottom right corner of the slide, pointing towards the top right.



ICD.11 Classification of pain

Treede RD, et al. Chronic pain as a symptom or a disease: The IASP Classification of Chronic Pain for the International Classification of Diseases (ICD-11). Pain. 2019 Jan.

Chronic pain as a Disease

Chronic pain was recently recognized by the World Health Organization (WHO) as a disease in its own right, resulting in revisions to the latest (11th) version of the International Classification of Diseases (ICD-11).

According to ICD-11, chronic pain can be further classified as **chronic primary pain** or chronic secondary pain.

Chronic primary pain is pain in one or more anatomical regions that:

1. Persists or recurs for longer than 3 months; and,
2. Is associated with significant emotional distress (e.g., anxiety, anger, frustration, depressed mood) and/or significant functional disability (interference in activities of daily life and participation in social roles); and,
3. The symptoms are not better accounted for by another diagnosis (Nicholas et al., 2019).

Chronic primary pain includes the following sub-diagnoses: chronic widespread pain, complex regional pain syndrome, chronic primary headache or orofacial pain, chronic primary visceral pain, and chronic primary musculoskeletal pain.

Mechanisms of Pain (acute or chronic)

2016	Nociceptive Pain	Neuropathic Pain	Nociplastic Pain	Pain of Unknown origin (previously idiopathic pain)
	Pain that arises from actual or threatened damage to non-neural tissue and is due to activation of nociceptors	Pain caused by a lesion or disease of the somatosensory nervous system	Pain that arises from altered nociception despite no clear evidence of actual or threatened tissue damage causing the activation of peripheral nociceptors or evidence for disease or lesion of the somatosensory system causing the pain	Pain that cannot be classified as nociceptive, neuropathic or nociplastic.

Kosek et al (2016). Do we need a third mechanistic descriptor for chronic pain states?

Nociplastic Pain

- Term introduced in 2018
- To replace “non-specific chronic pain”
- 3rd mechanism of pain
- Differs from nociceptive and neuropathic
- Altered nociceptive function in the central nervous system
- Most common mechanism in chronic pain

The Alarm System

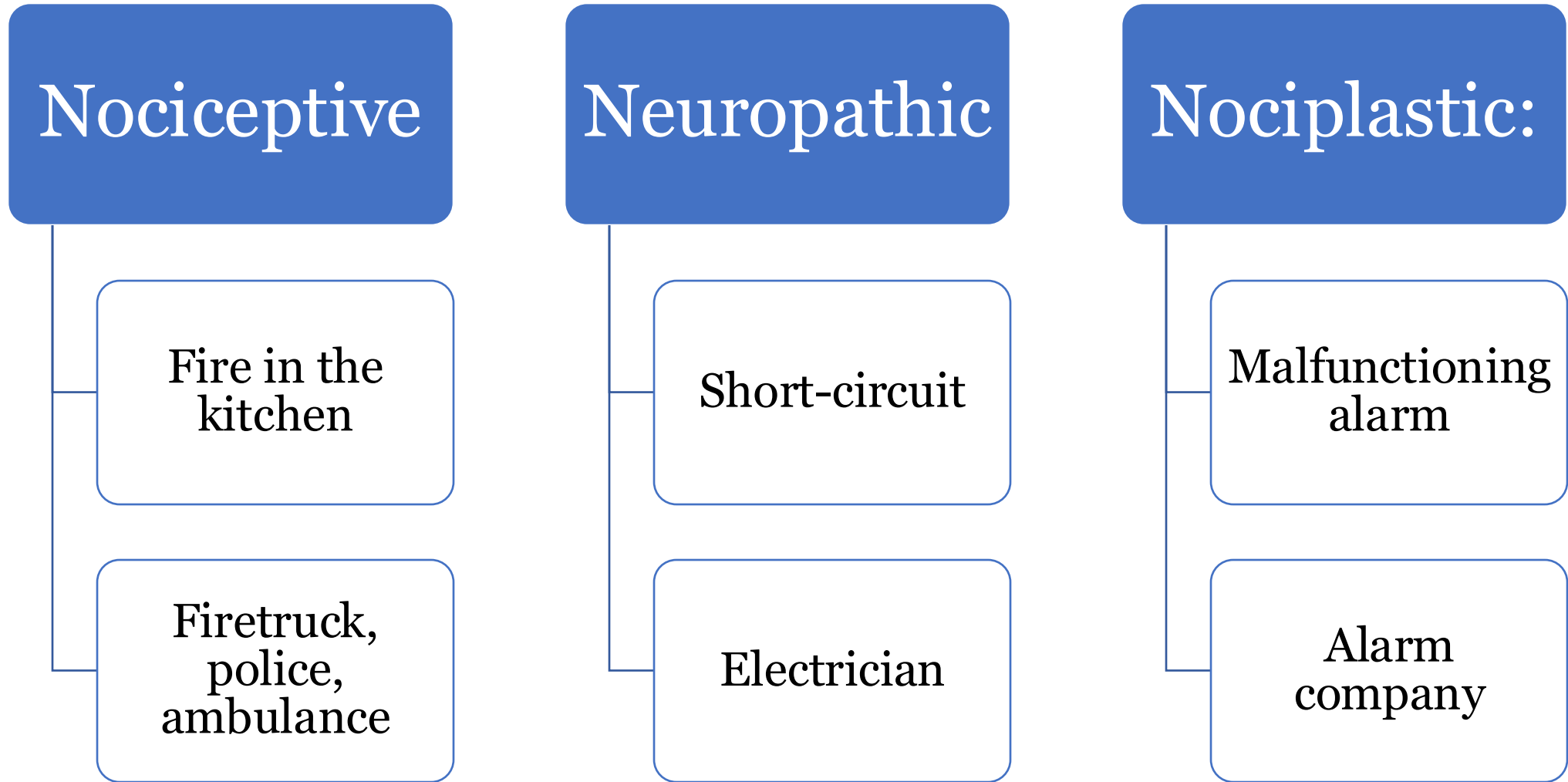
- Sensors
 - Wires
 - Box on the wall
 - Telephone
 - Central office
 - Firehouse, Paramedics, Police
- Nociceptors, vision, hearing, touch, memory
 - Peripheral nerves
 - Spinal cord
 - Ascending pathways
 - Brain
 - Brainstem (descending pathways)

