The Centers for Disease Control (CDC) recently launched a call for the use of behavioral treatments for managing chronic pain instead of, or in addition to, opioid treatments.

According to CDC’s “Guideline for Prescribing Opioids for Chronic Pain,” there is little evidence of long-term benefits of opioids for managing chronic pain (i.e. pain lasting more than 3 months). But the CDC points to research showing that cognitive behavioral therapy, mental health counseling, or even a combination of these with nonopioid treatments (e.g. acetaminophen, non-steroidal anti-inflammatory drugs, physical therapy) as effective ways to decrease the risk of opioid co-dependence and potential death. These guidelines, along with the Surgeon General’s recent landmark report on substance use disorders, come at a time of growing concern over the alarmingly high rates of prescribed and illicit opioid abuse in the United States, often resulting in fatal overdoses.

The CDC and Surgeon General’s actions are a promising boost for clinical psychological scientists who help patients manage chronic pain. As APS reported in a November 2015 article in the Observer, psychological researchers have been piloting studies that involve interventions ranging from placebos to virtual-reality technology to leverage the power of perception to muffle pain.