

# Nonpharmacologic Options in the Treatment of Chronic Pain

Mark Altenhofen, MS

Eastern Oregon Coordinated Care Organization Provider Forum on Chronic Non-  
cancer Pain Management

Pendleton, OR

February 24, 2017

Thank you



*Catriona Buist, Ph. D*  
*Oregon Pain Commission Chair &*  
*Pain Psychologist OHSU*



## **Acute Phase (< 2 weeks)**

Maintain activity

Provide support

High proportion return to activity & work

## **Sub-acute (2-12 weeks)**

Identify biopsychosocial obstacles to prevent the development of long term consequences including work loss

## **Chronic (> 12 weeks)**

Multidisciplinary approach

# Our understanding of certain pain conditions and treatment has changed...



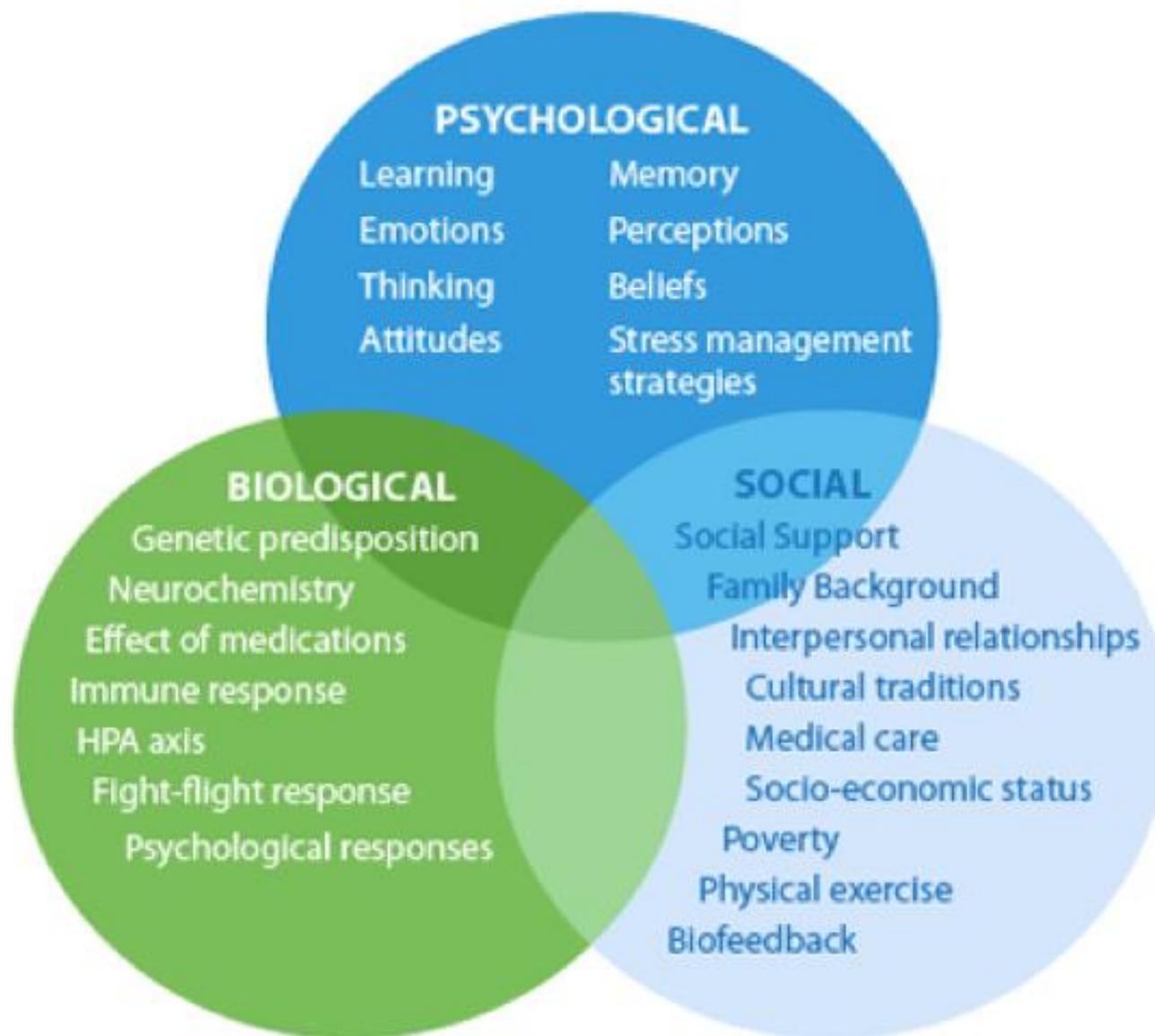
- **Central sensitization** is a condition of the nervous system that is associated with the development and maintenance of chronic pain.
- When **central sensitization** occurs, the nervous system goes through a process called “wind-up” and gets regulated in a persistent state of high reactivity.

# Pacific Northwest Evidence-Based Practice Center (Roger Chou et al., 2016)



- Chronic pain often a **complex biopsychosocial issue**.
- Opioids do not address psychosocial contributors to chronic pain.
- Use opiates as part of multimodal treatment program that includes:
  - Cognitive-behavioral therapy
  - Functional restoration
  - Interdisciplinary therapy
  - Motivational interviewing
  - Relaxation training
  - Addresses sleep issues
- Assess and treat for PTSD and other MH disorders.





## **Biopsychosocial model of pain**

Championed by Butler and Moseley and others. 2000

# The Goals of Treatment

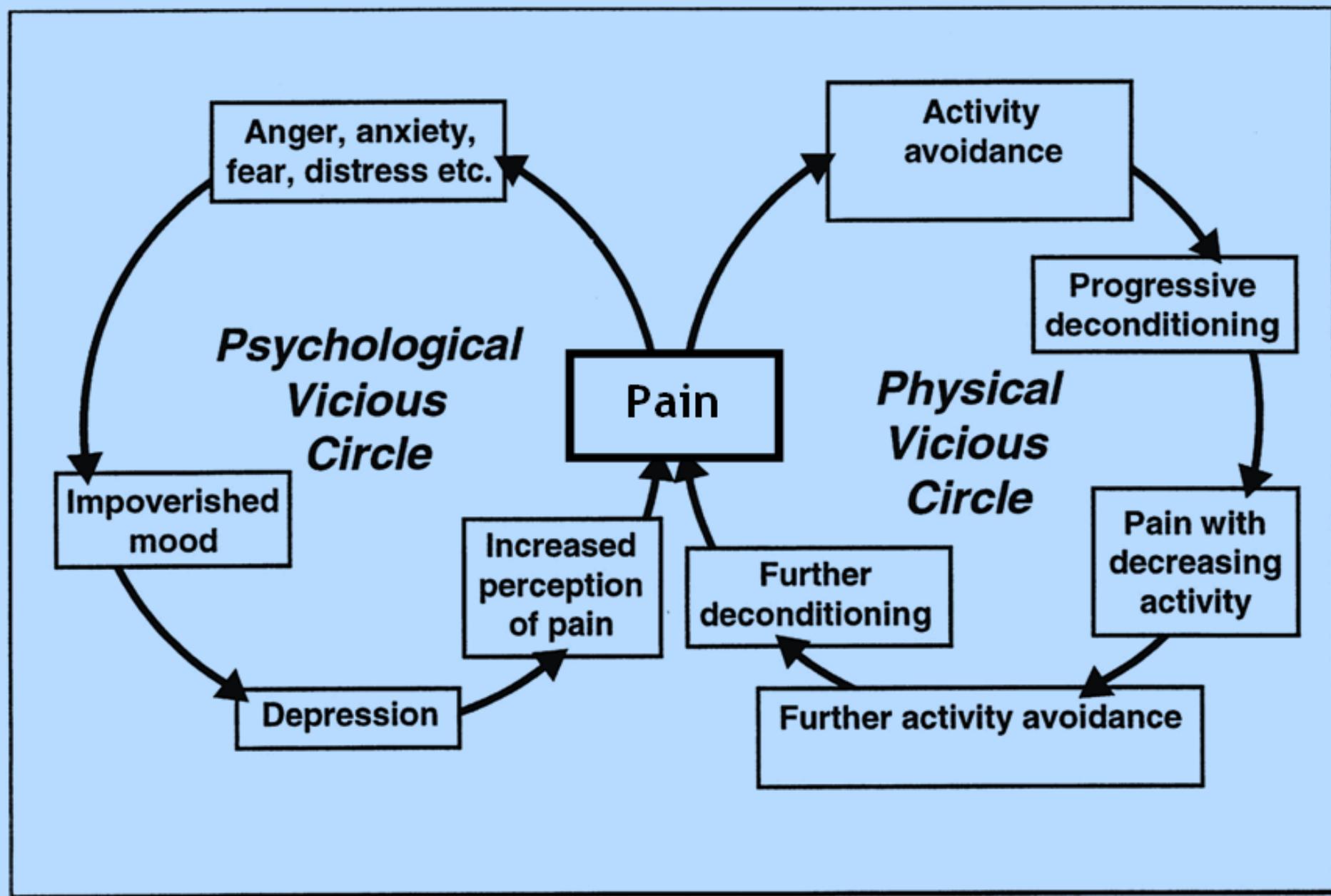


**IMPROVE FUNCTION**  
&  
**IMPROVE QUALITY OF LIFE**  
&  
**DECREASE SUFFERING**

# Non-Pharmacological Approaches



## **BEHAVIORAL HEALTH**



# What do Pain Psychologists Do?

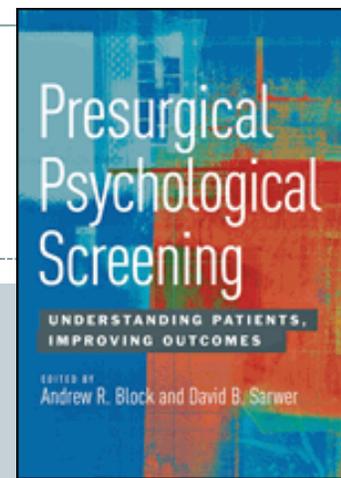
- Help change behavior
- Education
- Motivational Interviewing
- Cognitive Behavioral Therapy
- Acceptance and Commitment Therapy
- Stress Management
- Relaxation Training
- Biofeedback
- Neuroplasticity Training
- Trauma Informed Care

**There is a great deal of pain in life and perhaps the only pain that can be avoided is the pain that comes from trying to avoid pain.**

QUOTEHD.COM

**R. D. Laing**  
Scottish Psychologist

# Pre-Surgical Psychological Evaluation



- For spinal surgery, SCS/Intrathecal Pump Implant, bariatric surgery, and plastic surgery.
- Patients' emotional and psychosocial concerns, health-related behaviors, outcome expectations, and compliance with treatment regimen can all strongly influence the ultimate effectiveness of surgery.
- Depression, anxiety, catastrophizing, expectations can impact surgical outcomes.

