Implementing Pain Management Guidelines in Integrated Care Settings Innovation Community.

Setting the Stage:
Today’s Moderator

Madhana Pandian
Senior Associate
SAMHSA-HRSA Center for Integrated Health Solutions
Slides for today’s webinar will be available on the CIHS website:

[www.integration.samhsa.gov](http://www.integration.samhsa.gov)
Under About Us/
Innovation Communities 2018

To participate
Use the chat box to communicate with other attendees
Disclaimer: The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).

Setting the Stage:
Today’s Facilitator

Aaron Williams
Senior Director of Training and Technical Assistance for Substance Use
SAMHSA-HRSA Center for Integrated Health Solutions
What we will be doing

Non-pharmaceutical Interventions for Chronic Pain

- Review Alternative Interventions for Chronic Pain
- Acceptance and Commitment Therapy (ACT)
- Motivational Interviewing skills
- Shifting perspective from fix to function
- Maintaining motivation for change
The Problem

- An estimated 23.4 million adults (10.3 percent) experience a lot of pain.
- An estimated 126 million adults (55.7 percent) reported some type of pain in the 3 months prior to the survey.
- Adults in the two most severe pain groups* were likely to have worse health status, use more health care, and suffer from more disability than those with less severe pain.
  (NIH, 2015)

*based on Washington Group pain categories
category 4 – highest pain and persistence ratings; 14.4 million adults (6.4%)
category 3 – 2nd highest pain and persistence ratings: 25.4 million adults (11.3%)

Pain is associated with:

- poorer self-rating of health status,
- greater use of healthcare resources,
- more tobacco use, alcohol use, diet/weight concerns,
- decreased social and physical activities,
- lower social support,
- higher levels of emotional distress.

(Mantyselka et al., 2003)
Complementary Therapies

- Hypnosis
- Biofeedback
- Guided Imagery
- Yoga / Qigong
- Massage Therapy

Stanford Chronic Pain Self Management Program*

- Small group workshop
- 2 ½ hour sessions
- 1 session per week for 6 weeks
- Based on the Stanford Disease Management model
- Requires 2 trained leaders
- Behavioral program with focus on increasing coping skills and decision making skills

* $1000 license fee (up to 65 workshops and up to 4 trainings over 3 years.
$1500 license fee (up to 100 workshops and 6 trainings over 3 years.
Additional charge for participant workbooks and CDs
Biopsychosocial Approach to Chronic Pain

- Physically: improve functioning
- Emotionally: decrease anxiety / depression
- Socially: decrease disability and improve relationships

(Gatchel & Howard, 2015)

Shifting Perspectives on Pain

- Fear Avoidance Model
- Misdirected problem solving model
- Acceptance & Pain
Fear Avoidance Model

Pain related fear is the strongest predictor of variation in physical performance

- Avoidance of daily activities lead to functional disability
- Exposure models having good success

(Vlaeyen et al, 2009)

Misdirected problem solving model

- Attempting to solve the insolvable can lead to undue attention to pain
- Leads to unsuccessful strategies
- Increased disability

(Eccleston & Crombez, 2007)
Acceptance and Coping and Pain

- Pain acceptance is more successful in predicting adjustment to pain than coping variables (Esteve, et al, 2007)
- Acceptance of pain was associated with:
  - Less pain, disability, depression and pain related anxiety
  - higher daily uptime and better work status.
- Coping variables were relatively weakly related to acceptance of pain and pain adjustment variables

(McCracken & Eccleston, 2003)

ACT Interventions in Primary Care

- Brief and targeted
- Easy to teach skills
- Focused on
  - Patients' values
  - Empowering
  - No one is “broken”
Motivational Interviewing

- Interventions targeted at patient's stage of change
  - Pre-contemplative
  - Contemplative
  - Decision/Planning
  - Action
  - Maintenance
- Reduction of power struggle
- Rolling with the resistance

Treating Chronic Pain

- Increase client understanding of pain & its function
- Understanding pain as a disease of life interruption
- Frame as a problem of valued living versus pain reduction
The Shift from Fix to Function

“I realized I could be really lousy at who I used to be, or become really good at who I was now.”

Relief vs. Function

• Relief often come at the cost of a certain amount of functionality

• Returning patient to previous levels of functionality

• Willingness to sacrifice relief for functionality
Making the Shift

- Patience
- Persistence
- Listening for understanding
- Finding the patient’s carrot
- Patience

Phase One – Laying the Foundation

- Informed Consent
- Psychosocial screening
- Setting expectation
- Identifying goals
- Understanding the Pain Experience
Informed Consent

What we know
• Your pain is real
• Pain has a negative impact on your life
• Strategies you’ve been taught aren’t always effective

What to expect
• Working with pain is hard
• Difficult emotions for you and others will come up
• There are no simple solutions
• The right to participate or not is yours

Realistic Recovery

• Grieving their loss
• Identifying current strengths and abilities
• Establishing a plan moving forward
• Capitalizing on available resources
Brief PsychoSocial Screening

ACT UP

1. Activities: how is your pain affecting your life (i.e. sleep, appetite, physical activities, and relationships)?
2. Coping: how do you deal/cope with your pain (what makes it better/worse)?
3. Think: do you think your pain will ever get better?
4. Upset: have you been feeling worried (anxious)/depressed (down, blue)?
5. People: how do people respond when you have pain?