Journalists,
reporters

Autonomic
Nervous System



3 mechanisms of pain



The house is
NOT on fire





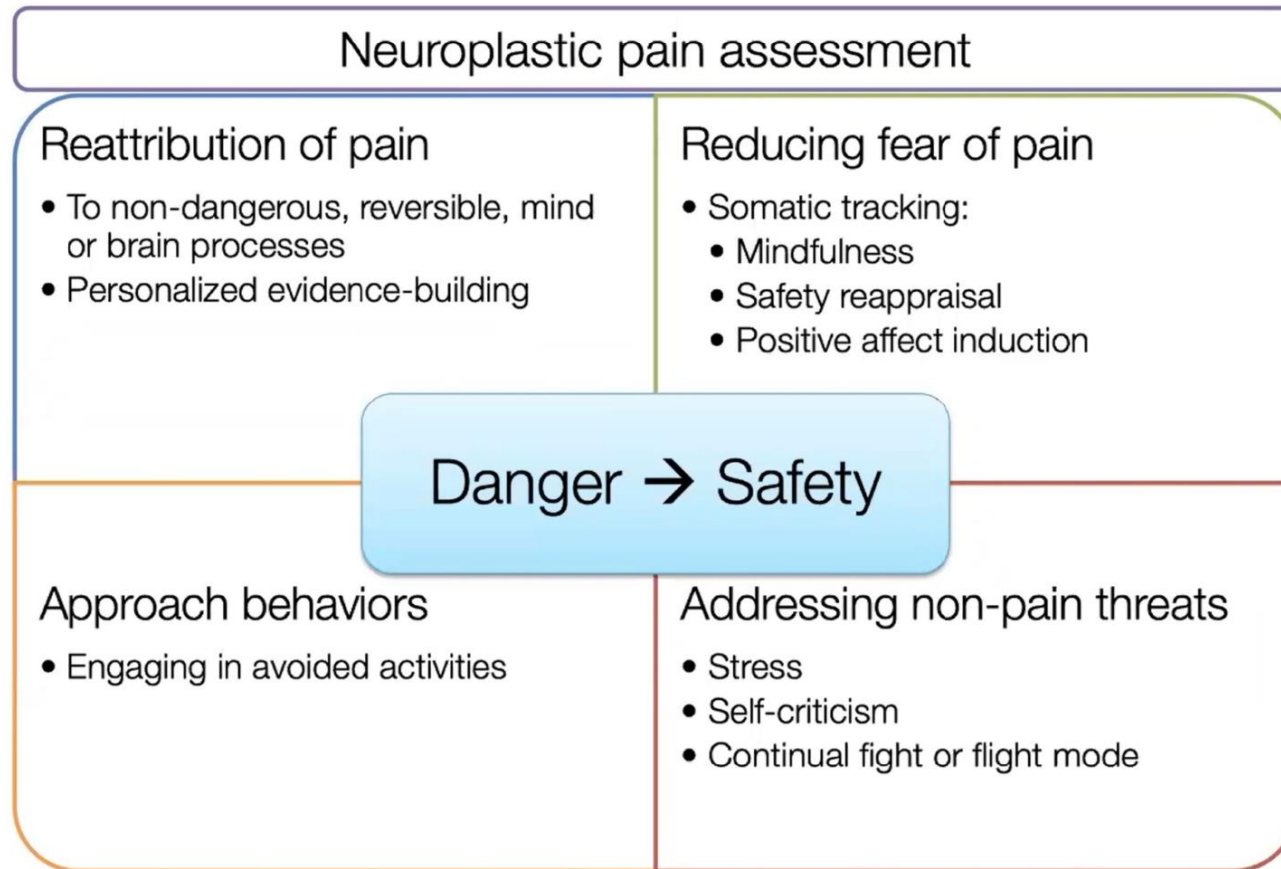
Nociceptive Neuropathic Nociplastic

#079 Nociceptive, neuropathic and :
nociplastic pain

58K views • 2 years ago



Pain Reprocessing Therapy (PRT)



Pain Reprocessing Therapy

Testimonials



#157 Escape Chronic Pain with Powerful Brain Retraining...

28K views • 1 year ago



#182 How Brain Retraining Eliminated 37 Years of Chronic...

4K views • 7 months ago



Resources

- YouTube channel
<https://www.youtube.com/@DrAndreaFurlan/>
- Book 8 STEPS TO CONQUER CHRONIC PAIN
<https://amzn.to/4joyCbR>
- Website: handouts for patients and healthcare providers
<https://www.doctorandreafulran.com/>
- Index of YouTube videos
<https://www.doctorandreafulran.com/index-videos>
- ECHO Ontario Chronic Pain and Opioid Stewardship
<https://uhn.echoontario.ca/Our-Programs/Chronic-Pain>
- Opioid Online Self-Assessment Program (SAP)
<https://opioidassessment.ca/>



**Exploring Psychosocial Interventions
in Chronic Pain**

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Dr. Bryan MacLeod

Psychosocial Interventions in Chronic Non-Cancer Pain Patients

DR . PAUL HOOGEVEEN MD, CCFP (EM)(AM),
FCPC, DCAPM
MEDICAL DIRECTOR
THE SIMCOE CLINIC- CHRONIC PAIN CARE

Scope

Chronic Pain = pain > 3 months

Approximately 8 million people in Canada (1/5 in 2019)¹

Projected increase 9 million by 2030



Scope

Total - \$40 billion /year (2019)¹

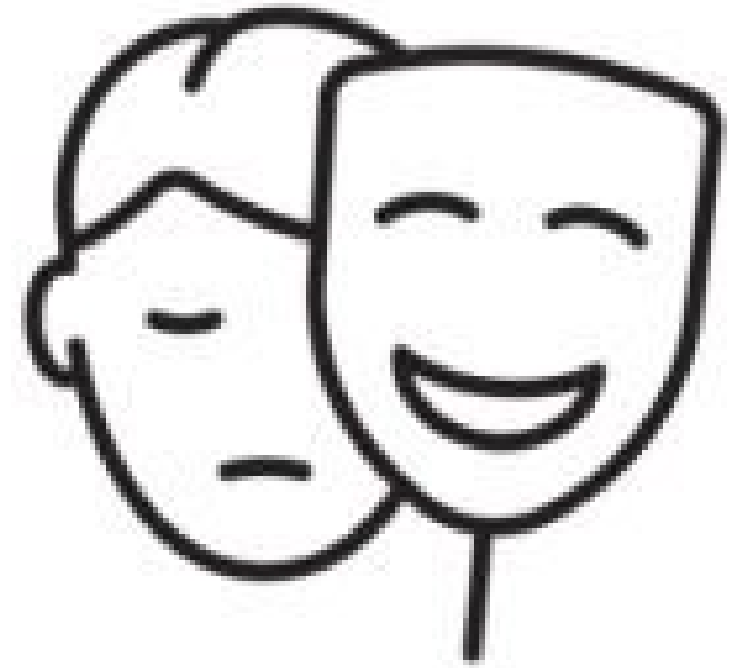
Direct - \$16 billion /year



Psychological Link

Chronic Pain and Anxiety/ Depression

OR 4.14²



Psychological Link

Chronic Pain and unfavourable health perception

OR 1.26²



Screening

Depression – Patient Health Questionnaire - 9

- Screening ≥ 10 sensitivity 80% and specificity 92% for MDD³
- Reliable and reproducible
- Validity for Severity⁴