# Group Based Tx

(Therapy, Pain School or Peer to Peer Group)



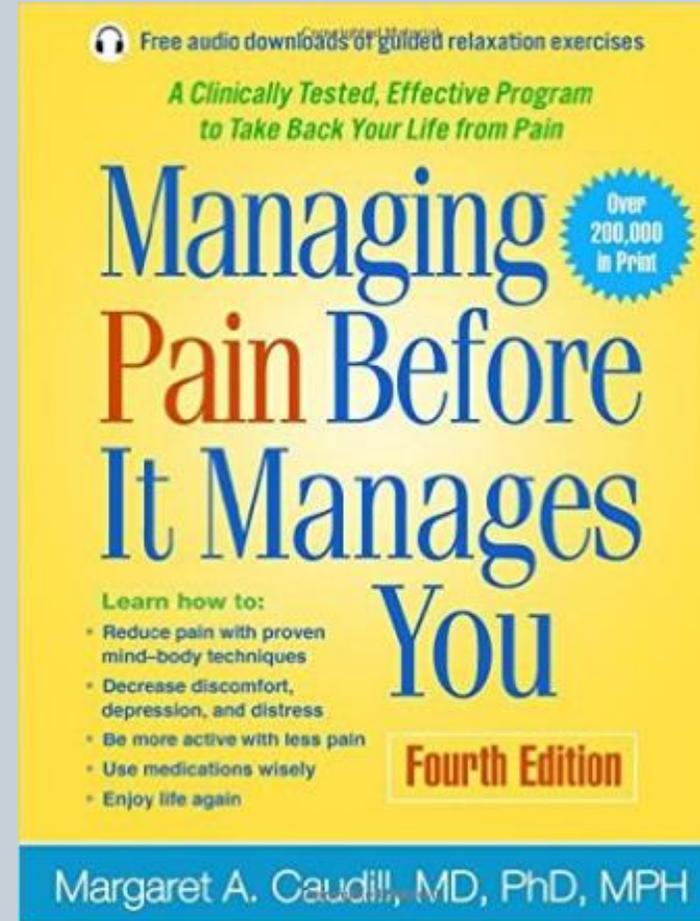
# Role of the family in promoting illness or well behavior???



# Cognitive Behavioral Therapy (CBT)

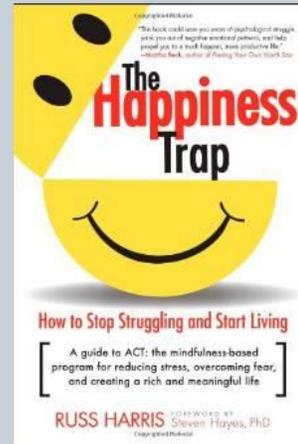
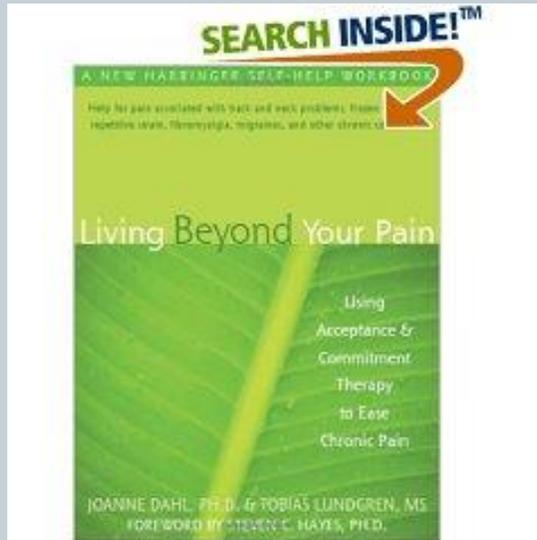
“CBT is based on the premise that perceptions and observable displays of pain are influenced by complex interactions between environmental events and individuals’ emotional, physiological, behavioral, and cognitive responses. Effective interventions for chronic pain must address the emotional, cognitive, and behavioral dimension of pain, and must also help patients become active participants in learning new methods of responding to their problems.”

(Gatchel, R.J. & Turk, D.)

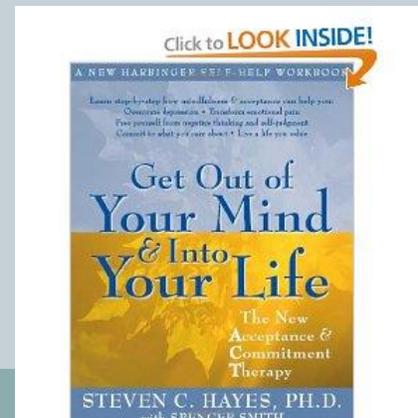
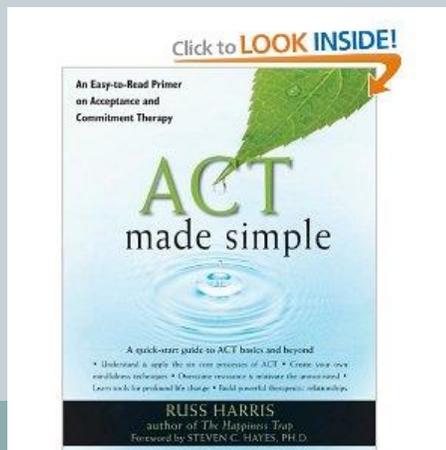


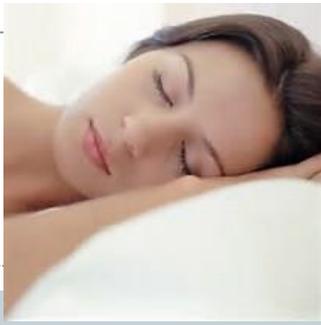
# Acceptance & Commitment Therapy (ACT)

Steven Hayes, 1994



Goal of ACT is to help you live a rich, full, and meaningful life while effectively handling the pain that inevitably comes your way.

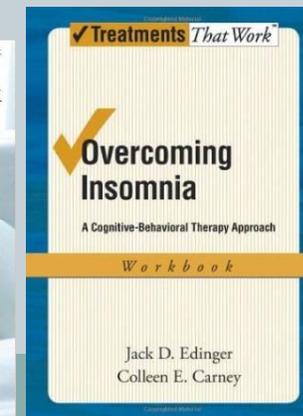
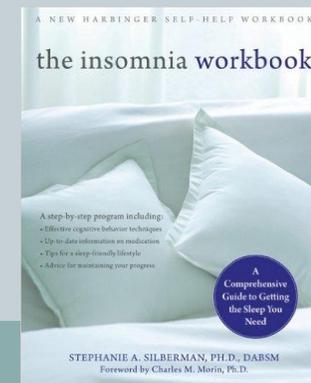
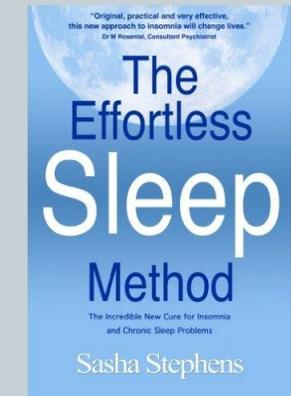
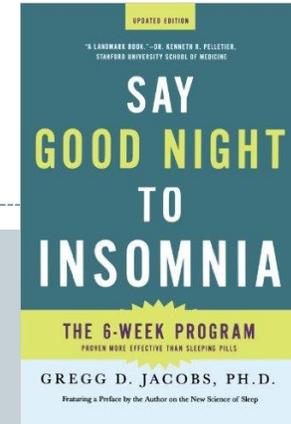




# Insomnia (Sleep Hygiene)

1. Maintain a regular bed and wake time schedule, including weekends.
1. Establish a regular, relaxing bedtime routine.
2. Workout regularly (stop exercise 3 hours before bed).
3. No electronics in bedroom - TV, phones .
4. No exposure to TV or computers 2 hours prior to bedtime.
5. Use bedroom only for sleep and partner time.
6. Finish eating at least 2-3 hours before bed.
7. Refrain from taking naps (not more than 20’).
8. Avoid caffeine afternoon.
9. Avoid alcohol close to bedtime.

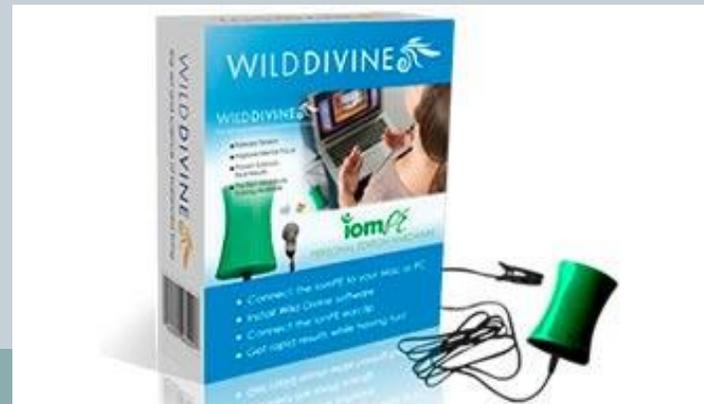
Resource: CBT-i Coach



# Biofeedback



- Diaphragmatic breathing
- Stress management through relaxation
- Muscle tension reduction
- Heart rate variability
- I phone apps:
  - [Breathe2Relax](#)
  - [Breath Pacer](#)



# Non-Pharmacological Approaches



## **SELF CARE STRATEGIES**

### 3 Key Shifts in Perspective Necessary to Effectively **Self-Manage** Chronic Pain



1. **Accept** the diagnosis of chronic pain.
2. Understand the **mind/body connection** with regard to pain symptoms.
3. Change to an **active orientation** regarding **self-management**.

