CPCI™

Chronic Pain Coping Inventory™

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Score Report

Client name:	CPCI Sample
Client ID:	CPCI
Gender:	Female
Date of birth:	(not specified)
Age:	28
Test date:	11/14/2013

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 <u>not</u> be released to any individuals who are not qualified to interpret the results*

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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.
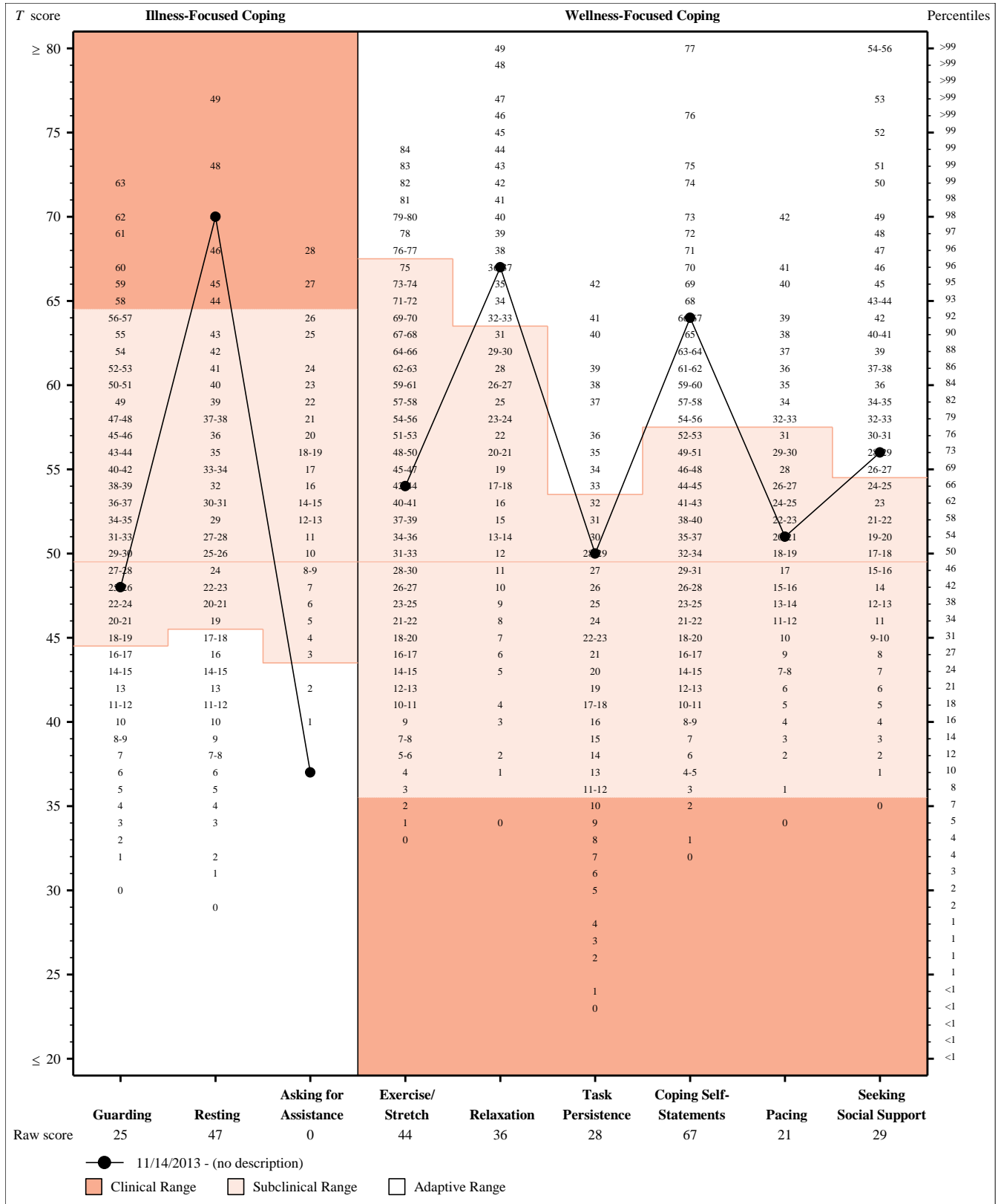
- The **Exercise/Stretch** scale assesses the frequency of engaging in muscle strengthening or stretching activity.
- The **Relaxation** scale reflects the frequency of use of a number of relaxation strategies such as meditating or listening to music.
- The **Task Persistence** scale asks respondents 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.

CPCI Score Summary Table

The *T* scores and percentiles that are presented in the following table are based on a group of patients with chronic pain assessed prior to multidisciplinary treatment.

