



EUROPEAN PAIN FEDERATION  
**CORE CURRICULUM FOR  
THE EUROPEAN DIPLOMA  
PAIN PSYCHOLOGY**

SEPTEMBER 2019



## **Dedication**

This curriculum is dedicated to the millions of people throughout Europe who suffer pain, and the scientists and psychologists who seek the best way to help them.

## Foreword

Acute and chronic pain are major healthcare problems worldwide and one of the most common reasons for seeking medical help. In order to provide excellent patient care, healthcare professionals need excellent education on the assessment and management of pain.

The European Pain Federation EFIC® represents 37 chapters of the International Association for the Study of Pain (IASP). Our three core activities are education, research and advocacy. One of the major challenges of our educational efforts is the huge variation, inequity even, in educational programs on pain on national levels. Some countries have full-fledged and well established educational programs for health care professionals in place, others have partially developed programs, and in some European countries formal training in the field of pain management is completely lacking. Therefore, EFIC® decided to offer more structured support for clinicians across Europe through the creation of curricula, examinations and diplomas.

A first step to advancing postgraduate pain education was the creation of the Core Curriculum for the European Diploma in Pain Medicine (EDPM) in 2016. It is important to note here that we are extremely grateful to the Faculty of Pain Medicine of Australia and New Zealand for allowing us to build upon, update and adapt their current curriculum to the specific needs in Europe. Since multi-professionalism is part of our footprint, it was obvious we needed to extend our efforts beyond a curriculum to physicians. In 2017, we launched the Core Curriculum for the European Diploma in Pain Physiotherapy (EDPP).

It is with great pleasure that I now present to you to the Core Curriculum for the European Diploma in Pain Psychology (EDPPsy) which articulates the learning outcomes to be achieved through self-directed learning, clinical experience, and educational experiences gained through their training and professional lives. It should be read alongside a recommended reading list. In the future, we expect that knowledge, attitudes and skills of the curriculum will be evaluated by a two-part exam (e.g. a multiple-choice questions exam and a practical exam) to test skills and competences (e.g. communication, diagnosis and clinical reasoning).

The EDPPsy is a new pillar within our pain education approach, and one which we have been working on for some time. Along with the curricula targeted at physicians, physiotherapists, and soon nursing, it will play a significant role in improving pain expertise across a variety of health professions. The present EDPPsy curriculum is a dynamic instrument which will be reviewed and updated on a regular basis to make sure it includes the most current advances in pain science, education and practice. We seek maximum endorsement by other professional organizations and are open to work together for the next review.

I want to thank Prof. Geert Crombez for his excellent leadership in developing this curriculum together with his highly motivated development team of experts (Christine Cédraschi, Monika Hasenbring, Morten Høgh, Ed Keogh, Régine Klinger, Emelien Lauwerier, Jordi Miro, Tamar Pincus and Elia Valentini).

I am confident this curriculum will improve the standard of pain care provided by psychologists working with individuals suffering from pain. EDPPsy is not only a milestone, but also a lighthouse for countless national initiatives.

Prof. Dr. Bart Morlion, President of the European Pain Federation EFIC®

September 2019

## Introduction

Acute and chronic pain are major healthcare problems worldwide. Pain has enormous associated costs – personal, social as well as financial. Pain can be a huge burden, resulting in degraded quality of life for the sufferer, their family and immediate surroundings. Rough estimates place the cost of chronic pain in the category of cardiovascular disease and cancer. The prevalence of chronic pain tends to increase with age, and the problem of chronic pain is likely to grow as average life spans increase throughout Europe.

Pain is one of the most common reasons why patients see their family doctors, and is a frequent reason for them to see a specialist. The management of chronic pain within a biomedical model has limitations, and a biopsychosocial approach is considered as more appropriate. Understanding and managing complex pain problems is challenging, and an in-depth understanding of the biopsychosocial approach is therefore essential.

In recent years, pain science has emerged as an academic discipline with delineated borders and aims. It focuses on management of complex pain problems, typically using a multidisciplinary or interdisciplinary approach. Healthcare authorities in several European countries have begun to establish programs for specialist training and certification in the field of Pain Medicine. The time has come to set up training and certification in the field of Pain Psychology.

European standards of training and certification, once in place, will ensure professional quality. Such standards will also promote recognition among other specialists in the field of pain, and will give other disciplines a clearer understanding of what might be expected from the pain psychologist. Finally, they will help create a body of trained professionals, qualified to provide guidance and leadership in the field.