3. GILBODY, S., RICHARDS, D., BREALEY, S., & HEWITT, C. (2007). SCREENING FOR DEPRESSION IN MEDICAL SETTINGS WITH THE PATIENT HEALTH QUESTIONNAIRE (PHQ): A DIAGNOSTIC META-ANALYSIS. *JOURNAL OF GENERAL INTERNAL MEDICINE*

4. KROENKE K, SPITZER RL, WILLIAMS JB. THE PHQ-9: VALIDITY OF A BRIEF DEPRESSION SEVERITY MEASURE. *J GEN INTERN*

PHQ 9

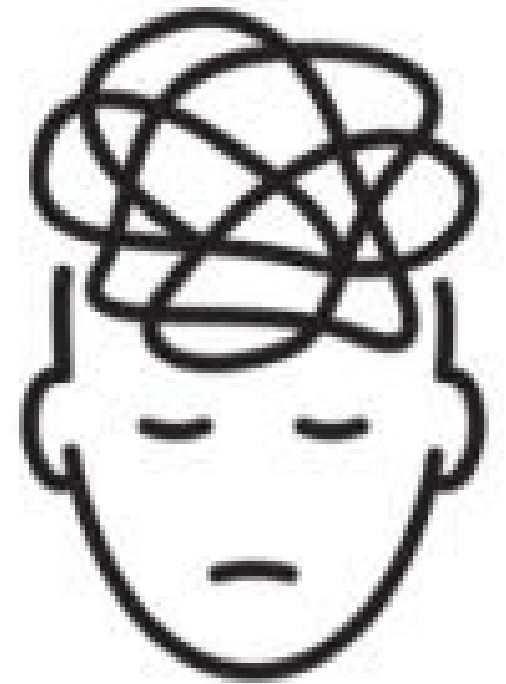
0-4 None to Minimal
 5-9 Mild
 10-14 Moderate
 15-19 Moderately Severe
 20-27 Severe

Over the last 2 weeks, how often have you been bothered by the following problems?		Not at all	Several Days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling asleep or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself- or that you are a failure or have let yourself or family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
TOTAL SCORE (add the marked numbers):					

Screening

Anxiety – General Anxiety Disorder – 7

- Screening ≥ 8 (7-10 similar) sensitivity 83% and specificity 84% for anxiety disorders⁵
- Reliable and reproducible
- Validity for Severity⁶



5. PLUMMER F, MANEA L, TREPPEL D, MCMILLAN D. SCREENING FOR ANXIETY DISORDERS WITH THE GAD-7 AND GAD-2: A SYSTEMATIC REVIEW AND DIAGNOSTIC METAANALYSIS. GEN HOSP PSYCHIATRY. 2016;39:24-31.

6. SPITZER RL, KROENKE K, WILLIAMS JB, LÖWE B. A BRIEF MEASURE FOR ASSESSING GENERALIZED ANXIETY DISORDER: THE GAD-ARCH INTERN MED. 2006 MAY 22;166(10):1092-7

GAD 7

0-4 None to Minimal
 5-9 Mild
 10-14 Moderate
 15-21 Severe

Over the last 2 weeks, how often have you been bothered by the following problems?		Not at all	Several Days	More than half the days	Nearly every day
1	Feeling nervous, anxious, or on edge	0	1	2	3
2	Not being able to stop or control worrying	0	1	2	3
3	Worrying too much about different things	0	1	2	3
4	Trouble relaxing	0	1	2	3
5	Being so restless that it is hard to sit still	0	1	2	3
6	Becoming easily annoyed or irritable	0	1	2	3
7	Feeling afraid, as if something awful might happen	0	1	2	3
TOTAL SCORE (add the marked numbers):					

The GAD-7 was developed by Drs. Robert L. Spitzer, Janet B. W. Williams, Kurt Kroenke, and colleagues, with an education grant from Pfizer, Inc.

Screening

Coping - Pain Catastrophizing Scale

What is Pain Catastrophizing - Coping - an exaggerated negative *mental set* brought to bear during actual or anticipated pain experience⁷

Magnification, Rumination and Helplessness

Pain catastrophizing associated to severe pain outcomes



Dr . Paul Hoogeveen MD, CCFP (EM)(AM),
FCPC, DCAPM
Medical Director
The Simcoe Clinic- Chronic Pain Care

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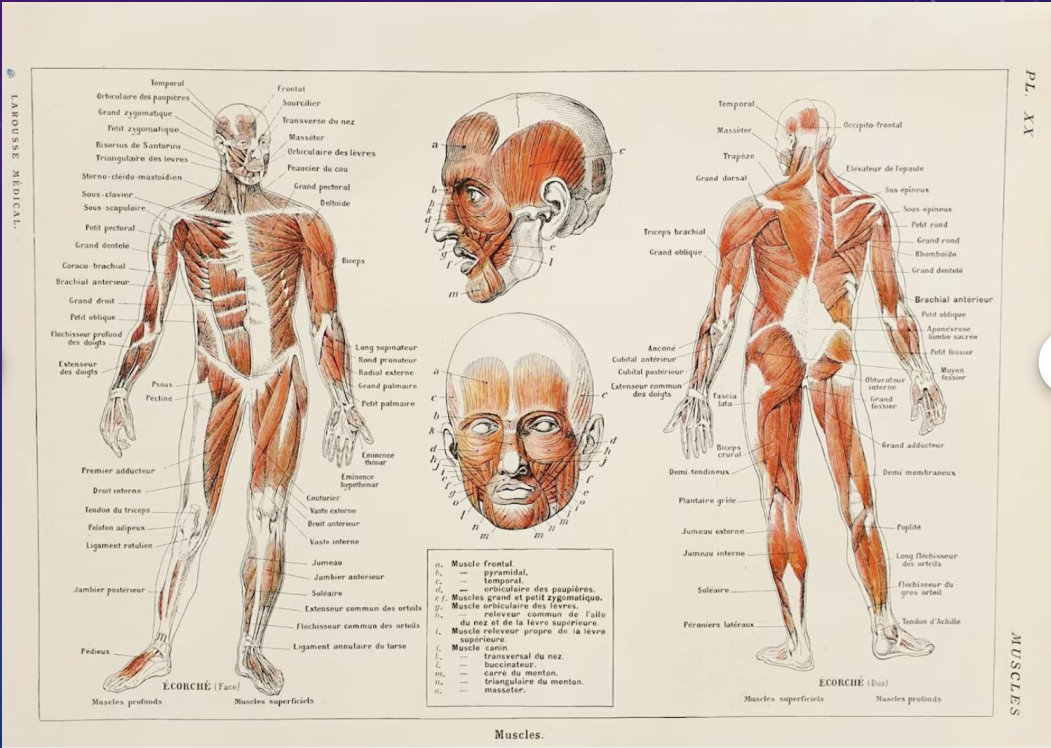
Dr. Bryan MacLeod

The background features a dark blue gradient with faint, light blue circular patterns. On the left side, there is a large circular scale with tick marks and numbers ranging from 140 to 260. Several smaller circles with arrows pointing in different directions are scattered across the background, suggesting a technical or scientific theme.