# Self-Management Tools

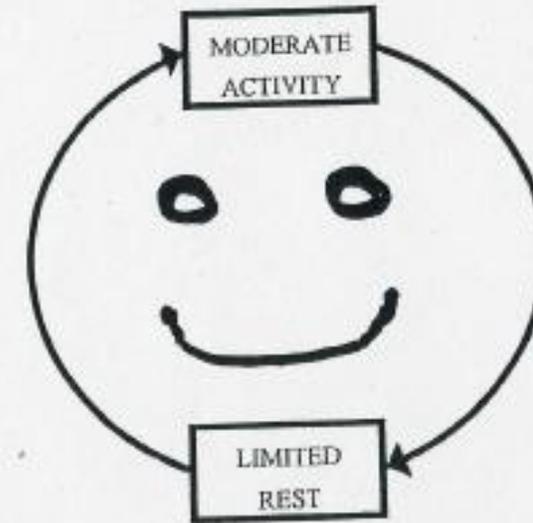


# NOT PACING



FIGURE 10.4. Pain cycle.

# PACING



The Activity-Rest Cycle in Chronic Pain (Gil, Ross, & Keefe, 1988) in Psychological Approaches to Pain Management: A Practitioner's Handbook. Edited by Robert J. Gatchel and Dennis C. Turk (1996)

# Mindfulness-based Stress Reduction

Jon Kabat-Zinn, 1979



## **Effect of Mindfulness-Based Stress Reduction vs Cognitive Behavioral Therapy or Usual Care on Back Pain and Functional Limitations in Adults With Chronic Low Back Pain A Randomized Clinical Trial**

Daniel C. Cherkin; PhD, Karen J. Sherman; PhD, Benjamin H. Balderson, PhD; Andrea J. Cook; PhD, Melissa L. Anderson; MS, Rene J. Hawkes; BS<sup>1</sup>; Kelly E. Hansen, BS; Judith A. Turner, PhD

*JAMA*. 2016;315(12):1240-1249. doi:10.1001/jama.2016.2323.

- MBSR involves combination of meditation, body awareness and yoga.
- Focuses on increasing awareness and acceptance of one's experiences.
- Conclusion: people with LBP who did 8 x 2 hour sessions of group showed greater improvements in function compared to CBT alone.

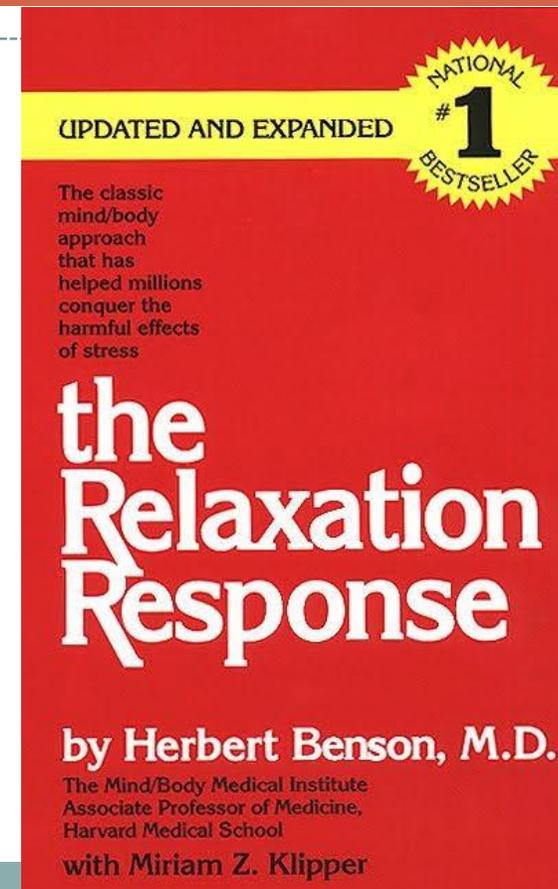
# Relaxation Response +Diaphragmatic Breathing

A physical state of deep rest that changes a person's physical and emotional responses to stress.

Opposite (physiological reaction) of the Flight or Fight response.

A technique to help people counteract the toxic effects of chronic stress by slowing breathing rate, relaxing muscles, and reducing blood pressure.

VIDEO:  
[HTTPS://YOUTU.BE/HRoBUF2JWOG?LIST=PLID6CJUCWWP4U9CNEDUN6QZnjisc5HNAM](https://youtu.be/HRoBUF2JWOG?list=PLID6CJUCWWP4U9CNEDUN6QZnjisc5HNAM)



# Non-Pharmacological Approaches



## **MOVEMENT THERAPY**

The fear  
of pain is  
more  
disabling  
than the  
pain itself

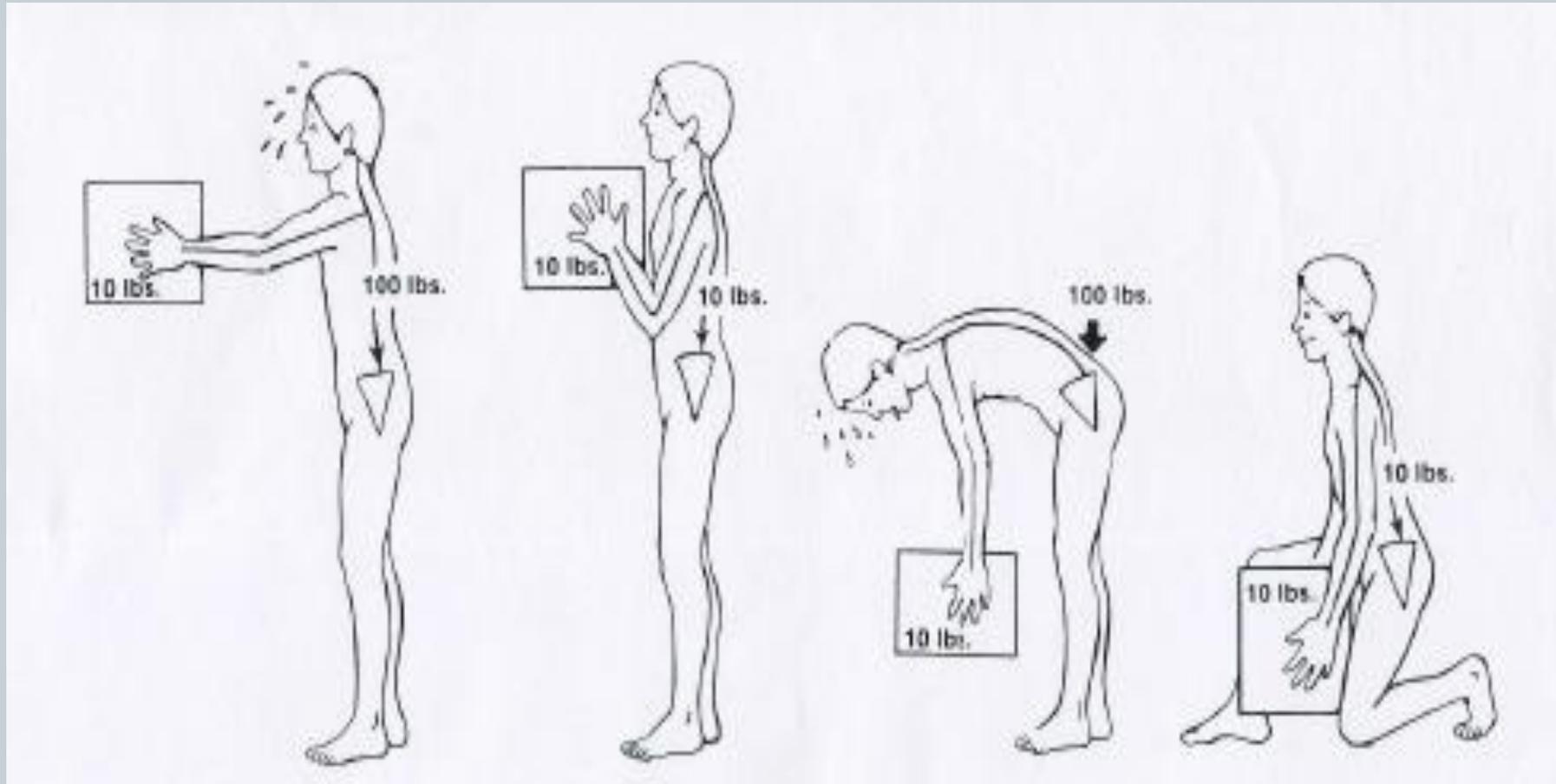
(Waddell, 1998)

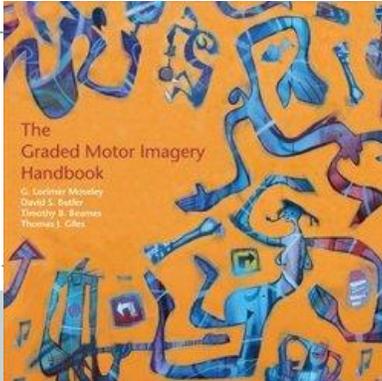


Palm  
Expressions

# PT - Restore Function

## OT – Restore Activities of Daily Living

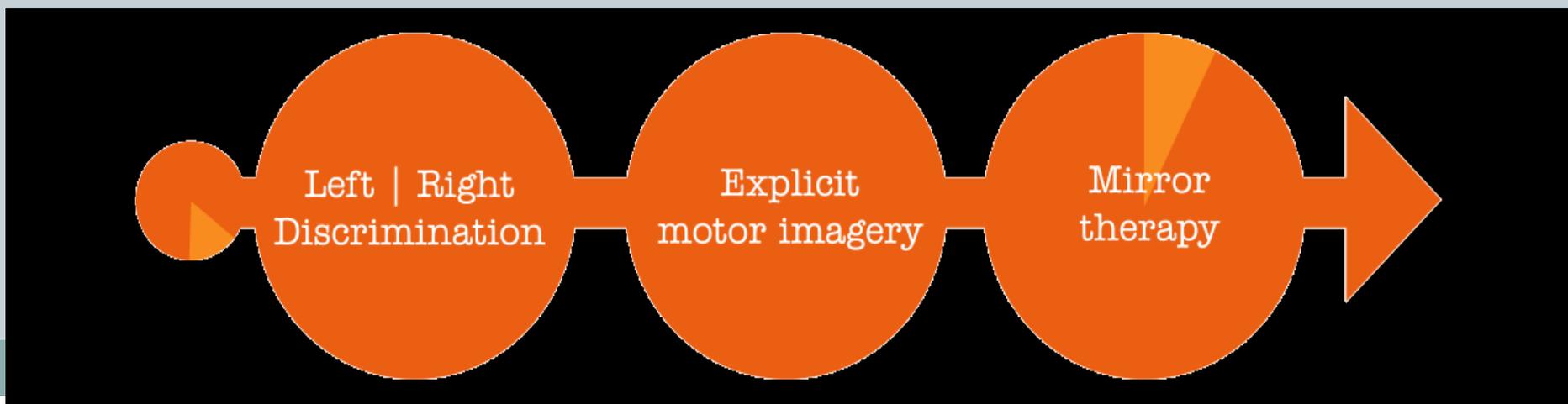




# Graded Motor Imagery (CRPS) 3 Step Process



<http://www.gradedmotorimagery.com/>



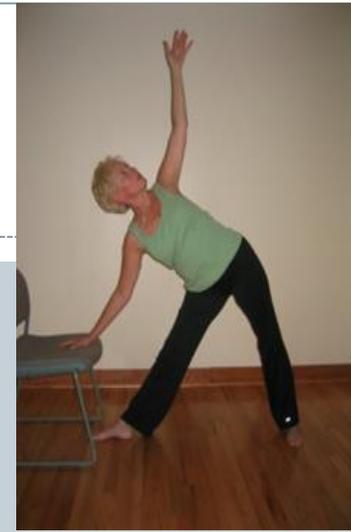
# Adaptive / Restorative Yoga



Overcoming “Fear of Movement”  
Relaxation  
Breathing  
Posture  
Walking  
Stretching  
Connecting with your body