The European Pain Federation EFIC® is a multidisciplinary professional organization dedicated to pain research and treatment. Established in 1993, EFIC® consists of 37 Chapters of the International Association for the Study of Pain (IASP®), which are the IASP approved official national Pain Societies in each country. EFIC® has about 20.000 physicians, basic researchers, nurses, physiotherapists, psychologists and other healthcare professionals across Europe, who are involved in pain management and pain research. Further information is provided on our website, <http://www.efic.org>.

As part of the process of establishing a framework for training and certification, EFIC® has now developed a core curriculum and diploma in Pain Psychology.

### Scope of Psychology

Psychology is the science of behavior. Psychology attempts to understand the role of individual, contextual, social, and cultural factors in behavior, while also exploring the physiological and biological processes underlying these experiences and behaviors. While psychological knowledge is often applied to the assessment and treatment of mental health problems, it is also directed towards understanding, preventing and/or facilitating adaptation to physical health problems. Most often these professionals are clinical psychologists, medical psychologists or health psychologists. They aim to promote and improve individuals' health status, mental well-being and quality of life within a biopsychosocial framework.

This framework enables an understanding of the person, their social context, and other relevant aspects that can limit an individual's quality of life. Pain is arguably one of the most frequent and distressing experiences that patients report, and health professionals working with those in pain, need a comprehensive understanding of biological, psychological and social mechanisms that shape pain experiences to enable adequate interventions. Psychologists need to have a broad base of skills including but not limited to effective communication, assessment and treatment, interprofessional collaboration, and reflective practice when treating and managing patients using best practice recommendations.

## Pain Psychology Curriculum

The purpose of this curriculum is to define the essential learning for the European Diploma in Pain Psychology (EDPPsy). The EDPPsy is open to all psychologists qualified according to national standards and regulations to work with patients with pain, with appropriate clinical experience, who see and treat people with pain. The curriculum should be understood as the extra and core competences that psychologists need to acquire when working with pain patients. Trainees who enter the program will typically have postgraduate training in psychology (clinical psychology, medical psychology, health psychology,..). Therefore, the curriculum does not formulate the basic competences of these psychologists. The focus is upon the extra or additional competences needed to work with pain patients. The curriculum is also not meant to be exhaustive as it reflects essential or core objectives. More objectives could be added, of course, for example relating to specific health-care settings or local/national contexts or histories. The curriculum mainly aims to specify core competences in order to work with individuals suffering from pain across settings.

The curriculum comprises five sections. Each section describes the required competencies for the psychologist, and in combination with the learning objectives provides an overview of the knowledge, attitudes and skills underlying the European Diploma in Pain Psychology.

## Curriculum Aims

- To articulate the scope of practice required by a psychologist working with individuals with pain including what is necessary for quality patient-centered care.
- To outline the extent and depth of knowledge, range of attitudes and professional skills required to ensure effective patient-centered pain management.
- To provide a core set of competences for pain psychologists across different countries in Europe.

In writing this European curriculum, the team has drawn upon and benchmarked the final document against existing frameworks and curricula on national, European and international levels.

Level	Framework
National	<ul style="list-style-type: none"> <li>• The Syllabus of the German Association for Psychological Pain Therapy and Research (2012)</li> </ul>
European	<ul style="list-style-type: none"> <li>• EFIC® Core Curriculum for the European Diploma in Pain Medicine (2016)</li> <li>• EFIC® Core Curriculum for the European Diploma in Pain Physiotherapy (2017)</li> <li>• EFIC® Core Curriculum for the European Diploma in Pain Nursing (2019)</li> <li>• The framework of the European Federation of Psychologists' Associations (EFPA)</li> </ul>
International	<ul style="list-style-type: none"> <li>• IASP Curriculum Outline on Pain for Psychology</li> </ul>

### European Diploma in Pain Psychology

The Education Committee of EFIC® will develop an examination based upon this curriculum. Psychologists who wish to achieve this qualification will be assessed by this examination. Further details and a recommended reading list to support knowledge of the curriculum will be available on the European Pain Federation website (<http://www.efic.org>, under Education).