OF ANATOMY & LEACHES

EVIDENCE BASED CHRONIC PAIN MENTAL HEALTH HACKS
THAT WILL SAVE YOU TIME AND EVERYONE GRIEF

SOME THINGS CHANGE



SOME THINGS... LESS SO...

LEARNING COMPETENCIES

- Participants will add to their academic toolkit, an evidence-based tool for keeping up to date and creating presentations which in 2025 is still marginally better than ChatGPT
- Participants will employ validated Catastrophization & Kinesiophobia tools in chronic pain presentations to rule out significant barriers to their evidence-based (EB) care
- Participants will leave with a few EB therapies to support patients in benefiting by your good care.

Catastrophization & Kinesiophobia

- Ok, so what are they?
- Why do we care?
- How do we measure them?

WELCOME TO MY OFFICE

Better than CHAT-GPT



Catastrophization

What is it?

AN EXAGGERATED NEGATIVE ORIENTATION
TOWARD
NOXIOUS STIMULI.

Helplessness

Magnification

Ruminate Thoughts

WHO IS SUSCEPTIBLE?

- Women
- Mixed chronic pain
- Low back pain
- RA
- Aversive diagnostic procedures
- Surgery
- Dental procedures
- Burn dressing changes
- Whiplash injuries
- Survey sample in young adults
- Asymptomatic individuals participating in experimental pain procedures
- Varsity athletes

Catastrophizing Presentation

- Thoughts reflecting fear
- Worry
- Anticipation of negative outcomes
- Exaggeration of the aversive aspects of the situation
- Inability to cope effectively with pain
- Heightened pain behaviour (Avoidance of activity and subsequent disability)
- Greater analgesic consumption
- Reduced involvement in daily activities
- Occupational disability
- Suicidal ideation
- Increased use of health care services and longer hospital stays



<http://www.dtfacetyaylor.com/pain-illness-physical-wellness/>

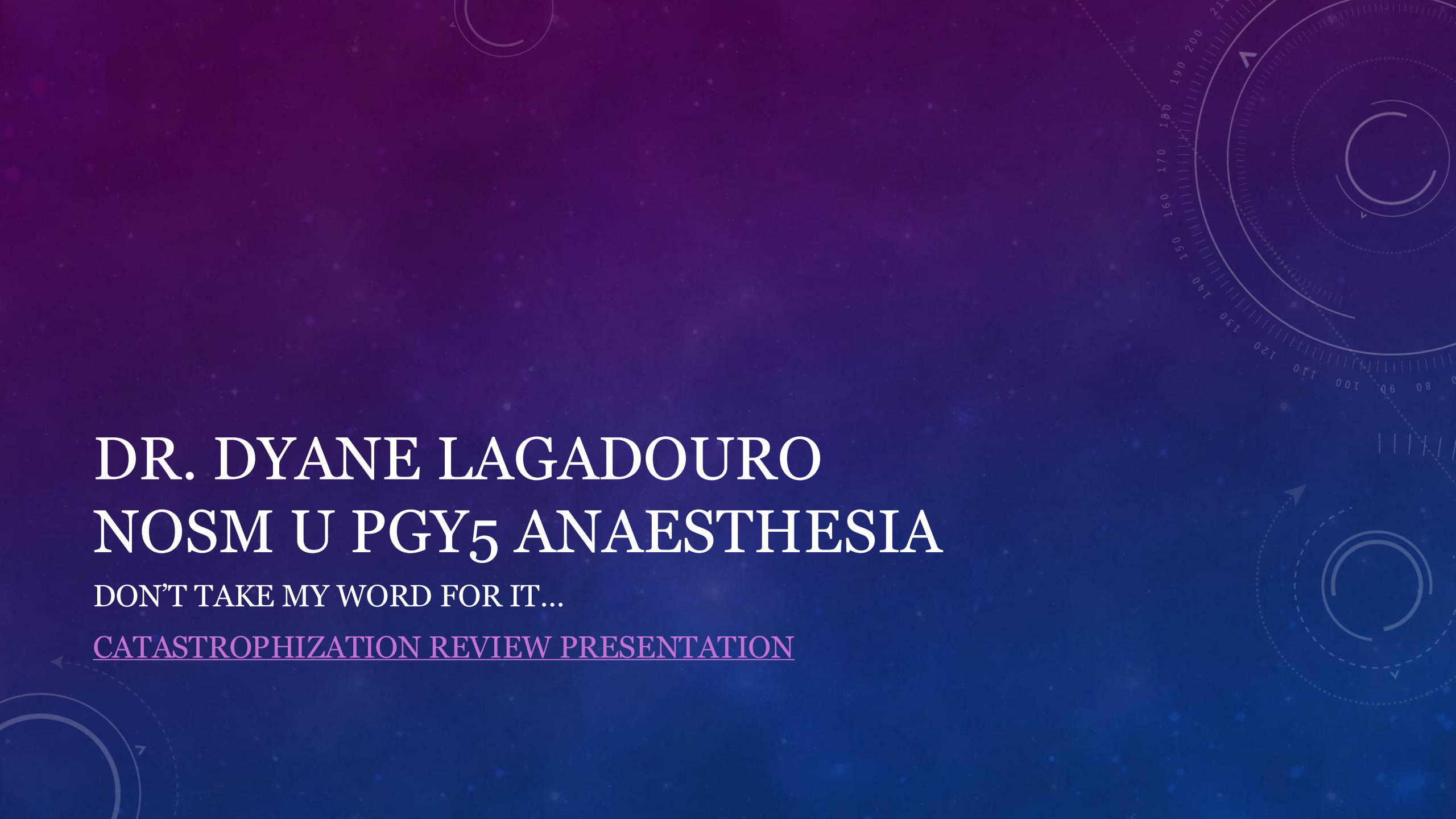
Pain Catastrophizing Scale (PCS)