Scale	Raw score	*T* score	%ile
Illness Focused Coping			
Guarding	25	48	42
Resting	47	70	98
Asking For Assistance	0	37	10
Wellness Focused Coping			
Exercise/Stretch	44	54	66
Relaxation	36	67	96
Task Persistence	28	50	50
Coping Self-Statements	67	64	92
Pacing	21	51	54
Seeking Social Support	29	56	73

CPCI Profile

T score	Illness-Focused Coping	Wellness-Focused Coping	Percentiles

Illness-Focused Coping columns: Guarding, Resting, Asking for Assistance
Wellness-Focused Coping columns: Exercise/Stretch, Relaxation, Task Persistence, Coping Self-Statements, Pacing, Seeking Social Support

Raw score	Guarding	Resting	Asking for Assistance	Exercise/Stretch	Relaxation	Task Persistence	Coping Self-Statements	Pacing	Seeking Social Support
	25	47	0	44	36	28	67	21	29

Legend:
- ●——● 11/14/2013 - (no description)
- Clinical Range
- Subclinical Range
- Adaptive Range

Overview of Results

The comments concerning current levels of pain coping are based on comparisons of Ms. Sample's responses with those of the CPCI standardization sample. Ms. Sample's responses are classified into one of three ranges: Clinical, Subclinical, and Adaptive. The Clinical Range is defined as 1.5 standard deviations from the mean of the CPCI standardization sample, in the direction of what is considered to be maladaptive coping (i.e., 1.5 standard deviations above the mean for the Illness-Focused coping scales and 1.5 standard deviations below the mean for the Wellness-Focused coping scales). The Subclinical Range falls between the Adaptive and Clinical ranges (i.e., between the mean and 1.5 standard deviations from the mean in the direction of maladaptive coping), and reflects scores that are similar to those of patients who are seeking chronic pain treatment but are not as extreme as scores in the Clinical Range. The Adaptive Range is defined relative to the average score of patients who have completed multidisciplinary pain treatment. The Adaptive Range is at or above the average score of pain patients for the Wellness-Focused scales (Exercise/Stretch, Relaxation, Task Persistence, Coping Self-Statements, Pacing, and Seeking Social Support), and at or below the average score for the Illness-Focused scales (Guarding, Resting, and Asking for Assistance).

When considering Ms. Sample's scores relative to the standardization sample, it is useful to consider whether there is room for improvement (e.g., an increase in a Wellness-Focused coping response or decrease in an Illness-Focused coping response), and whether, in the clinician's judgment, focus on making a change in coping would benefit the patient. In making this judgment, it may be useful to remember that the Illness-Focused scales (Guarding, Resting, and Asking for Assistance scales) tend to show stronger and more consistent associations with patient functioning than Wellness-Focused scales do. It is also important to remember that what is adaptive for one patient may not be adaptive for another. Each patient's unique situation must always be considered when interpreting a coping score and then making decisions about treatment goals based on those scores.

Clinical Range

Relative to the CPCI standardization sample, Ms. Sample's Resting scale falls within the Clinical Range. As described earlier, scores in this range are greater than 1.5 standard deviations from the mean of the CPCI standardization sample. Such scores likely suggest the need for improvement in the coping response assessed by this scale.

Based on the findings, Ms. Sample might benefit from coping skills training and encouragement to *decrease* engaging in a resting activity (in response to pain).

Subclinical Range

Relative to the CPCI standardization sample, Ms. Sample's Guarding, Exercise/Stretch, Task Persistence, and Pacing scales fall within the Subclinical Range. As described earlier, scores in this range are similar to those of patients who have not participated in training to enhance chronic pain self-management skills. Although not in the Clinical Range, such scores likely suggest that there may be room for improvement in the coping response assessed by these scales.

Based on the findings, Ms. Sample might benefit from coping skills training and encouragement to *increase* engaging in muscle strengthening and stretching activities, continuing with activities despite pain, and engaging in behaviors to pace activity (for example, going a little slower or taking breaks) in order to accomplish tasks.

Based on the findings, Ms. Sample might benefit from skill training and encouragement to *decrease* limiting or restricting the movement of a body part (in response to pain).

Adaptive Range

Relative to the standardization sample, the Asking for Assistance, Relaxation, Coping Self-Statements, and Seeking Social Support scales fall within the Adaptive Range. As described earlier, scores in this range are similar to patients who have completed multidisciplinary pain treatment.

Based on the findings, Ms. Sample's treatment goals could center on maintaining the current level of using a number of relaxation strategies such as meditating or listening to music, thinking positive thoughts about the pain problem, and coping with pain by talking to or getting together with a friend or family member.

Based on the findings, Ms. Sample's treatment could center on maintaining the current low level of use of asking for help with some activity (such as household chores or lifting) when in pain.

CPCI Item Response Table

Item	Response	Item	Response	Item	Response	Item	Response
1.	7	19.	4	37.	3	55.	5
2.	5	20.	7	38.	0	56.	0
3.	3	21.	7	39.	5	57.	2
4.	7	22.	7	40.	4	58.	7
5.	7	23.	0	41.	5	59.	5
6.	2	24.	5	42.	0	60.	3
7.	2	25.	7	43.	7	61.	4
8.	5	26.	5	44.	2	62.	5
9.	2	27.	0	45.	0	63.	7
10.	0	28.	7	46.	0	64.	7
11.	7	29.	7	47.	4	65.	1
12.	2	30.	4	48.	0	66.	5
13.	7	31.	7	49.	7	67.	2
14.	1	32.	7	50.	5	68.	0
15.	7	33.	5	51.	7	69.	4
16.	5	34.	5	52.	4	70.	7
17.	7	35.	2	53.	7		
18.	7	36.	4	54.	0		

*** End of Report ***