

Chronic Pain Coping Inventory™



Longitudinal Report

Developed by

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Client Information

Client Name : Client Sample

Client ID : 123-456

Gender : Male

Date of Birth : 11/05/1957

Age : 50

Report Date : 11/13/2008

Use of this report requires a complete understanding of the *Chronic Pain Coping Inventory* (CPCI) scales and its interpretation, applications, and limitations as presented in the CPCI Professional Manual. This report contains raw and standardized scores from the CPCI Rating Form. Users should refer to the CPCI Professional Manual for procedures and guidelines for the interpretation of this report. Users also should refer to the Professional Manual for information about the psychometric characteristics of the CPCI.

This report should be used as only one source of information about the individual being evaluated. In this respect, no decisions should be based solely on the information contained in this report. The raw and standardized scores contained in this report should be integrated with other sources of information when making decisions about this individual.

This report is confidential and is intended for use by qualified professionals who have sufficient knowledge of psychometric testing and of the CPCI. *This report should not be released to any individuals who are not qualified to interpret the results.*

Chronic Pain Coping Inventory

The CPCI scales are divided into two general categories: (1) scales that measure Illness-Focused coping – responses thought to be maladaptive, and (2) scales that measure Wellness-Focused coping – responses thought to be adaptive. In general, research findings support these categorizations, although some scales tend to be more strongly associated with patient functioning than others (in particular, Guarding and Resting have been shown to be associated with greater disability, and task persistence has been shown to be associated with less disability). Also, it is important to remember that what is adaptive or maladaptive for one person may not be adaptive or maladaptive for another.

There are three Illness-Focused CPCI scales: Guarding, Resting, and Asking for Assistance.

- The **Guarding** scale assesses the extent to which a patient limits or restricts the movement of a body part.
- The **Resting** scale assesses the frequency of engaging in a resting activity in response to pain, such as lying down, sitting down, slowing down, or going to a dark or quiet room.
- The **Asking for Assistance** scale assesses the extent to which a patient asks for help with some activity (such as household chores or lifting) when in pain.

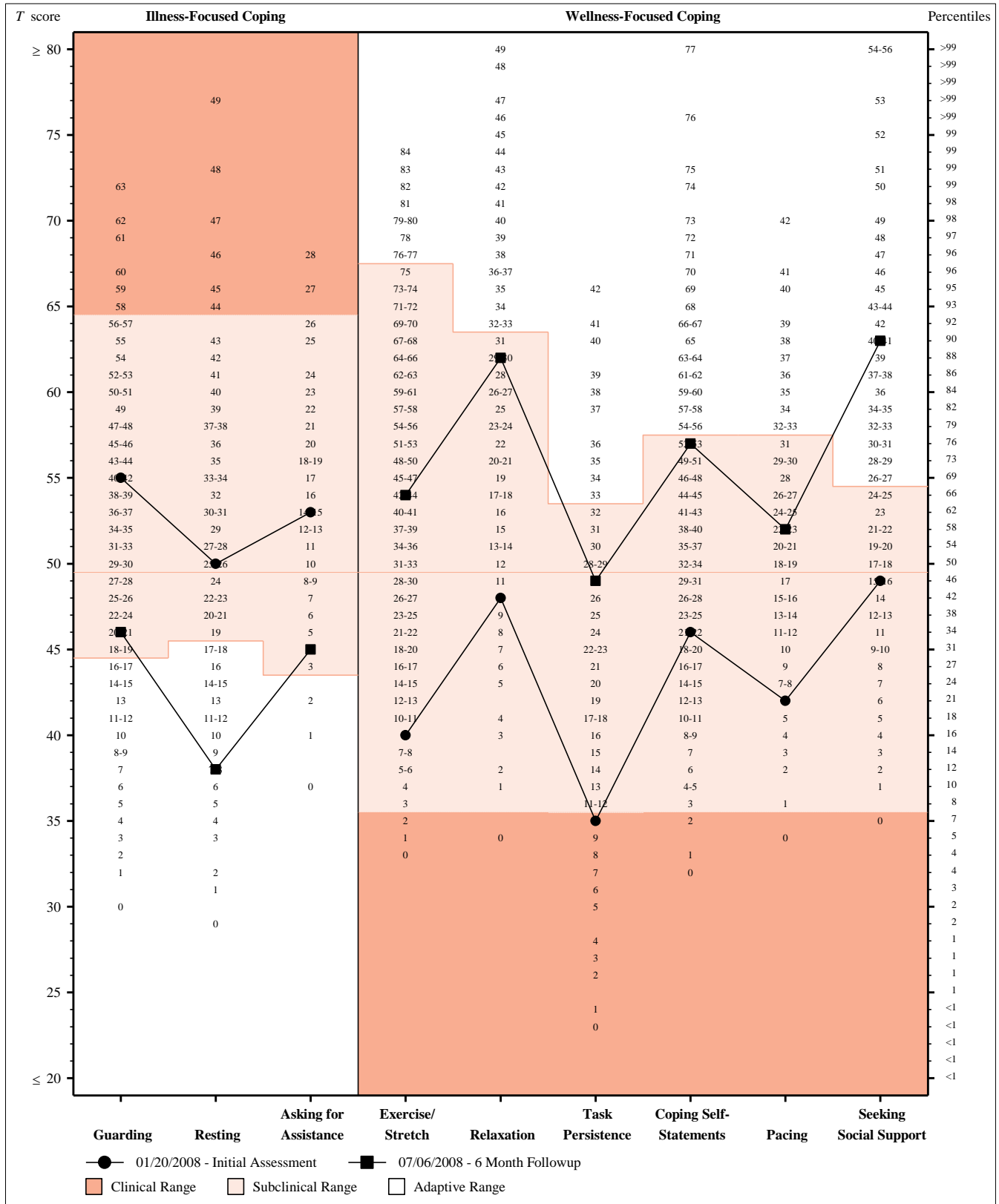
There are six Wellness-Focused CPCI scales: Exercise/Stretch, Relaxation, Task Persistence, Coping Self-Statements, Pacing, and Seeking Social Support.