Sullivan now Live in Lyon, France

Table 1
Pattern Matrix of the Pain Catastrophizing Scale

Item	Components			M	SD	Item total r
	1	2	3			
Rumination						
11. I keep thinking about how badly I want the pain to stop.	.87	.01	.00	2.0	1.2	.70
8. I anxiously want the pain to go away.	.84	.04	.13	2.7	1.1	.57
9. I can't seem to keep it out of my mind.	.80	.04	-.11	1.7	1.6	.70
10. I keep thinking about how much it hurts.	.79	.00	-.12	1.9	1.1	.71
Magnification						
13. I wonder whether something serious may happen.	-.12	.76	-.14	1.3	1.0	.37
6. I become afraid that the pain may get worse.	.15	.64	-.04	1.4	1.0	.47
7. I think of other painful experiences.	-.01	.67	.12	0.6	0.9	.22
Helplessness						
2. I feel I can't go on.	-.11	-.07	-.86	0.7	0.8	.46
3. It's terrible and I think it's never going to get any better.	-.01	.11	-.68	0.9	0.9	.51
1. I worry all the time about whether the pain will end.	.11	.04	-.58	1.4	0.9	.51
4. It's awful and I feel that it overwhelms me.	.31	.05	-.53	1.1	0.9	.65
5. I feel I can't stand it any more.	.38	-.01	-.48	1.3	1.0	.64
12. There is nothing I can do to reduce the intensity of the pain.	.22	.30	-.31	1.3	0.9	.53

Note. $N = 425$; components: 1 = rumination, 2 = magnification, and 3 = helplessness. Items 1–5 were drawn from the Coping Strategies Questionnaire (described in Rosenstiel & Keefe, 1983); items 6, 7, and 13 were developed from descriptions of catastrophizing provided by Chaves and Brown (1978, 1987); and the remaining items were developed from descriptions of catastrophizing provided by Spanos et al. (1979). Items 1–5 are from the *Coping Strategies Questionnaire* by A. K. Rosenstiel and F. J. Keefe, 1983. Copyright 1983 by A. K. Rosenstiel and F. J. Keefe. Reprinted with permission. Copies of the Pain Catastrophizing Scale may be obtained from Michael J. L. Sullivan.



DR. DYANE LAGADOURO NOSM U PGY₅ ANAESTHESIA

DON'T TAKE MY WORD FOR IT...

CATASTROPHIZATION REVIEW PRESENTATION

KINESIOPHOBIA

- “The Tampa Scale of Kinesiophobia (TSK) has been used to identify people with back pain who have high levels of “fear of movement” to direct them into fear reduction interventions....”
- Discussion: The TSK may be better described as a measure of the “beliefs that painful activity will result in damage and/or increased suffering and/or functional loss.”

What Do People Who Score Highly on the Tampa Scale of Kinesiophobia Really Believe?

A Mixed Methods Investigation in People With Chronic Nonspecific Low Back Pain

Samantha Bunzli, Bphty (hons), Anne Smith, PhD,* Rochelle Watkins, PhD,†
Robert Schütze, MPsych(Clinical),‡
and Peter O’Sullivan, PhD**

Clin J Pain • Volume 31, Number 7, July 2015

OF LEECHES AND EVIDENCE

TSK-11



TSK – 13, OR 17

The Tampa Scale of Kinesiophobia *A Systematic Review of Its Psychometric Properties in People With Musculoskeletal Pain*

Frederique Dupuis, MPht,† Amira Cherif, MSc,*† Charles Batcho, PhD,*†
Hugo Massé-Alarie, PhD,*† and Jean-Sébastien Roy, PhD*†*

(Clin J Pain 2023;39:236–247)

*“Discussion: Clinical guidelines now recommend that clinicians identify the presence of kinesiophobia among patients as it may contribute to persistent pain and disability. **The TSK is a self-report questionnaire widely used, but 5 different versions exist. Based on these results, the use of TSK-13 and TSK-17 is encouraged as they are valid, reliable, and responsive.**”*

- Two-thirds of the articles indicate that professionals with fear-avoidance beliefs tend to refer their patients to other specialists less frequently and limit their patients' activity, despite treatment guidelines.
- Most of the studies found were physiotherapists' interventions for chronic back pain patients.

Kinesiophobia among health professionals' interventions: a scoping review

Lilian Doutre^{1,2}, Maryse Beaumier^{2,3}, Andrée-Anne Parent², Sébastien Talbot² and Mathieu Tremblay²

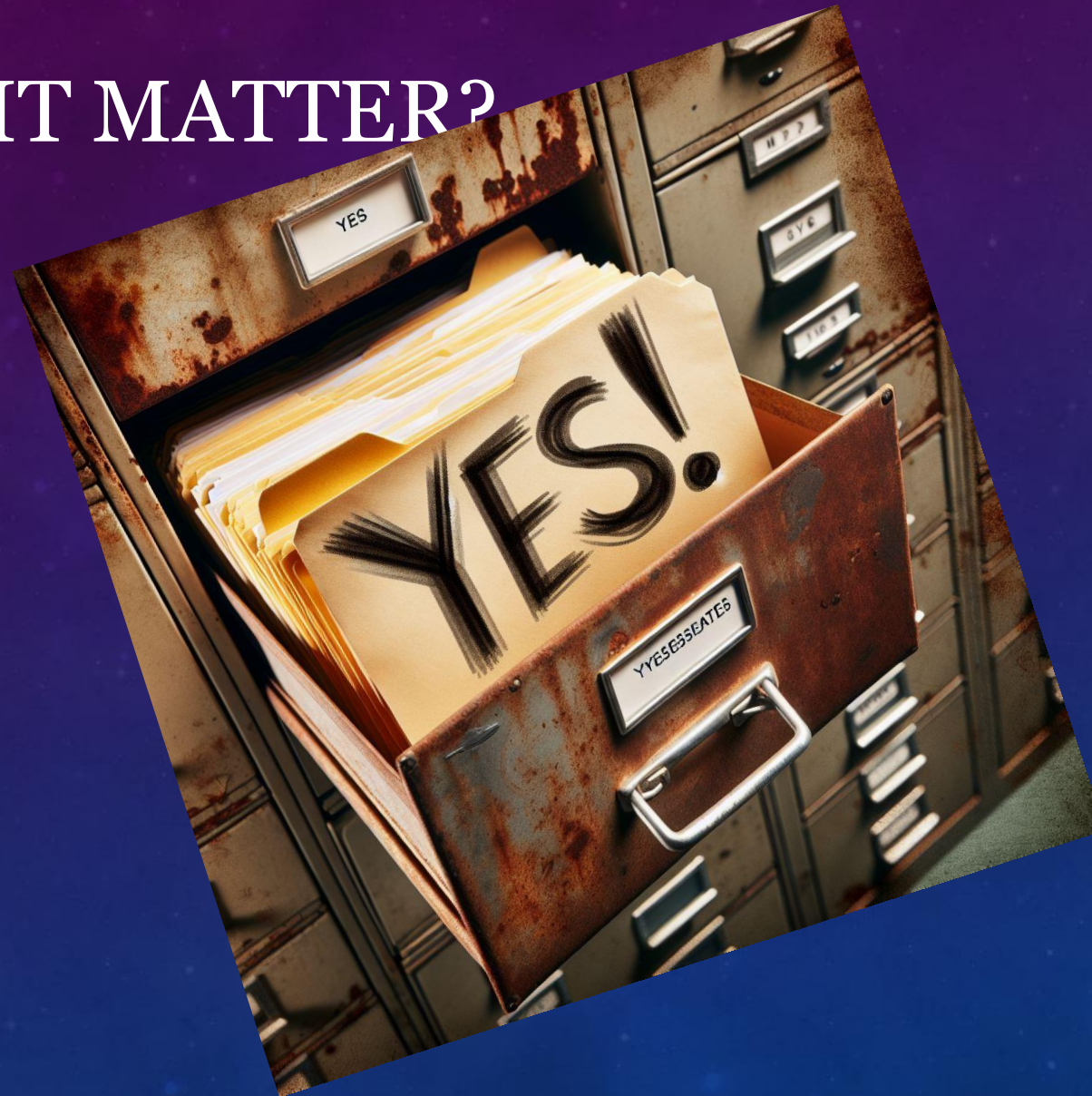
¹ Programme d'activité physique adaptée et santé, Université Rennes 2, Rennes, France