# Silver Sneakers & Silver and Fit Programs free services for many Medicare Patients



## What do SilverSneakers and Silver & Fit memberships include?

- These programs allow older adults a variety of resources to meet their health needs including: **a free basic fitness membership at any participating location around the country** with access to all amenities; a variety of **aquatics and land classes like balance, yoga, and cardio; and an online portal to track progress.**

## Who is eligible?

- SilverSneakers and Silver & Fit are offered through many leading Medicare health plans and Medicare Supplement carriers throughout the United States. Major carriers include United Health Care, Anthem Blue Cross and Blue Shield, Humana, Aetna and more.

# Arthritis Foundation Aquatic, Exercise, and Tai Chi Programs

<https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/LivingWell/Documents/Programs/afprgrms.pdf>



Natural resistance builds muscle

Buoyancy may reduce nociception by acting on thermal and mechnoreceptors

Decreases load on lower extremities

Strong evidence for hydrotherapy & balneotherapy

Langhorst, 2009, Rheum; McVeigh, 2008, Rheum Intern; Verhagen, 2012 Best Pract Res Clin Rheumatol; Nüesch, 2012 Ann Rheum Disease

(courtesy of Kim Jones)

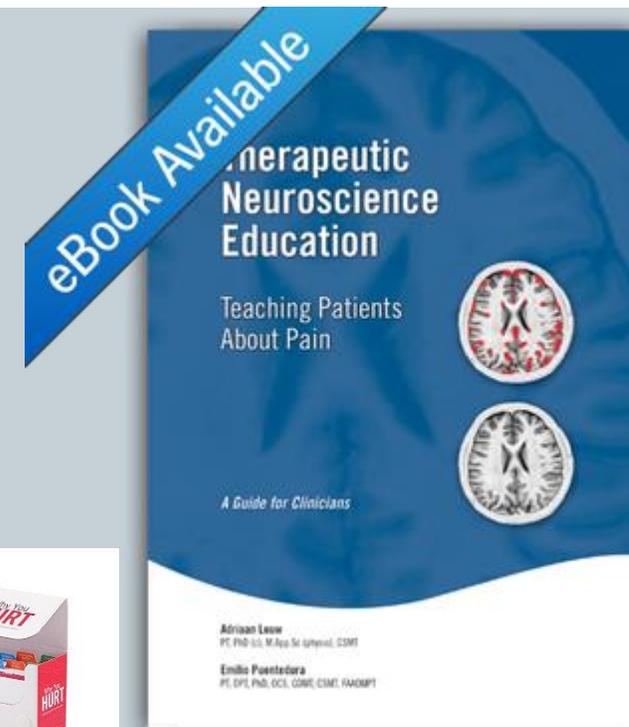
# Non-Pharmacological Approaches



## **PAIN EDUCATION**

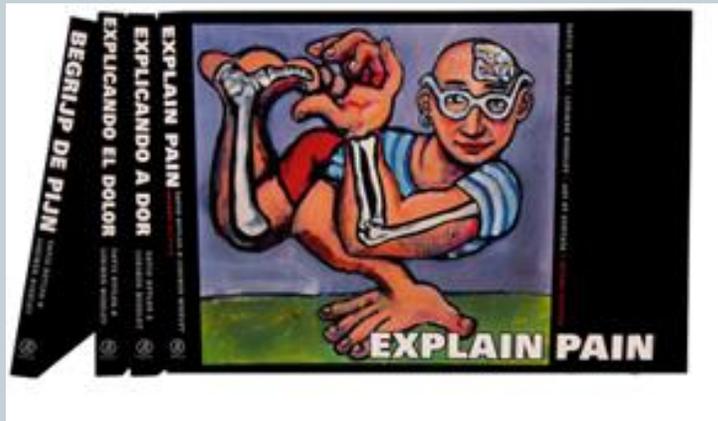
**The Effect of Neuroscience Education on Pain, Disability,  
Anxiety, and Stress in Chronic Musculoskeletal Pain**  
**Adriaan Louw, PT, MAppSc, Ina Diener, PT, PhD, David S.  
Butler, PT, EdD, Emilio J. Puentedura, PT, DPT**  
**Arch Phys Med Rehabil Vol 92, December 2011**

**CONCLUSIONS:** For chronic msk pain disorders, there is compelling evidence that an educational strategy addressing neurophysiology and neurobiology of pain can have a positive effect on pain, disability, catastrophizing, and physical performance.

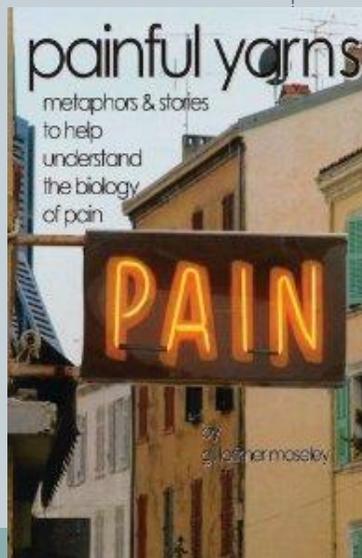
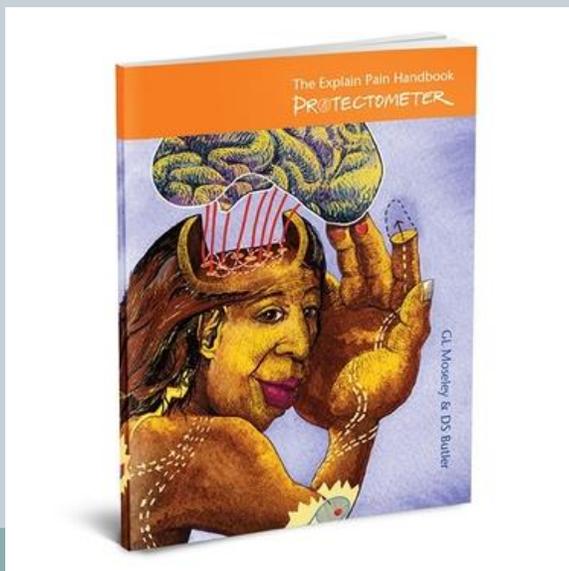


# Explain Pain

David Butler & Lorimer Moseley, Ph.D. (2003)



- Explain Pain by David Butler and Dr. Lorimer Moseley is an evidence based book designed for therapists, patients and students. It answers the most common questions asked by pain sufferers: 'why do I hurt?' and 'what can I do for my pain?' Written in simple language that anyone can understand, it encourages patients to move better and research shows that they will have less pain once they have understood its underlying causes.



# Non-Pharmacological Approaches



## **MANIPULATIVE OR PASSIVE TECHNIQUES**

# Manipulative Techniques



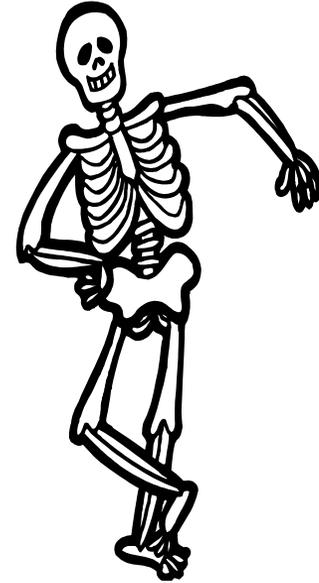
- Osteopaths D.O. vs. M.D.

- Includes Osteopathic Manipulation

- Chiropractic

- Relationship between Body Structure and Function
- Subluxation & Adjustment

- Therapeutic Massage



# Electrical Stimulation



TENS Unit



Alpha Stim

# Biologically Based Therapies



- Nutrition or Dietary Therapies
- Herbs
- Vitamins
- Aromatherapy



# Acupuncture



- Derived from traditional Chinese medicine and other countries and alternative systems.
- *Research is substantial, yet contradicting – Active vs Sham vs Placebo.*
- Needles are applied to Acupoints on the Meridians to restore the flow of **qi**.