- The **Exercise/Stretch** scale assesses the frequency of engaging in muscle strengthening or stretching activity.
- The **Relaxation** scale reflects the frequency of use of a number of relaxation strategies such as meditating or listening to music.
- The **Task Persistence** scale asks respondents to indicate how often they continue with their activities despite pain.
- The **Coping Self-Statements** scale measures the frequency of purposefully thinking positive thoughts about the pain problem.
- The **Pacing** scale measures the frequency of engaging in behaviors to pace activity (for example, going a little slower) in order to accomplish tasks.
- The **Seeking Social Support** scale assesses the frequency of coping with pain by talking to or getting together with a friend or family member.

Longitudinal Score Summary Table

Scale	T Scores					
Test Date	01/20/08	07/06/08				
Illness Focused Coping						
Guarding	55	46				
Resting	50	38				
Asking For Assistance	53	45				
Wellness-Focused Coping						
Exercise/Stretch	40	54				
Relaxation	48	62				
Task Persistence	35	49				
Coping Self-Statements	46	57				
Pacing	42	52				
Seeking Social Support	49	63				

CPCI Profile



Reliable Change Scores

The Reliable Change Score for each CPCI scale represents the difference between *T* scores on 01/20/2008 and 07/06/2008. A larger Change Score is more likely to reflect a true, meaningful change than is a small one. However, the clinician should view the Change Score as a general guideline only. Clinical judgment must always be a factor in determining the meaning of any changes observed. More specifically, other relevant information about the patient (e.g., medical history, related assessment results, changes in pain intensity, previous CPCI scores) should be considered when interpreting Change Scores. Interpretation should also consider patterns of change over time (e.g., progress being gained and then lost) that would not be evident from the Change Scores.

Positive Change Scores on the CPCI scales that assess wellness-focused coping or coping responses considered adaptive (i.e., Exercise/Stretch, Relaxation, Task Persistence, Coping Self-Statements, Pacing, and Seeking Social Support scales) suggest improvement (i.e., an increase in adaptive coping). Negative Change Scores on the CPCI scales that assess wellness-focused coping suggest a decrease in adaptive coping. On the CPCI scales that assess illness-focused coping (Guarding, Resting, and Asking for Assistance), positive Change Scores suggest an increase in maladaptive coping whereas negative Change Scores suggest a decrease in maladaptive coping.

The clinical relevance of the Change Scores (and associated *p* values) also depends on the Time 1 scores. For scales that were in the Adaptive Range initially, a reasonable goal would be to maintain scores in that range at Time 2. For scales that were in the Clinical or Subclinical Range initially, a goal to consider would be a change in the direction of the Adaptive Range.

Associated with each Change Score is a Probability Level (or *p* value) reflecting the likelihood that the difference is due to chance alone. Probability Levels that are small (e.g., $p < .05$) indicate that the change is statistically significant and unlikely to have occurred by chance alone or be due to random variation. Probability Levels that are large (e.g., $p > .20$) suggest that the change noted was not statistically significant, and perhaps not very meaningful. However, it is difficult for the Change Score of an individual, even when the difference between *T* scores is not due to chance or random variation, to reach statistical significance. For this reason, *p* values between .05 and .20 suggest the possibility that the change observed is not due to chance alone. Such Change Scores should be interpreted as potentially meaningful and important.

Reliable Change Score Summary Table

	07/06/2008	01/20/2008	07/06/2008 – 01/20/2008	
Scale	Time 2 <i>T</i> score	Time 1 <i>T</i> score	Change Score	Probability Level
Illness-Focused Coping				
Guarding	46	55	-9	.10
Resting	38	50	-12	.10
Asking For Assistance	45	53	-8	.10
Wellness-Focused Coping				
Exercise/Stretch	54	40	14	.05
Relaxation	62	48	14	.05
Task Persistence	49	35	14	.05
Coping Self-Statements	57	46	11	.15
Pacing	52	42	10	.05
Seeking Social Support	63	49	14	.10

Note: "ns" = not significant

End of Report