² Department of Health Sciences, Université du Québec à Rimouski, Rimouski, Quebec, Canada

³ Research Center of Centre intégré de santé and services sociaux de Chaudière-Appalaches (CISSS-CA), Québec, Québec, Canada

How to cite this article Doutre L, Beaumier M, Parent A-A, Talbot S, Tremblay M. 2024. Kinesiophobia among health professionals' interventions: a scoping review. *PeerJ* 12:e17935 <http://doi.org/10.7717/peerj.17935>

SO... DOES IT MATTER?



SCIENCE DOES IT MATTER?

ORIGINAL ARTICLE

Catastrophizing, pain and traumatic stress symptoms following burns: A prospective study

N.E. Van Loey^{1,2}, I. Klein-König³, A.E.E. de Jong⁴, H.W.C. Hofland⁵, E. Vandermeulen⁶, I.M. Engelhard²

European Journal of Pain



SO DOES IT MATTER?

ORIGINAL ARTICLE

**Catastrophizing, pain and
burns: A prospective**

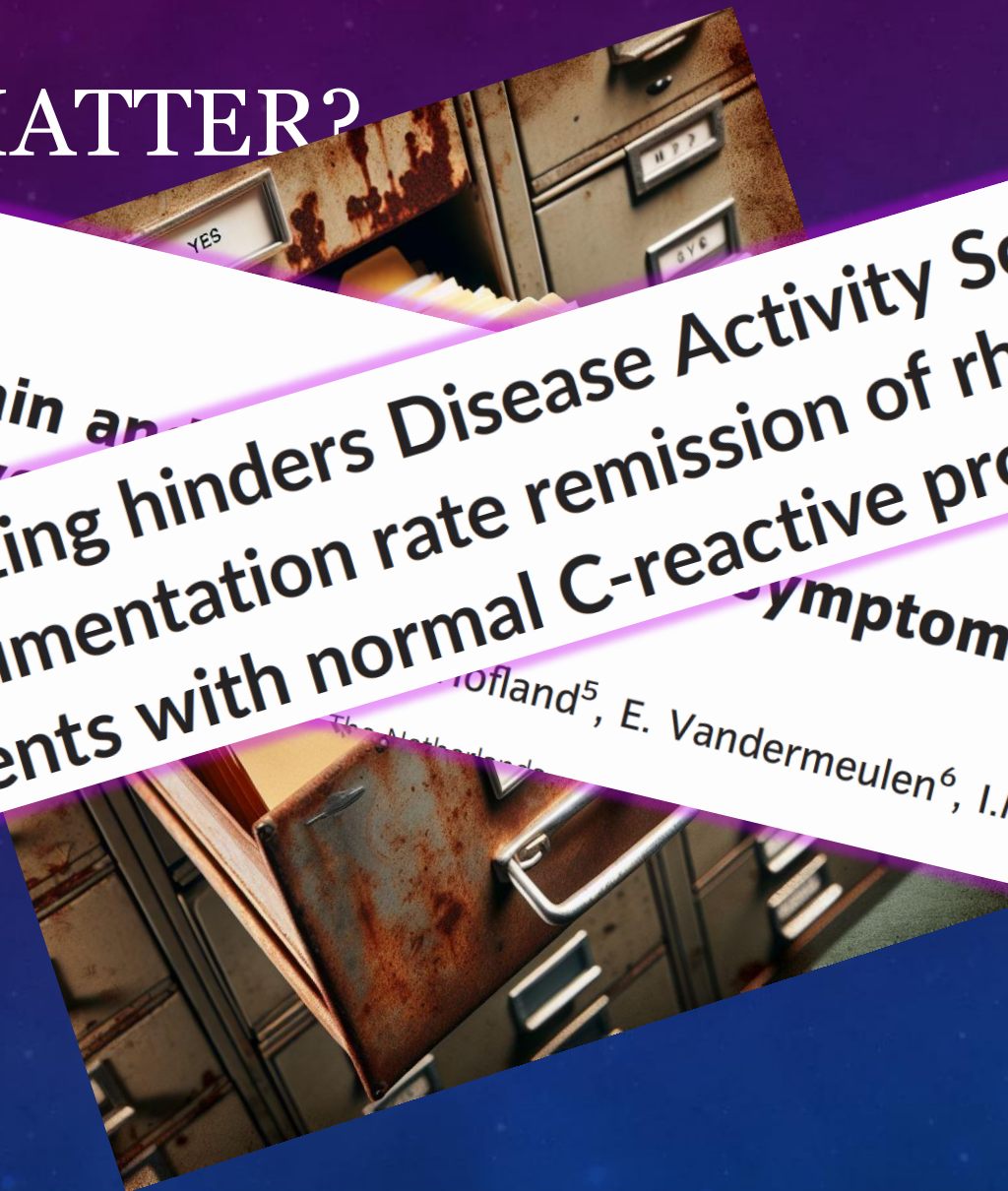
N.E. Van Loey^{1,2}, I. Klein

¹ Behavioral Research

**Pain catastrophizing hinders Disease Activity Score 28 -
erythrocyte sedimentation rate remission of rheumatoid
arthritis in patients with normal C-reactive protein levels**

Profand⁵, E. Vandermeulen⁶, I.M. Engelhard²

European Journal of Pain



SO DOES IT MATTER?