# Resources



# What's Happening In Oregon for Pain?



- September 2016 HB 4124 permits pharmacists to prescribe and distribute packages of naloxone to individuals who complete the OHA approved training.
- Drop off sites for unwanted medications  
<http://www.oracwa.org/documents/UnwanteddrugdropoffsitesOR.pdf>
- Oregon Pain Guidance <http://www.oregonpainguidance.org/> (local pain resource websites for providers and patients linked to OPG)
- Back Pain brought above the line for Medicaid/OHP (July 1, 2016)  
<https://www.oregon.gov/oha/herc/FactSheet/Back-policy-changes-fact-sheet.pdf>
- Oregon Pain Management Commission updated 1 hour online pain module  
<https://www.oregon.gov/oha/OHPR/PMC/Documents/Module.pdf>

# What's Happening In Oregon for Pain?



- Pain Society of Oregon (Eugene, Portland, Bend) <https://www.painsociety.com/>
- The Oregon Opioid Guidelines Taskforce 2016
- New OHA grant from the CDC to support statewide implementation of opioid prescribing guidelines, expand regional funding and support regional symposia and training opportunities
- New grant at OHA going to fund consultation services for providers treating pain and addiction through the University of Washington TelePain starting 1/2017
- New SAMHSA grant funding live bupenorphine trainings for providers – contact Dr. Melissa Weimer, OHSU ([weimerm@ohsu.edu](mailto:weimerm@ohsu.edu))
- New grant funding to provide ECHO at OHSU – 40 1 hour sessions.
- The Tri-County Opioid Safety Coalition 2016 (Multnomah, Washington, Clackamas)

**\* Starting July 1<sup>st</sup> 2016 the Oregon Health Plan will begin providing reimbursement for alternative pain care for LBP \***

<http://www.oregon.gov/oha/herc/FactSheet/Back-policy-changes-fact-sheet.pdf>

- Comprehensive integrated tx focused on the **biopsychosocial** needs
- Added evidence based tx: Cognitive behavioral therapy, physical therapy, chiropractic manipulation, osteopathic manipulation, acupuncture, yoga
- Restricts or eliminates ineffective or harmful tx: long term opioid prescribing, unnecessary intervention
- Focus is to include medical, cognitive-behavioral, and psychoeducational interventions to **increase function and quality of life**
- Programs should address:
  - Managing comorbid conditions (sleep, PTSD...)
  - Fear and exercise avoidance, catastrophizing
  - Teach self-management skills (gentle exercise, relaxation, mindfulness)



July 29, 2016



**NEW** Portland resource for patients and providers

<http://portlandmetro.oregonpainguidance.org/>

# Free Training from Washington State

[www.coperems.org](http://www.coperems.org)



Treating chronic pain / Managing risk / Restoring lives

## Tips on How to Safely Taper Patients Off of Prescription Opioids

An Interview with Mark Sullivan, MD, PhD

READ MORE



# Worthwhile Resources for Providers and Patients



## YouTube Videos on pain:

- (new VA 6 min video on chronic pain):

<http://www.dvcipm.org/clinical-resources/joint-pain-education-project-jpep>

- Understanding Pain: What to do about it in less than 5 Minutes (from Australia)
- Brainman Chooses
- Brainman Stops His Opioids
- Back Pain by Mike Evans
- TED talk by Lorimer Moseley – Why Things Hurt

Smart phone apps: IREHAB Back Pain, My Pain Diary, or Pain Free Back for the iphone

## Exercise programs on YouTube from Bree Collaborative:

Exercises for lower back [http://www.youtube.com/watch?v=u\\_alXoZ4774](http://www.youtube.com/watch?v=u_alXoZ4774)

Low back pain remedy stretching exercises <http://www.youtube.com/watch?v=019f62bu364>

Top 5 stretches to relieve low back pain [http://www.youtube.com/watch?v=XNN3K2qj\\_LO](http://www.youtube.com/watch?v=XNN3K2qj_LO)

Yoga for back pain <http://www.youtube.com/watch?v=aSthNvRxvaE>

Kevin Vowels ACT Manual for Chronic Pain:

[https://contextualscience.org/files/CP\\_Acceptance\\_Manual\\_09.2008.pdf](https://contextualscience.org/files/CP_Acceptance_Manual_09.2008.pdf)

# “Understanding Pain and What to do About It in 6 Minutes”



**UNDERSTANDING PAIN AND WHAT TO DO ABOUT IT IN 6 MINUTES - JOINT PAIN EDUCATION PROJECT VIDEO FROM THE DEPARTMENT OF DEFENSE AND VETERANS HEALTH ADMINISTRATION TO LEARN MORE ABOUT CHRONIC PAIN MANAGEMENT.**

**[HTTPS://WWW.YOUTUBE.COM/WATCH?V=CLWNTMDGFCS](https://www.youtube.com/watch?v=CLWNTMDGFCS)**

# Cognitive Behavioral Therapy for Chronic Pain (CBT)



**MANAGING CHRONIC PAIN WITH 10 MINUTE CBT - THIS CLIP  
CONTAINS AN EXCERPT FROM THE DVD "10 MINUTE CBT IN  
PRACTICE: PHYSICAL HEALTH AND LONG-TERM CONDITIONS". IN  
THIS SCENARIO, A GP DEMONSTRATES SIMPLE CBT STRATEGIES  
FOR MANAGING A PATIENT WITH CHRONIC BACK PAIN.**

**[HTTPS://WWW.YOUTUBE.COM/WATCH?V=TIUZBNDEWBE](https://www.youtube.com/watch?v=TIUZBNDEWBE)**

# Acceptance and Commitment Therapy (ACT)



**PORTLAND PSYCHOTHERAPY RESOURCE PAGE:**

**[HTTP://PORTLANDPSYCHOTHERAPYCLINIC.COM/MINDFULNESS AND ACCEPTANCE EXERCISES/](http://portlandpsychotherapyclinic.com/mindfulness-and-acceptance-exercises/)**

**PSYCHOTHERAPY EXAMPLE: PART 6 ACT IN A NUTSHELL**

**[HTTPS://WWW.YOUTUBE.COM/WATCH?V=BJ1KRdVFJGY](https://www.youtube.com/watch?v=BJ1KRdVFJGY)**

# **Motivational Interviewing for Healthcare Professionals - Online Education**

College of Nursing at the University of Colorado



**[HTTP://WWW.UCDENVER.EDU/ACADEMICS/COLLEGES/NURSING/PROGRAMS-ADMISSIONS/CE-PD/PAGES/MOTIVATIONAL-INTERVIEWING-FOR-HEALTHCARE-PROFESSIONALS.ASPX](http://www.ucdenver.edu/academics/colleges/nursing/programs-admissions/ce-pd/pages/motivational-interviewing-for-healthcare-professionals.aspx)**

# Motivational Interviewing



DOCTOR INTERVIEW WITH PATIENT WITH CHRONIC PAIN  
UTILIZING A MOTIVATIONAL INTERVIEWING APPROACH  
WITHIN AN SBIRT MODEL. ASSESSMENT INTERVIEW. THIS IS  
THE INITIAL VISIT ASSESSMENT INTERVIEW.

[HTTPS://WWW.YOUTUBE.COM/WATCH?V=VFKGEQSMZZC](https://www.youtube.com/watch?v=VFKGEQSMZZC)

# Free Video Training on Difficult Conversations

<https://www.scopeofpain.com/>

- SCOPE of Pain is a series of continuing medical education/continuing nursing education activities designed to help you safely and effectively manage patients with chronic pain, when appropriate, with opioid analgesics.
- Trainer's toolkit - 7 videos:
  - Initiating opioid therapy, discussing safety and benefit
  - Assessing and managing aberrant opioid taking behavior
  - Discussing discontinuation of opioids due to lack of benefit and excessive risk
  - Modifying treatment plan of inherited patient on high doses
  - Assessing and managing illicit drug use in patient with chronic opioid therapy
  - Assessing and managing PDMP questionable activity in established patient and in a new patient



# American Chronic Pain Association

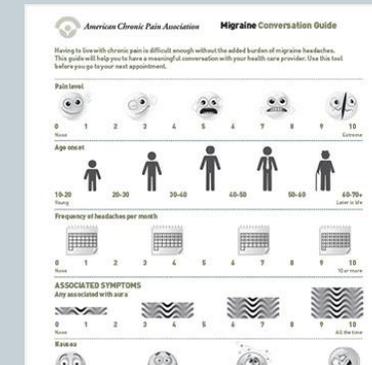
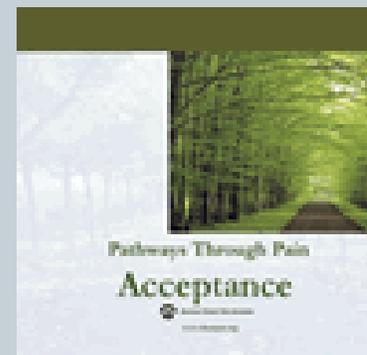
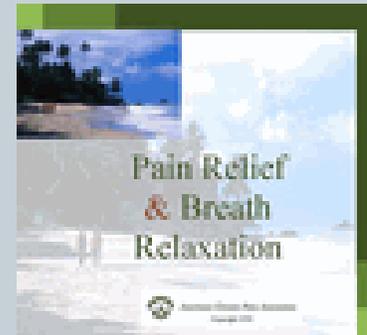
[www.theacpa.org](http://www.theacpa.org)

## Our Mission:

*To facilitate peer support and education for individuals with chronic pain and their families so that these individuals may live more fully in spite of their pain.*

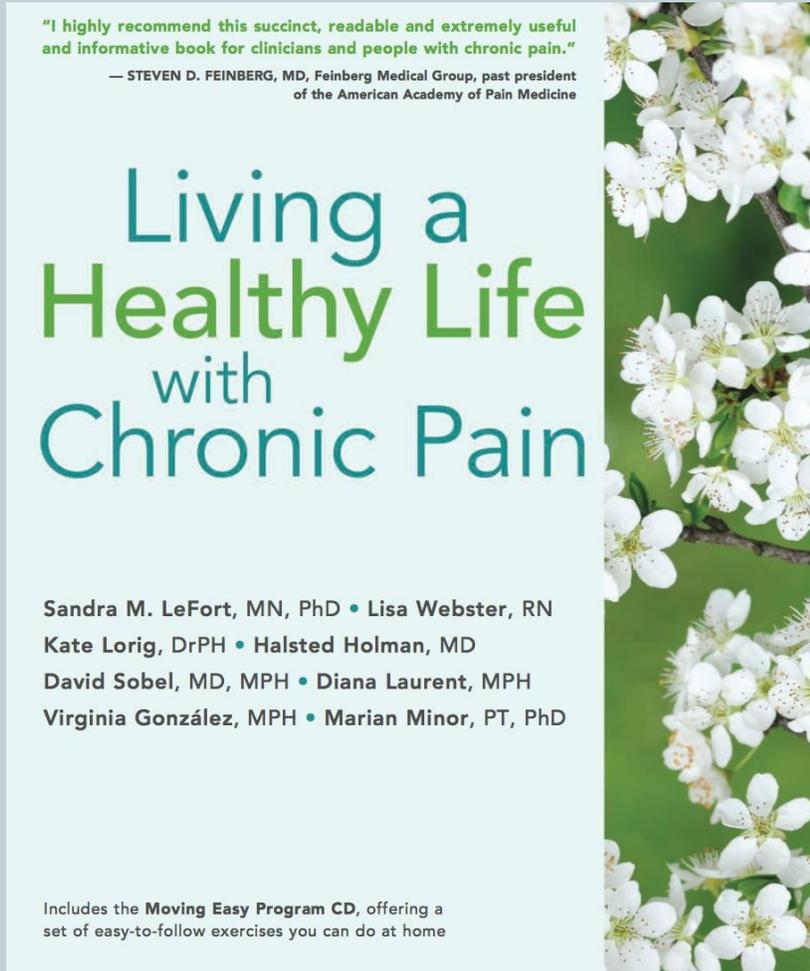
*To raise awareness among the health care community, policy makers, and the public at large about issues of living with chronic pain.*