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**Section One:**  
**Pain Science and Knowledge**

Pain is a complex experience, and, when it becomes chronic, can have a devastating impact on individuals, their families, health/social carers and wider society. The treatment of persistent pain problems requires a biopsychosocial perspective on pain and an appreciation of the history of pain science, its definitions, and the psychological models of pain. Pain psychologists need to understand the biological and neurophysiological mechanisms of both acute and chronic pain in order to collaborate with other professions, to communicate with patients, and to manage pain. A recognition and awareness of ethical and legal aspects relevant to pain is also imperative. Finally, adopting evidence-based principles allow psychologists to keep track of current and new evolutions in pain science and management.

### **1.1. The International Association for the Study of Pain (IASP)'s Definition of Pain and Related Phenomena**

1.1.1	Describe pain and related phenomena according to the IASP taxonomy
1.1.2	Describe and differentiate common terminology and classifications in pain: acute, recurrent, chronic; nociceptive, neuropathic, visceral; spontaneous, breakthrough
1.1.3	Describe and differentiate terms used in Quantitative Sensory Testing (QST) including but not limited to sensory threshold, perception threshold, pain threshold, pain tolerance, allodynia and hyperalgesia
1.1.4	Describe and differentiate between pain, pain behaviour, disability and suffering

### **1.2 Conceptual Models of Medicine and Psychology in the Context of Pain**

1.2.1	Describe key elements of medical history and pain science, including Cartesian dualism, specificity theory, gate control theory, pain matrix, sensitization theory, biopsychosocial perspective
1.2.2	Critically discuss psychological approaches in the context of pain, including psychoanalytic/psychodynamic, experiential/ phenomenological, behavioural, cognitive-behavioural, mindfulness and acceptance based, and family and system approaches
1.2.3	Critically discuss psychological and psychosocial approaches to pain in light of current evidence
1.2.4	Critically discuss the biopsychosocial approach to pain, and its relevance for multi- and interdisciplinary approaches
1.2.5	Describe mechanisms underlying placebo and nocebo responses, and their relation to context, emotions, beliefs and learning

### 1.3. Neurophysiology and Psychobiology of Acute and Chronic Pain

1.3.1	Describe the characteristics and underlying mechanisms of nociceptive pain, inflammation, neuropathic pain, referred pain, phantom limb pain and explain nociplastic pain syndromes.
1.3.2	Outline mechanisms of transduction, transmission and modulation in nociceptive pathways (including somatic and visceral pathways)
	Outline the anatomy and physiology of ascending and descending pathways of nociceptive modulation in the central nervous system, referring to <ul style="list-style-type: none"> <li>• The somatosensory system</li> <li>• The autonomic nervous system</li> <li>• Somatic and visceral peripheral nerves</li> <li>• Spinal system</li> <li>• Processing pathways in the brain: <ul style="list-style-type: none"> <li>○ Midbrain and brainstem</li> <li>○ Thalamus and cortex</li> <li>○ Limbic system</li> </ul> </li> </ul>
1.3.3	Outline the neuroanatomical and neurophysiological bases for the perceptual, cognitive and affective dimensions of pain
1.3.4	Provide examples of cognitive and emotional factors affecting nociceptive pathways and the brain, amongst which anxiety, fear, stress, depression, attention, memory and expectations.
1.3.5	Understand the changes that occur in the brain during chronic pain and their impact on pain, mood and cognition.
1.3.6	Outline genetic aspects and epigenetic mechanisms related to pain

## 1.4 Ethical and Legal Aspects Relevant to Pain

1.4.1	Describe ethical principles relevant to pain research and management, including informed consent, confidentiality, data protection, and patient rights
1.4.2	Critically discuss ethical principles and how these are applied to patients with pain, including justice, equity, autonomy, beneficence, non-maleficence
1.4.3	Demonstrate knowledge of national legal aspects relevant to pain research and management, including controlled substances, work issues, and litigation
1.4.4	Demonstrate ability to manage ethical dilemmas in pain assessment and treatment

## 1.5 Evidence-Based Principles

1.5.1	Demonstrate an understanding of study designs relevant to pain research, including randomized controlled trial, observational studies, comparative effectiveness research, and N-of-1- studies
1.5.2	Demonstrate an understanding of principles of statistical significance, clinical significance and effect size, as applied to pain research
1.5.3	Demonstrate an understanding of principles of systematic reviews, meta-analysis, and risk of bias, as applied to pain research
1.5.4	Demonstrate ability to judge the quality of research evidence, as applied to pain research