ORIGINAL ARTICLE

Catastrophizing, pain and
burns: A prospective

N.E. Van Loey^{1,2}



hinders Disease Activity Score 28 -
to remission of rheumatoid
active protein levels

European Journal of Pain

Pain ca
erythr
arthr

Pain Catastrophizing and Function In Individuals With
Chronic Musculoskeletal Pain

A Systematic Review and Meta-Analysis

Javier Martinez-Calderon, MSc, Mark P. Jensen, PhD,†*
Jose M. Morales-Asencio, PhD,‡§ and Alejandro Luque-Suarez, PhD§*

SO DOES IT MATTER?

PSYCHOLOGY, HEALTH & MEDICINE
2018, VOL. 23, NO. 10, 1151–1167
<https://doi.org/10.1080/13548506.2018.1446097>



Taylor & Francis
Taylor & Francis Group



Psychosocial predictors in the transition from acute to chronic pain: a systematic review

Valerie Hruschak^a and Gerald Cochran^{a,b}

^aSchool of Social Work, University of Pittsburgh, Pittsburgh PA, USA; ^bDepartment of Psychiatry, School of Medicine, University of Pittsburgh, Pittsburgh PA, USA

FINALLY, OK SO, WHAT WORKS

- First, have the conversation (I like pre-visit forms)
- Pain Education
 - Again Having The conversation: “It’s ok to walk on your OA knee”
 - [Explain Pain, Butler and Mosely](#)
- Of course counselling, but \$\$\$
 - ACT therapy
 - EMDR - PTSD
- online self-care
 - [Power Over Pain Patient Portal](#)

Resources

Explore resources tailored for your unique pain journey

Showing 19 results

« < 1 2 3 4 > »

Filter Clear all

TOPICS ^

- Indigenous
- Mindfulness
- Mood
- Movement
- Nutrition
- Pain
- Pain and Surgery
- Sleep
- Stress



Is Surgery Putting You at Risk of Chronic Pain?

FINALLY

- First, have the
- Pain Education
 - Again Have
 - [Explain P](#)
- Of course cou
 - ACT thera
 - EMDR - P
- online self-ca
 - [Power Ov](#)



Thanks!



Bryan MacLeod, MD, CCFP, FCFP

bmacleod@nosm.ca

Associate Professor, NOSM

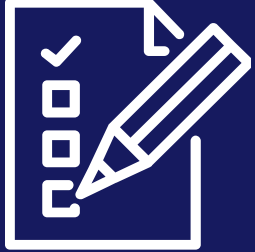
www.msccnorth.com

[Referenced Articles](#)



Resources

Tools



Links to resources shared today will be sent to participants following the session.

Tools and Resources

Resources	Link
YouTube channel – Dr. Andrea Furlan: Education about the causes, prevention, treatment and management of chronic pain	Youtube Channel - https://www.youtube.com/@DrAndreaFurlan/ Video Download - https://www.doctorandreaFurlan.com/index-videos
Website – Dr. Andrea Furlan: Handouts for Patients and Healthcare Providers (free registration required)	https://www.doctorandreaFurlan.com/
ECHO Ontario Chronic Pain and Opioid Stewardship	https://uhn.echoontario.ca/Our-Programs/Chronic-Pain
Opioid Online Self-Assessment Program (SAP)	https://opioidassessment.ca/
An Action Plan for Pain in Canada	https://www.canada.ca/content/dam/hc-sc/documents/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2021-rapport/report-rapport-2021-eng.pdf
PHQ9 Questionnaire	https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/bc-guidelines/depression_patient_health_questionnaire.pdf (PDF) https://www.mdcalc.com/calc/1725/phq9-patient-health-questionnaire9 (Online)
GAD7 Questionnaire	https://adaa.org/sites/default/files/GAD-7_Anxiety-updated_o.pdf (PDF) https://www.mdcalc.com/calc/1727/gad7-general-anxiety-disorder7 (Online)
Article - JAMA: Persistent pain and well-being: a World Health Organization Study in Primary Care	https://pubmed.ncbi.nlm.nih.gov/9669787/
Article – Journal of General Internal Medicine: Screening for depression in medical settings with the Patient Health Questionnaire (PHQ): a diagnostic meta-analysis	https://pubmed.ncbi.nlm.nih.gov/17874169/
Article – Journal of General Internal Medicine: The PHQ-9: validity of a brief depression severity measure	https://pubmed.ncbi.nlm.nih.gov/11556941/
Article – Gen Hosp Psychiatry: Screening for anxiety disorders with the GAD-7 and GAD-2: a systematic review and diagnostic metaanalysis	https://pubmed.ncbi.nlm.nih.gov/26719105/
Article – Arch Intern Med: A brief measure for assessing generalized anxiety disorder: the GAD-7	https://pubmed.ncbi.nlm.nih.gov/16717171/
Article – Journal of Pain - Pain Catastrophizing: Controversies, Misconceptions and Future Directions	https://pubmed.ncbi.nlm.nih.gov/37442401/
The Pain Catastrophizing Scale (PCS)	https://sullivan-painresearch.mcgill.ca/pcs.php

Tools and Resources

Resources	Link
Dropbox Link from Dr. Bryan McLeod - Catastrophization Review Presentation	https://www.dropbox.com/scl/fi/ii806jcsjdi0ab8a3c2sx/Catastrophization-Review-Dyane-Lygaduro.pdf?rlkey=kth1wykk1l4z5pq4b16xibc1y&e=1&st=hbwsyc9f&dl=0
Power Over Pain (Adult & Youth Portals)	https://poweroverpain.ca/
Dropbox Link from Dr. Bryan McLeod – References Articles	https://www.dropbox.com/scl/fo/wanw23707vx4dljp9zpr9/AEVgCxOZkXEiX6t_d5EK_Tq8?rlkey=9llxhg5cym78igjaqq2414tzd&e=1&st=qbbogxap&dl=0
Health Quality Ontario: Chronic Pain	https://www.hqontario.ca/evidence-to-improve-care/quality-standards/view-all-quality-standards/chronic-pain
Health Quality Ontario: Opioid Prescribing for Chronic Pain	https://www.hqontario.ca/evidence-to-improve-care/quality-standards/view-all-quality-standards/opioid-prescribing-for-chronic-pain

Resources

Education



Links to resources shared today will be sent to participants following the session.

OCFP MEMBER SURVEY 2025

Ontario College of
Family Physicians

Leaders for a healthy Ontario



Your chance to influence the future of OCFP's continuing professional development!

Help shape the resources and strategies that support you as family physicians!

Now open!