- Resources for patients and providers



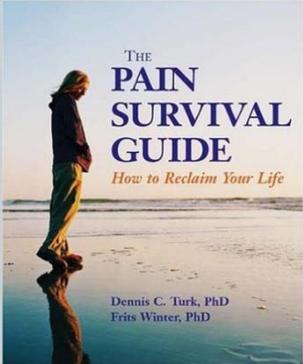
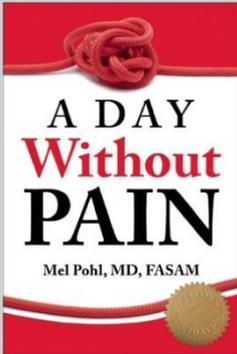
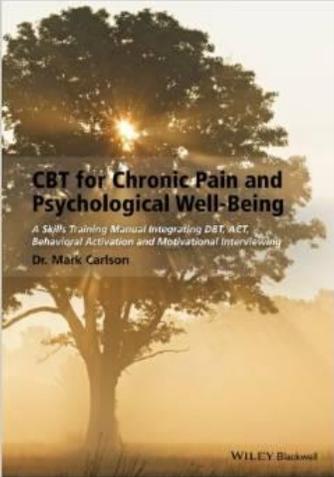
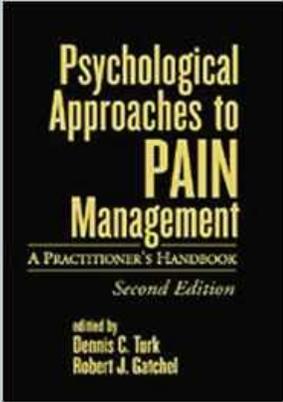
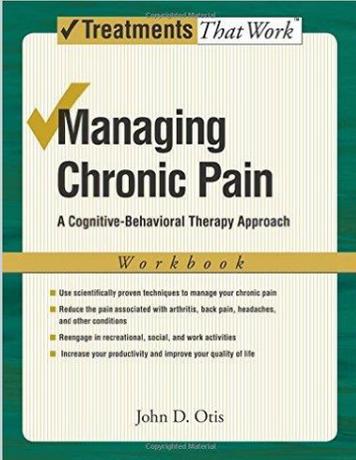
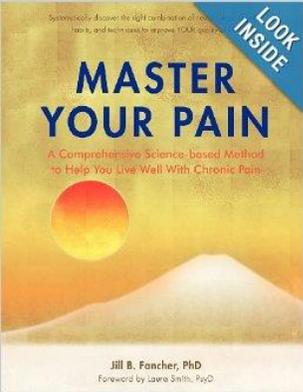
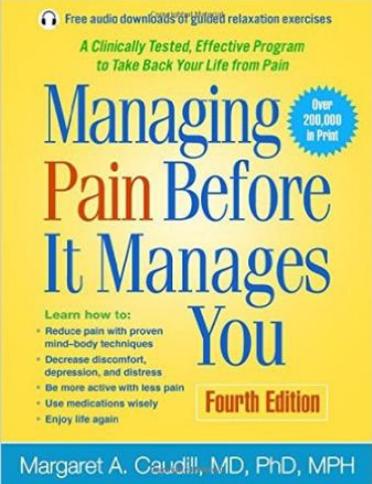
# Classes on Living Well with Chronic Pain

[www.healthoregon.org/livingwell](http://www.healthoregon.org/livingwell)

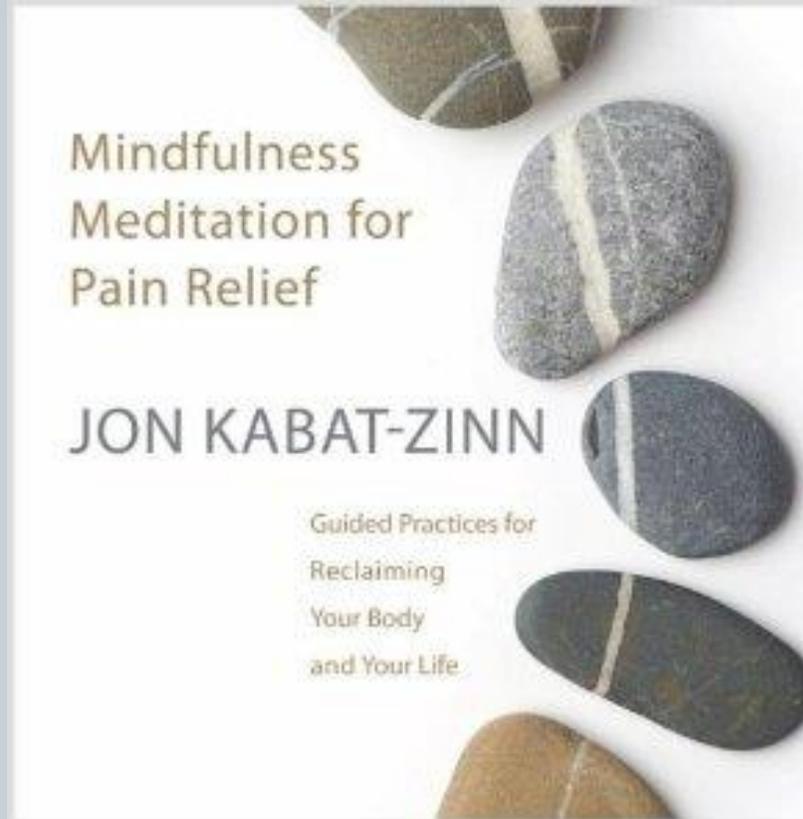


- This 2015 book is designed to help manage pain so people with chronic pain can get on with living a satisfying, fulfilling life, and includes the *Moving Easy Program CD*. This book and CD are the companion resources to the Chronic Pain Self-Management workshop.

# CBT Resources



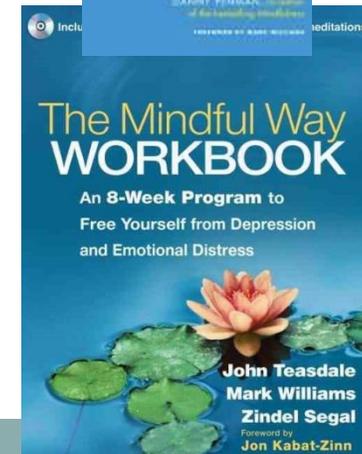
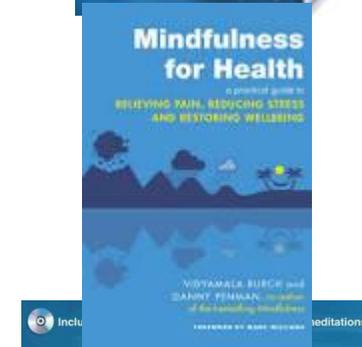
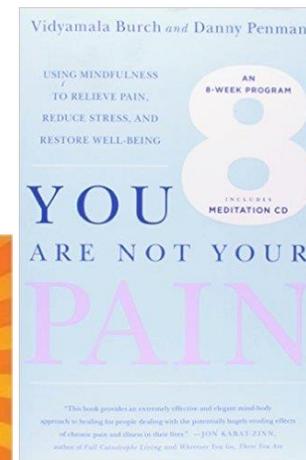
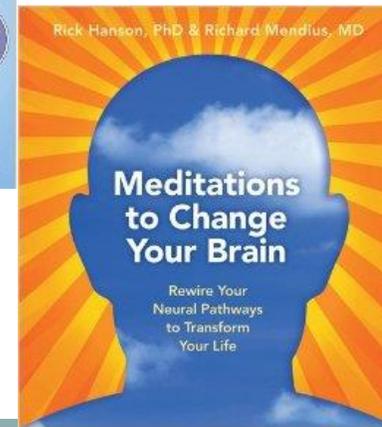
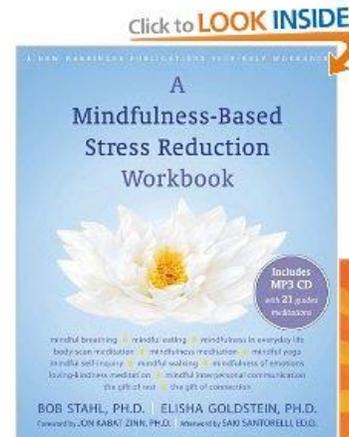
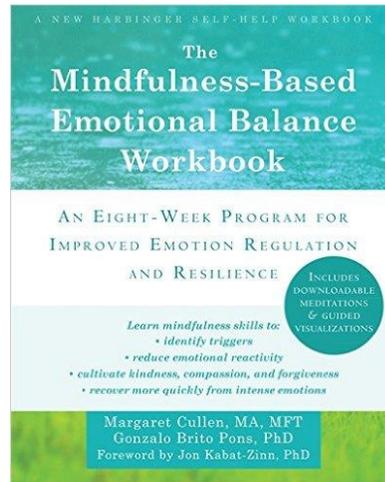
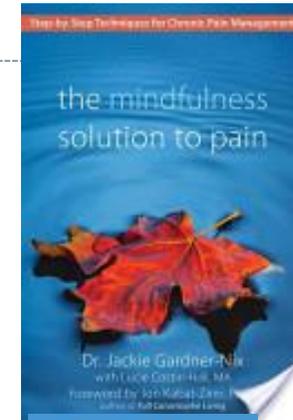
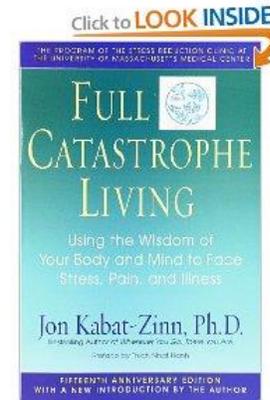
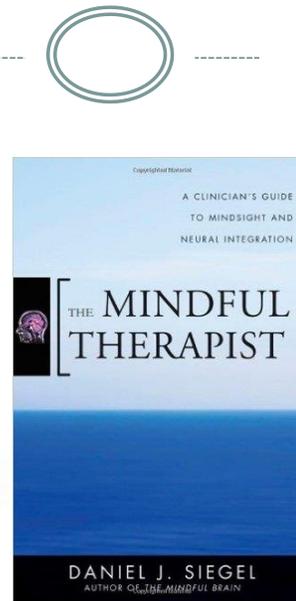
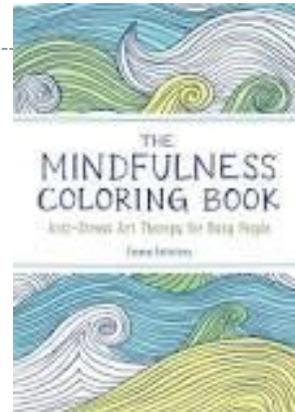
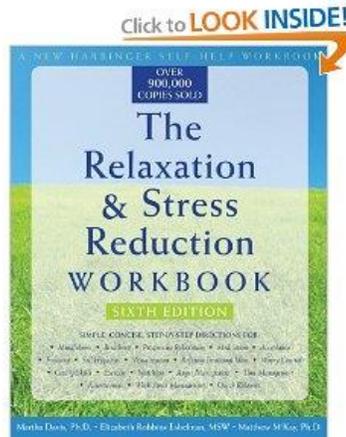
# Mindfulness



Mindfulness means paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally.