**Section Two:**  
**Pain Medicine Roles in Practice**

Assessment and management of pain is the result of the skills and expertise of various professionals, working in an interprofessional team and adhering to a biopsychosocial perspective. As a team, integrating knowledge and collaborative working improves patient outcomes. Healthcare professionals have shared skills, yet each discipline has a unique role and pain-related knowledge to contribute. Each professional is a full partner with other disciplines, the team has a shared mission and vision and agrees common goals in partnership with patients. An effective interprofessional team recognises the interdependence of its members. By contrast, multidisciplinary pain management is where each profession is working separately without collaborating. Effective pain management may require an interdisciplinary approach working with specialists across from several fields (e.g. rheumatology, palliative care). Interprofessional working requires specific skills and competences, including being able to work respectfully with others, working collaboratively and sharing responsibility for developing and implementing patient treatment plans.

2.1	Discuss the importance of interprofessional working in pain management along with potential barriers and facilitators to team-based care
2.2	Demonstrate an ability to work respectfully and in partnership with patients, families/ carers, healthcare team members and agencies, to improve patient outcomes
2.3	Engage in and create regular opportunities for interprofessional education and supervision understanding the importance and benefits of interprofessional learning
2.4	Critically reflect on own contribution to the interprofessional team and continually strive to improve interpersonal and team skills, e. g. communication, negotiation, problem solving, decision-making
2.5	Demonstrate understanding of professional perspectives, skills, goals and priorities of all team members
2.6	Negotiate overlapping and shared responsibilities with interprofessional colleagues for episodic or ongoing care of patients with pain
2.7	Respect professional differences, acknowledge misunderstandings and limitations in oneself and other healthcare professionals that may contribute to interprofessional tension(s)
2.8	Reflect, negotiate and work with others to minimise and resolve conflict and maximise patient outcomes
2.9	Participate in team discussions and implement strategies to improve team-based care and interprofessional working



**Section Three:**  
**Principles of assessment and  
measurement in pain**

Pain assessment and measurement can be a complex procedure; it requires interpersonal skills to build a trusting relationship with the patient and a profound knowledge of assessment strategies and techniques. A patient's self-report of pain, direct observation and assessment by significant others or professionals should all be acceptable alone or in combination, with the aim of building a comprehensive assessment. Psychologists also need to have the appropriate clinical reasoning competences in order to develop intervention strategies, and understand different system classifications. The experience and preferences of the patient are key drivers of assessment with the aim of identifying risk, selecting interventions, and increasing self-management to eliminate or minimize negative consequences due to pain. Awareness of both patient and health care provider factors is needed, as is a knowledge of specialist assessment by other health care professionals. Assessment necessitates keeping track of new developments in the field, and a sound understanding of methodological criteria to evaluate assessment.

### 3.1. Assessment

3.1.1	Demonstrate knowledge of the most important classification systems relevant for pain, including the DSM, the ICD, the International Classification of Functioning, Disability and Health (WHO) and the IASP classification system
3.1.2	Discuss the possible goals of assessment in the context of pain, including but not limited to clinical reasoning, diagnosis and case formulation, screening and identifying risks, treatment selection, outcome assessment, and increasing self-management and participation
3.1.3	Demonstrate an ability to identify barriers to pain assessment related to the patient, their family, health-care professionals, and the health system
3.1.4	Recognize the role of cultural, societal, economic and institutional influences on the assessment of pain and disability
3.1.5	Demonstrate an ability to adopt a person-centred approach in an understanding of the experience of pain and how pain affects the life of the person (biologically, functionally, psychologically as well as in terms of work and social roles and relations)
3.1.6	Use multiple sources of information to appraise patient's pain, distress and disability, including self-reports, direct observation and other-reports (partner, parents, health-care professionals)
3.1.7	Develop an assessment strategy involving relevant parties (e.g. patient, family, carers, ...)
3.1.8	Identify co-morbid psychological or physical problems and make adequate decisions about referral to other professionals
3.1.9	Demonstrate a culturally sensitive and appropriate pain assessment for individuals who speak a different language to the language spoken by the healthcare professionals
3.1.10	Demonstrate an understanding of the ways in which patients have coped with challenging/aversive situations in the past can influence the way in which they cope with pain