Time Required: 15 minutes

Enter a draw for a \$100 gift card



Osteoporosis and Fracture Prevention Workshop



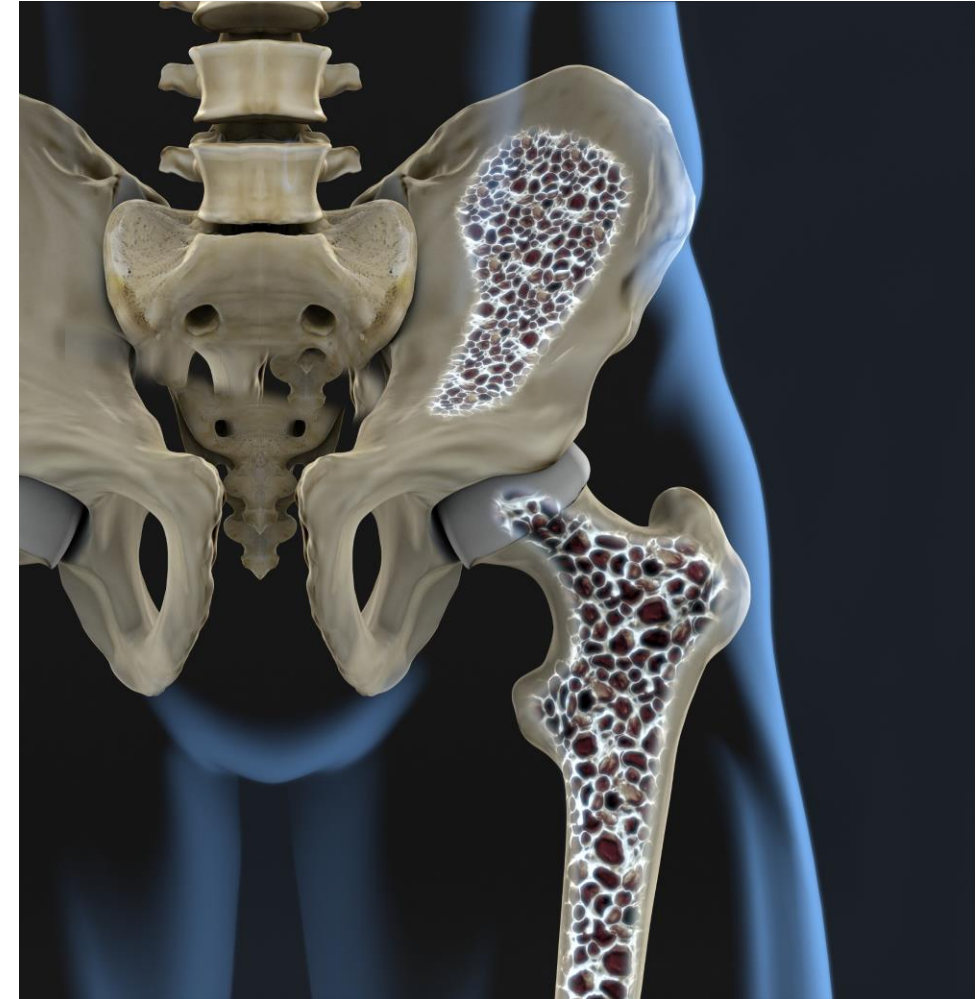
Scan to learn more

February 5, 2024
1 p.m. – 4 p.m.

Register Now!

\$195 + HST

This is a three-credit-per-hour Mainpro+ certified program



Practising Well CoP – Self Learning Program

The Practising Well CoP is now certified for self learning credits!

Earn **1-credit-per-hour** for reviewing the recording and resources from **past CoP sessions**. The self learning program is certified for up to 50 Mainpro+ credits.



**Learn More and
Participate**

Mentorship Program - Connect with a Peer Guide to learn more about chronic pain!



Dr. Paul Hoogeveen

Peer Guide



**Dr. Bryan MacLeod
(he/him)**

Peer Guide



Dr. Caroline Kargel

Peer Guide

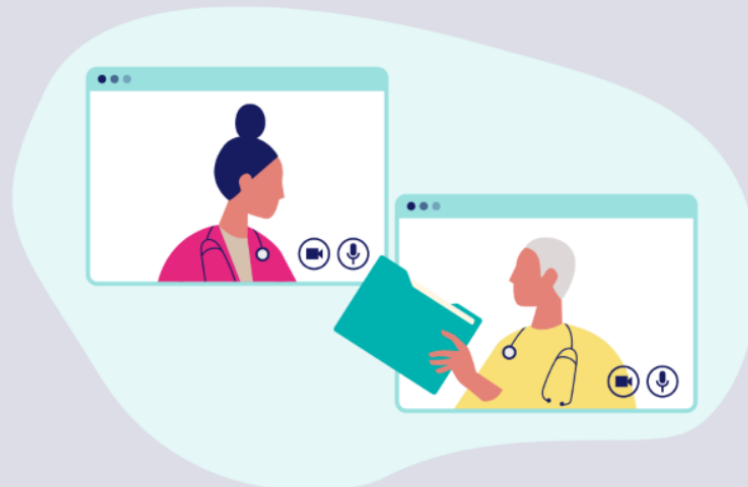


Dr. Gregory Hariton

Peer Guide

Peer Connect

Enabling you to connect, share and learn from your fellow family physicians.



Resources

Supports



Resources

Supports



OMA Physician Health Program

<https://php.oma.org>

Centre for Addiction and Mental Health
Health Care Provider (HCP) Resource
Site

<http://www.camh.ca/covid19hcw>

CMA Wellness Hub

<https://www.cma.ca/physician-wellness-hub>



- PARO 24/7 Helpline for Residents, Family Members, Medical Students
- 1-866-HELP-DOC



- <https://www.ontario.ca/#support-health-care-worker>
 - Self-led / With peers / Talk to a clinician
- [Ontario Shores Centre for Mental Health Sciences, Whitby](#)
- [St. Joseph's Healthcare, Hamilton](#)
- [The Royal Ottawa Mental Health Centre, Ottawa](#)
- [Waypoint Centre for Mental Health Care, Penetanguishene](#)
- [Centre for Addictions and Mental Health \(CAMH\), Toronto](#)



- ECHO Coping with COVID
 - for health providers (educational credits)
 - Fridays 2-3pm EST
- <https://camh.echoontario.ca/echo-coping-with-covid/>

Support for you and those you care about.

Upcoming Community of Practice

Harm Reduction in Family Practice: Responding to changing policies

with Dr. Katie Dorman & Jean-Paul Michael

February 26, 2025
8:00am – 9:00am

[Register Now](#)

practisingwell@ocfp.on.ca



This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credit. The Practising Well Community of Practice includes a series of planned live, interactive sessions. Each session is worth 1 Mainpro+ credits, for up to a total of 12 credits.