Jon Kabat-Zinn

# Mindfulness and Relaxation Resources



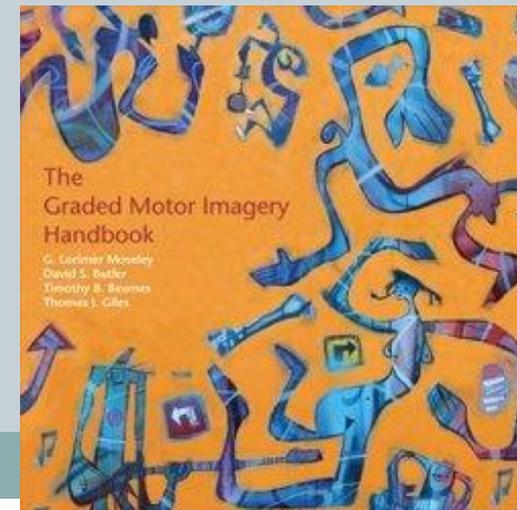
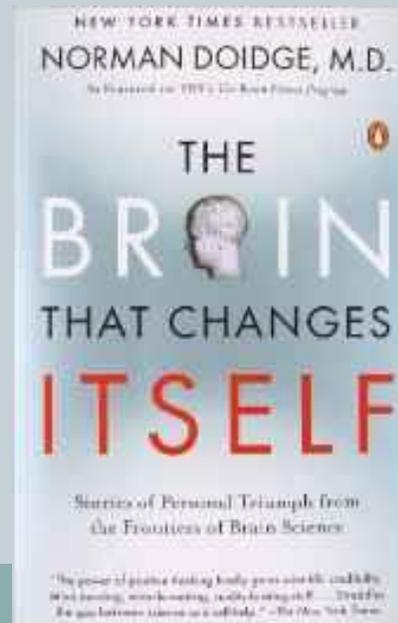
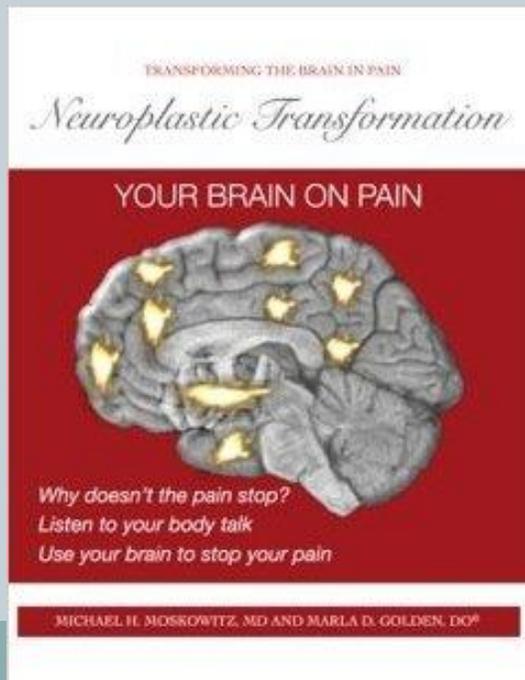
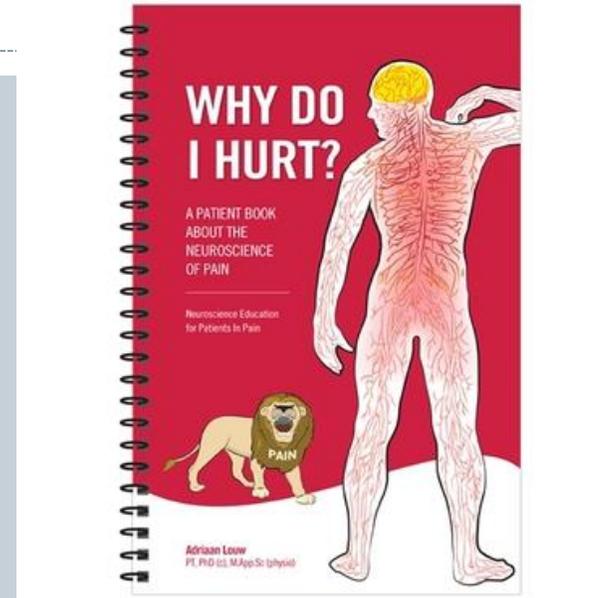
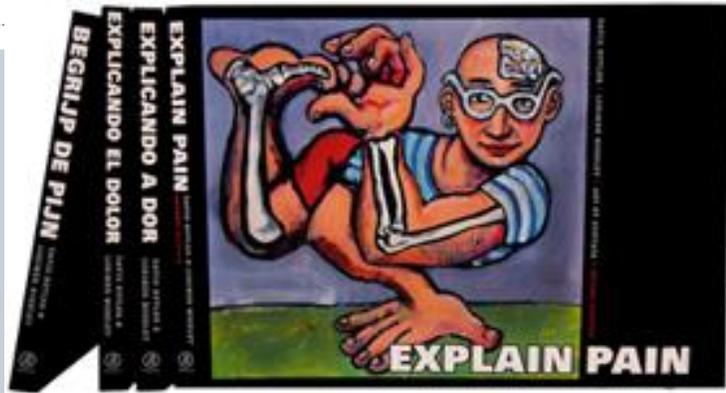
# Mindfulness



**PSYCHOTHERAPY EXAMPLES: PART 7 MINDFULNESS**

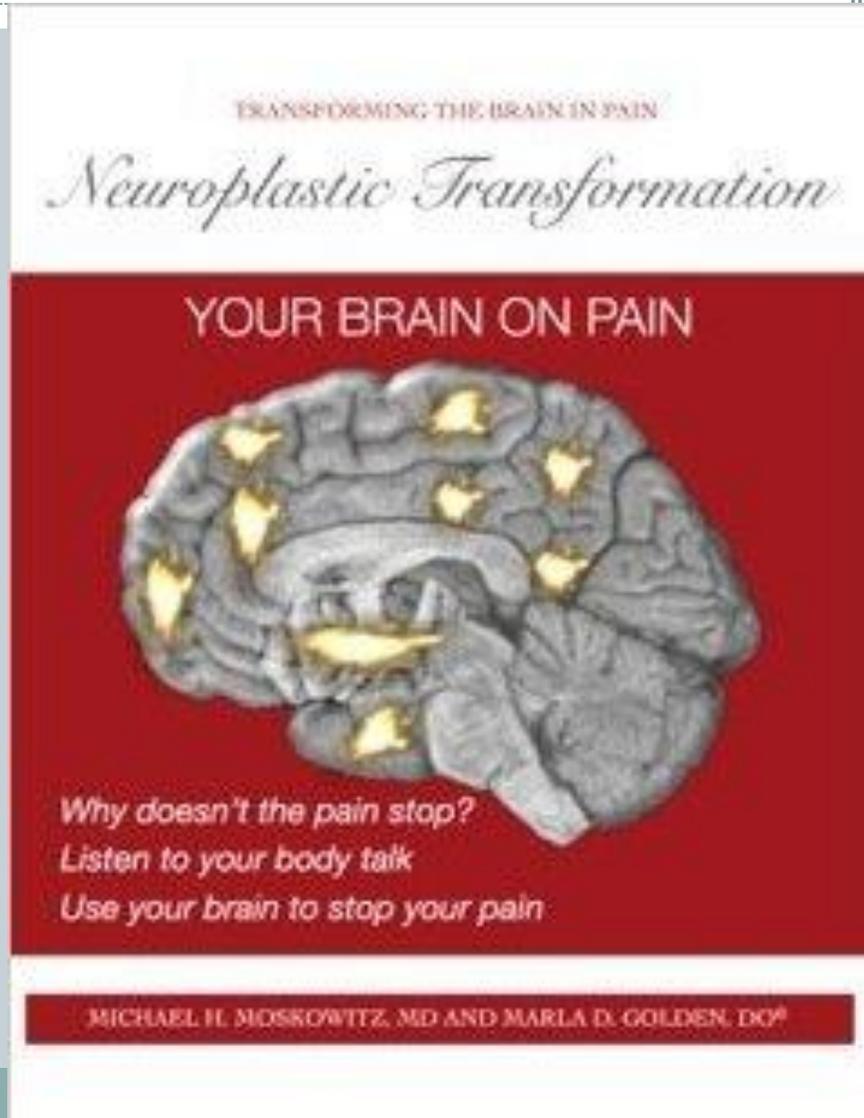
**[HTTPS://WWW.YOUTUBE.COM/WATCH?V=GD8TXFMZDAK](https://www.youtube.com/watch?v=GD8TXFMZDAK)**