(Dansie & Turk 2013)

Finding the Carrot
“Values are what string together the moments of our lives into a meaningful whole.” — Kelly Wilson

What have you tried?

<table>
<thead>
<tr>
<th>Pain Treatment</th>
<th>Short term benefit</th>
<th>Long term benefit</th>
<th>Short term cost</th>
<th>Long term cost</th>
<th>Ultimate result</th>
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The Cost of Avoidance

When I’m busy trying not to feel my pain
I’m also not engaged in and feeling my life

When I’m trying to avoid things that might trigger my pain
I’m also avoiding things that bring me joy

When I’m focused on trying to get rid of my pain
I make my life about my pain

The $64,000 Question

If you could get rid of your pain, but the cost was:
You would never have the things that matter to you in your life in any form, would you take the deal?
Connecting with what matters

• What do you want your life to be about even if there is pain?
• How can we make that happen?
Creating a Pain Plan

• Identify something you lost to pain, but would like to get back.

• Identify why it matters.

• What are you willing to experience to gain it?

Identify your strategies

<table>
<thead>
<tr>
<th>What helps me move forward?</th>
<th>What makes it harder?</th>
<th>Support team/role</th>
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Weekly Action Steps

What are you willing to do towards your goal?
When are you willing to do it?
How often and for how long?

Confidence:

<table>
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<tr>
<th>Percentage</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
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(Procheska et al, 2002)

Experiments for the week
Notice what you are doing when you are having a good day.

Question for the week:
What would you like to regain in your life that you have lost to pain?
Shifting perspective

Gate Control Theory of Pain
Physical Gate

**Opens Pain Gate**
- Heavy Lifting
- Scar tissue
- Changes in Weather
- Vacuuming
- Physical Trauma

**Closes Pain Gate**
- Heat / Ice
- Rest
- Massage
- Bath / Shower
- Medicine
- Acupuncture

What opens your pain gate?

What closes your pain gate?

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Emotional Gate

**Opens Pain Gate**
- Depression
- Anger
- Anxiety
- Stress

**Closes Pain Gate**
- Laughter
- Relaxation
- Anti-depressants
- Purposeful living

What opens your pain gate?

What closes your pain gate?
## Cognitive Gate

<table>
<thead>
<tr>
<th>Opens Pain Gate</th>
<th>Closes Pain Gate</th>
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</thead>
<tbody>
<tr>
<td>Ruminating</td>
<td>Detaching from thoughts</td>
</tr>
<tr>
<td>Catastrophizing</td>
<td>Acceptance &amp; willingness</td>
</tr>
<tr>
<td>Worrying</td>
<td>Mindfulness</td>
</tr>
<tr>
<td>Excessive attempts at problem solving</td>
<td>Considering options and acting</td>
</tr>
</tbody>
</table>

What opens your pain gate? What closes your pain gate?

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## Phase 2 – Skill building

Behavioral/Physical  
Cognitive  
Emotional  
Goal Setting
Physical Strategies

- Breathing & Relaxation
- Pacing
- Modifying the Environment
- Exercise

Relaxation Skills

- Square Breathing
- Relaxation Response
- Progressive Muscle Relaxation (PMR)
**Activity Bursting**

**Causes**
- Good day
- Deadlines
- Feeling guilty

**Results**
- Increased pain
- Decrease activity overall
Pacing

Alternating
- Uptime Activity
- Downtime Activity

Monitoring time
Reward self

### Pacing Chart

<table>
<thead>
<tr>
<th>Uptime Task</th>
<th>Uptime Task Time</th>
<th>Recovery Time</th>
<th>Down time Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuuming</td>
<td>9 minutes</td>
<td>15 minutes</td>
<td>Pay bills</td>
</tr>
<tr>
<td>Gardening</td>
<td>13 minutes</td>
<td>10 minutes</td>
<td>Return phone calls, Read newspaper</td>
</tr>
<tr>
<td>Laundry</td>
<td>12 minutes</td>
<td>15 minutes</td>
<td>Fold clothes, Practice breathing</td>
</tr>
</tbody>
</table>

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Cognitive Strategies

- Defusing from thoughts
- Mindful awareness of thoughts / beliefs
- Unhooking from unhelpful thoughts
- The yardstick of workability

Detaching or Defusing from Thoughts
Having the thought, not buying the thought

Mindfulness

Non-judgmental, open awareness, in the moment
Observing
Non-attachment
Emotional Strategies

✓ Acceptance
✓ Managing Stress
✓ Gratitude Journaling
✓ Interpersonal Skills

Acceptance

- What it really means:
  - “It is what it is.”
  - Willingness to take our experiences as they are

- Clean pain versus dirty pain

- What do you want your life to stand for?

- Moving towards suffering or moving towards life
Gratitude Journaling
What a difference 5 minutes make!

Chronic Pain and Interpersonal Dynamics

Fading initial support
Not asking for help
Friends and family feeling overwhelmed
Guilt, anger, and other interfering emotions
Not knowing what you want
References