3.1.11	<p>Describe pain-related outcomes to be assessed, including but not limited to</p> <ul style="list-style-type: none"> <li>• pain (intensity, frequency,...)</li> <li>• restrictions in activity and participation,</li> <li>• patterns of activity or organization of activity</li> <li>• sexual activity</li> <li>• social skills and relationships with others</li> <li>• sleep</li> <li>• fatigue &amp; energy level,</li> <li>• negative affect (anxiety, depression, anger),</li> <li>• positive affect,</li> <li>• medication overuse or misuse</li> <li>• quality of life</li> </ul>
3.1.12	<p>Describe and give examples of psychological and social factors to be assessed that contribute to pain, distress and disability, including but not limited to</p> <ul style="list-style-type: none"> <li>• pain and illness beliefs (fear, avoidance and endurance beliefs),</li> <li>• illness attribution</li> <li>• expectations about pain and recovery</li> <li>• self-efficacy and control</li> <li>• worrying and catastrophizing</li> <li>• coping</li> <li>• acceptance and psychological flexibility</li> <li>• beliefs about and of relevant others (spouse, parents, work colleagues, employer, teacher ...)</li> <li>• emotional and motivational factors</li> <li>• responses of significant others to the individual in pain</li> </ul>
3.1.13	<p>Apply knowledge and understanding regarding psychological assessment in order to develop a clinical case formulations and to define intervention strategies for individual patients</p>
3.1.14	<p>Demonstrate shared decision making with the patient in setting patient goals, including physical activity, function in daily life and sleep</p>
3.1.15	<p>Demonstrate an understanding of factors associated with work loss and identification of barriers to return to work/school</p>
3.1.16	<p>Demonstrate an understanding of indications and contra-indications for medical or other treatments based upon psychological factors</p>

### 3.2. Measurement

3.2.1	Describe psychometric properties, including reliability, content validity, construct validity, criterion validity, responsiveness relevant to pain research and assessment
3.2.2	Describe available self-report instruments for the assessment of people with pain, as well as their strengths and limitations
3.2.3	Demonstrate understanding of the rationale and procedures for the measurement of experimental pain in patients, including quantitative sensory testing
3.2.4	Demonstrate ability to select measurement instruments according to their evidence-based quality
3.2.5	Express awareness of (new) technologies and their relevance for the practice of assessment in pain, including <ul style="list-style-type: none"> <li>• Innovative technologies (wearables, pedometers, actigraphs, mobile apps)</li> <li>• Online assessment tools</li> <li>• Computerized adaptive testing</li> <li>• Brain imaging assessment, including EEG and MEG</li> <li>• Biomarkers (e.g. cortisol and genome assessment, endogenous opioids)</li> </ul>

### 3.3. Approaches from Other Disciplines

3.3.1	Recognize that a biopsychosocial assessment involves several levels and units of analysis, and expertise from different professionals
3.3.2	Understand the assessment by other specialists (medical and allied health professionals)

**Section Four:**  
**Treatment and Pain Management**

Intervention strategies of psychologists should be tailored to each patient and carried out in line with their preferences and values. Self-management strategies should be promoted to help people build confidence, resilience, and problem-solving skills. A variety of psychological interventions are available ranging from education and relaxation through interventions that require additional training or qualification, for example cognitive-behavioural strategies (exposure, addressing unhelpful beliefs) or acceptance-based strategies (ACT, mindfulness). Other interventions are possible, and psychologists should be aware of the possibilities of strengthening social support and innovative e-health interventions. Psychologists must be aware of pharmacological approaches and other non-pharmacological strategies, and be ambassadors to provide an alternative or additional methods to improve people's functioning in the context of pain. Psychologists should base their selection of interventions on evidence with consideration of the strengths and limitations associated with each. It is imperative, therefore, to keep up with the developments and new evidence in the field.

