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Pain resilience and catastrophizing combine to predict functional restoration program outcomes. (</record/2020-28452-001?doi=1>)

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Objective: Whereas decades of research have been devoted to psychological factors that confer vulnerability to disability and other negative outcomes in the face of chronic pain, recent studies have begun to emphasize psychological characteristics that contribute to enhanced adaptation and better clinical outcomes. Accordingly, the present study was conducted as a longitudinal assessment of the predictive utility of pain resilience and pain catastrophizing as indicators of clinical outcomes among patients receiving a standardized treatment for chronic pain. Method: Using an observational design, analyses were conducted on measures of pain resilience, pain catastrophizing, quality of life, and clinical pain administered to 149 patients upon admission and prior to discharge from an 8-week outpatient functional restoration program. Hierarchical linear regressions were conducted to predict improvement in physical and mental health quality of life and clinical pain intensity at discharge based on individual differences in admission levels of pain-related catastrophizing and resilience. Results: Results of the primary analyses indicated that pain catastrophizing and pain resilience independently predicted physical and mental health quality-of-life outcomes at discharge but did not significantly predict clinical pain intensity. Specifically, higher baseline pain resilience was associated with better quality-of-life outcomes, whereas higher baseline catastrophizing was associated with poorer outcomes. Conclusion: This study provides additional support for the notion that pain resilience assessment may help identify those most likely to benefit from targeted efforts to bolster resilience resources during treatment. (PsycInfo Database Record (c) 2020 APA, all rights reserved)