## 4.1 Psychological Interventions

4.1.1	Develop, justify and negotiate with the patient an individualised management plan and options, based on evidence, clinical reasoning, and patient preferences
4.1.2	Demonstrate an understanding of the limitations of medication and the importance of combining them with other treatment and management strategies for different pain conditions
4.1.3	Discuss the importance of promoting a healthy lifestyle and self-management in the context of pain, and how it may be implemented by means of motivational and behaviour change techniques
4.1.4	Demonstrate the ability to teach (psycho-education) patients about their specific condition and treatment in terms of a biopsychosocial approach to pain
4.1.5	Recognize and discuss the impact of health care providers' attitudes and beliefs on patient management
4.1.6	Demonstrate understanding of interventions that aim to enhance motivation to change, including an evaluation of the evidence to support these interventions, their strengths and limitations, and demonstrate ability to enhance motivation to change
4.1.7	Understand different approaches to early interventions, the rationale behind prevention, and common barriers to different approaches
4.1.8	Explain the framework of risk for transition to persistent pain, including the flag system, medical, psychosocial and system-associated risk, and screening methods
4.1.9	Describe ways of managing pain in the community and work place, including the evaluation of the evidence on such methods
4.1.10	Show skills to facilitate where possible return to work or (re)training strategies in collaboration with pain team and employers or education staff
4.1.11	Critically appraise factors that influence effective prevention, including time of intervention, factors that influence adherence, getting stakeholders on board, co-creation, and the role of economic and socio-cultural factors
4.1.12	Describe operant methods in pain interventions, including a critique of the evidence, strengths and limitations

4.1.13	Understand different methods and protocols of relaxation and biofeedback, including an evaluation of the evidence, strengths and limitations, and show skills to apply relaxation techniques
4.1.14	Apply the main principles and features of cognitive-behaviour therapy (CBT), including but not limited to: <ul style="list-style-type: none"> <li>• behavioural reactivation &amp; pacing</li> <li>• reassurance and cognitive restructuring</li> <li>• skills &amp; coping training</li> <li>• emotional regulation</li> <li>• engaging with pleasurable and meaningful activity</li> <li>• exposure, in relation to fear and avoidance</li> <li>• relapse prevention</li> </ul>
4.1.15	Critically discuss the evidence, strengths and limitations of CBT in the context of pain management
4.1.16	Explain mindfulness-based therapy (MBCT) and Acceptance and Commitment Therapy (ACT), including evaluation of the evidence and strength and limitations of such interventions
4.1.17	Apply principles and features of MBCT, ACT and other positive psychology interventions in the context of pain
4.1.18	Discuss the principles, methods, and evidence for other interventions, including, but not limited to: <ul style="list-style-type: none"> <li>• Hypnosis and relaxation</li> <li>• Family and child interventions</li> <li>• Dyadic interventions</li> <li>• E-health and other digital and technology-based interventions</li> </ul>
4.1.19	Discuss appropriate follow up and proper outcome measurement for patients and how these can be implemented
4.1.21	Demonstrate an understanding of different treatment strategies, such as stepwise and stratified treatment
4.1.22	Describe the potential of using emerging technologies in the management of pain such as virtual and augmented reality

## 4.2. Approaches from Other Disciplines

4.2.1	Express basic knowledge and understanding of the most common pharmacological interventions for pain, including but not limited to paracetamol, non-steroidal anti-inflammatory drugs, opioid agonists and antagonists, antidepressants, anticonvulsants, benzodiazepines, corticosteroids & local anaesthetics
4.2.2	Express basic knowledge and understanding of the most common procedural interventions for pain, including but not limited to peripheral injections, electrical stimulation (Transcutaneous- Electrical Nerve Stimulation, TENS), neuromodulation techniques (Spinal Cord Stimulation, Dorsal Root Ganglion, intrathecal drug delivery), surgical interventions
4.2.3	Express basic knowledge and understanding of the most common physiotherapy principles and interventions for pain, including exercise therapy, manual therapy and reactivation



**Section Five:**  
**Subgroups and Clinical Conditions**

People with pain come from different backgrounds, which may result in different needs. People with various diseases experience pain across their life span and can present with more than one painful condition. Psychologists need to understand the role of physical, social and psychological factors in the experience of and the response to pain. There is a need to identify subgroups to provide appropriate assessment and interventions. This section covers some of the main subgroups and clinical conditions including the skills required for managing pain within specific groups (e.g., children, individuals with intellectual disabilities, cognitive impairment).

While the previous sections should be implemented in full, psychologists should be able to major in at least one subgroup and in at least one clinical condition. They should demonstrate a generic understanding of the syllabus, and should be able to apply the generic psychological principles in the assessment and management of subgroups and clinical conditions. They should also have an in depth understanding of one subgroup (children, elderly, sex and gender, socio-economically disadvantaged, ethnicity and culture, vulnerable groups) and clinical condition (postoperative pain, musculoskeletal pain, headache and migraine, widespread pain/fibromyalgia, and disease-related pain). Ideally, the selection of these two major topics will match with the work setting and aspirations of each trainee.

## 5.1. Subgroups

5.1.1	Acknowledge the different socio-demographic characteristics (e.g., age, sex/gender, race/ethnicity, social class), and their impact on pain, distress and disability
5.1.2	Acknowledge characteristics and barriers in pain assessment and management in subgroups: infants, children, older adults, individuals with developmental disorders, individuals with cognitive impairment, physical and mental trauma
5.1.3	Explain specific issues associated with pain in childhood, adolescence and young adulthood (e.g. the role of family and school, transition to adulthood), and its implications for assessment and management
5.1.4	Explain the longer term consequences of pain in infancy, childhood and adolescence
5.1.5	Identify children at risk for chronic pain problems
5.1.6	Explain specific issues associated with pain with older age, (e.g. cognitive impairment, falls, residential care), and its implications for assessment and management
5.1.7	Demonstrate knowledge about gender differences in pain, and an understanding of various biological and psychosocial explanations
5.1.8	Demonstrate awareness of (own) gender-based beliefs, norms and expectations and its implications for assessment and management
5.1.9	Explain the role of socio-economic status on ill-health and health inequalities, and its implications for assessment and management
5.1.10	Explain the role of race, ethnicity and culture on pain, distress and disability, and its implications for assessment and management

5.1.11	Express cultural sensitivity in pain assessment and management
5.1.12	Acknowledge specific cognitive-affective, behavioural and social problems associated with pain in people with cognitive impairments, at end of life, in traumatized individuals, and in people with comorbid affective or personality disorders

## 5.2. Subgroups Based on Clinical Conditions

### 5.2.1. Postoperative Pain

5.2.1.1	Show basic knowledge of the surgical procedures that may lead to the prevalent forms of postoperative pain
5.2.1.2	Explain the effects of postoperative pain on healing after surgery
5.2.1.3	Acknowledge specific issues associated with postoperative pain in assessment and management
5.2.1.4	Detect psychosocial risk factors of postoperative pain problems
5.2.1.5	Apply generic psychological principles in the assessment and management of individuals with postoperative pain

### 5.2.2. Musculoskeletal Pain (Back Pain, Neck Pain)

5.2.2.1	Demonstrate understanding of the anatomy and biomechanics of the spine (e.g. including, but not limited to structural composition of the spinal cord, global and local muscular system)
5.2.2.2	Acknowledge specific issues in the assessment and management of individuals with musculoskeletal pain (e.g., education, physical activity, surgical options, multimodal therapy programs)
5.2.2.3	Apply generic psychological principles in the assessment and management of individuals with musculoskeletal pain
5.2.2.4	Detect psychosocial risk factors of postoperative pain problems

### 5.2.3. Headache (Tension Type) and Migraine

5.2.3.1	Show an understanding of the classification of the International Headache Society (IHS), and be able to differentiate between various types of headache (e.g., Tension type headache, Migraine, Cluster headache Medication-overuse headache)
5.2.3.2	Explain the differences between primary and secondary headache
5.2.3.3	Explain the pathophysiological mechanisms in headache and migraine
5.2.3.4	Demonstrate knowledge and understanding of specific treatments in headache and migraine (e.g., prophylaxis, acute medication, medication overuse)
5.2.3.5	Apply generic psychological principles to the assessment and management of individuals with headache and migraine

### 5.2.4. Widespread Chronic Pain

5.2.4.1	Describe the criteria of widespread chronic pain (e.g. fibromyalgia), and be able to differentiate it from other conditions (e.g., myofascial pain; rheumatological disorders)
5.2.4.2	Demonstrate a basic understanding of the pathophysiology of fibromyalgia and treatment approaches (including multimodal programs)
5.2.4.3	Describe specific treatments in widespread chronic pain
5.2.4.4	Apply generic psychological principles to the assessment and management of individuals with widespread pain

### 5.2.5. Disease-Related Pain (Arthritis, HIV, Cancer-Related, End of Life Care)

5.2.5.1	Outline various diseases that produce pain, either disease-related or therapy-related
5.2.5.2	Describe mechanisms of disease-related pain, such as nociceptive pain due to soft tissue, ischemia, bone and visceral structures and neuropathic pain due to peripheral, central and sympathetic structures
5.2.5.3	Apply generic psychological principles to the assessment and management of individuals with disease-related pain
5.2.5.4	Apply generic psychological principles to the assessment and management of individuals with disease-related pain

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