# Neuroplasticity Resources



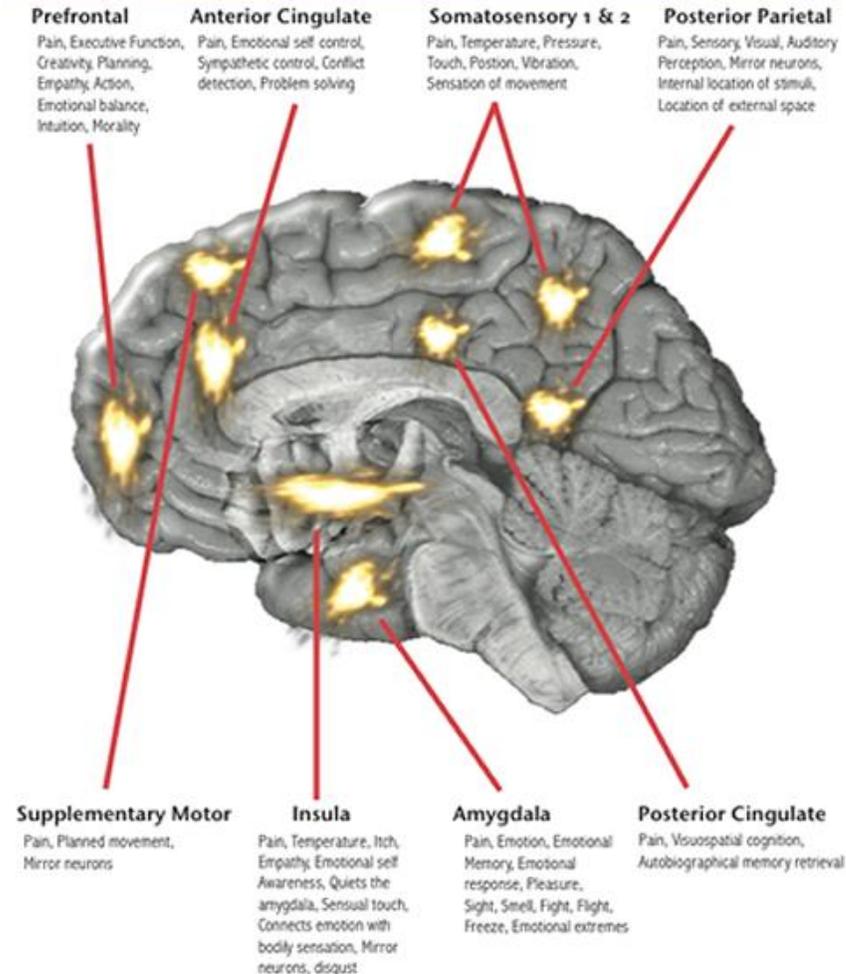
# Neuroplastic Transformation (Moskowitz & Golden, 2013)

<http://www.neuroplastix.com/>



## SHRINK THE PAIN MAP BY FLOODING THE BRAIN USING:

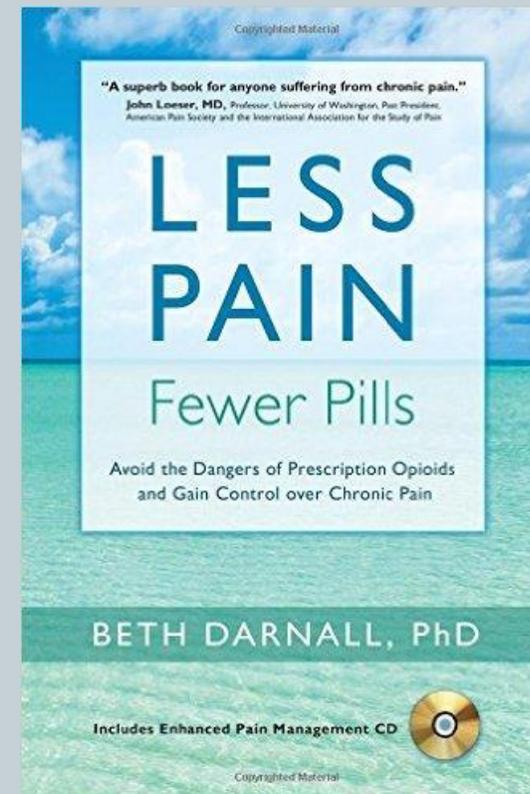
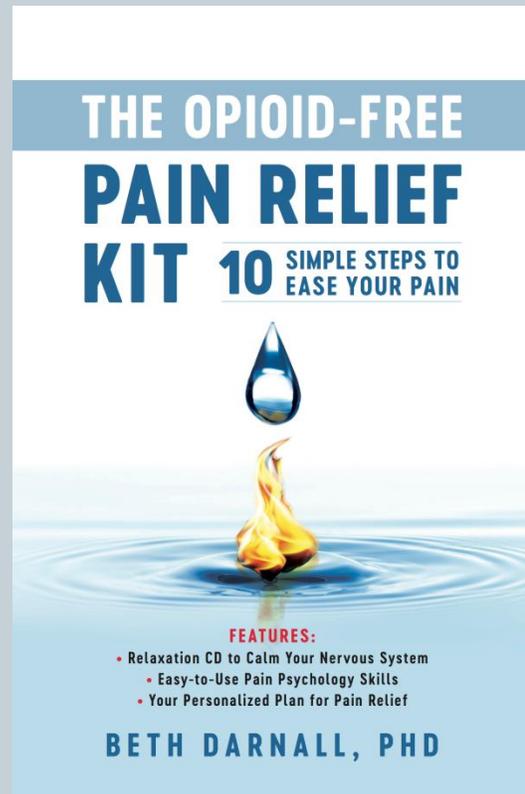
Thoughts.....Images.....Senses.....Memories.....Soothing Emotions.....Movement.....Beliefs



Self-help books that use cognitive behavioral principals to guide recovery from chronic pain. Includes a relaxation CD

Great for patients 2016

Great for clinicians, patients and family



# Headache Resources



American Headache Society

<http://www.americanheadachesociety.org/>

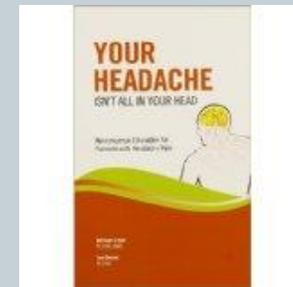
International Headache Society <http://www.ihs-headache.org/>

Migraine Research Foundation

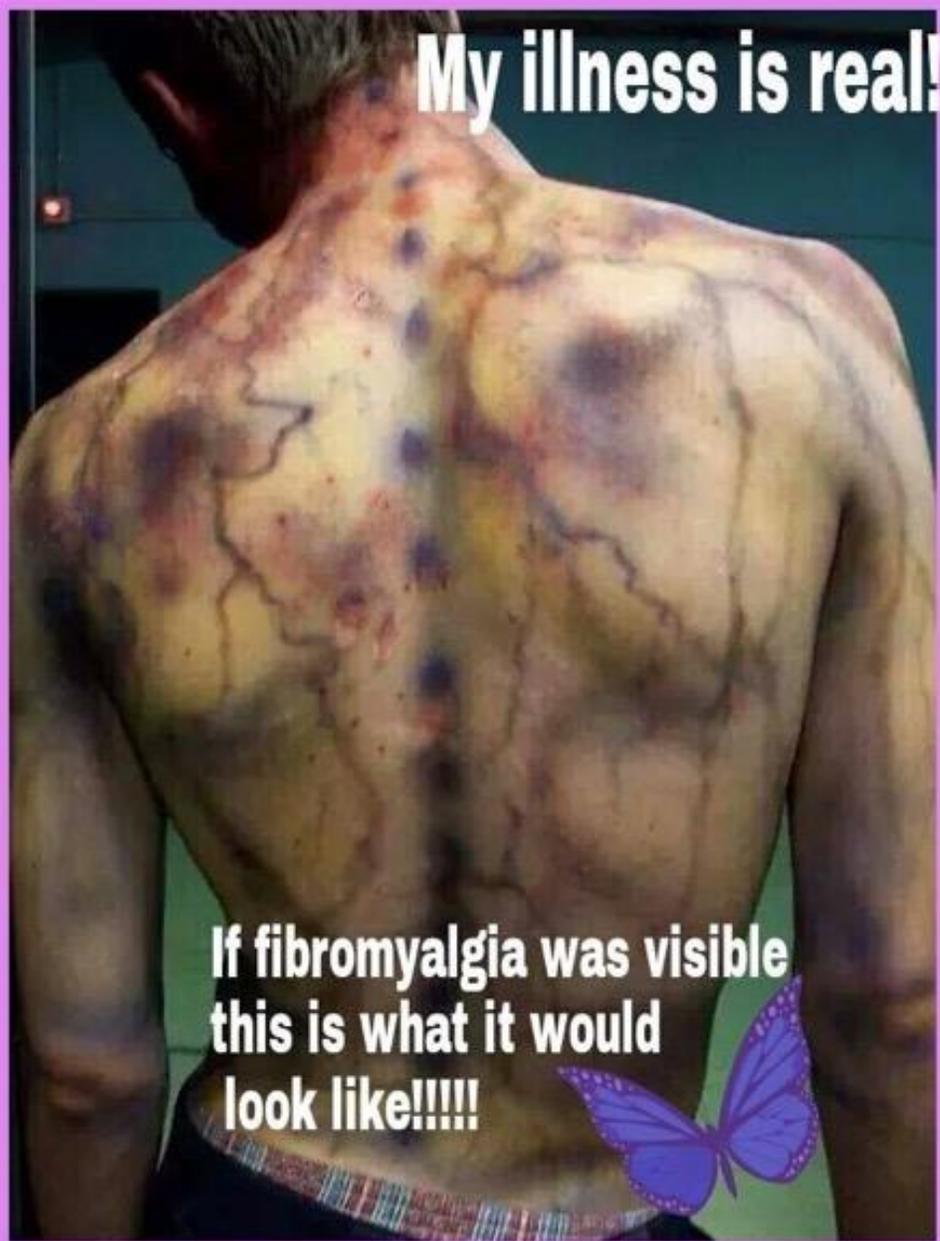
<http://www.migraineresearchfoundation.org/>

National Headache Foundation

<http://www.headaches.org/>



Your Headache Isn't All in Your Head by Adriaan Louw



## Fibromyalgia A Clinical Review

Clauw, D.J. JAMA, April 16, 2014,  
Vol 311, No 15

- Reviewed FM literature from 1955-2014
- FM is a constellation of symptoms characterized by central nervous system pain amplification with concomitant fatigue, memory problems and sleep and mood disturbances.
- Evidence based tx for FM: education, exercise, CBT, tricyclics, SNRIs, and gabapentinoids

# Fibromyalgia Resources

[www.myalgia.com](http://www.myalgia.com)

Your Fibromyalgia Workbook – Adriaan Louw

Dan Clauw from UM utube – Chronic Pain  
Is It All in Their Head (central sensitization)

<https://www.youtube.com/watch?v=pgCfkA9RLrM>

YouTube: Kim Jones/fibromyalgia/exercise

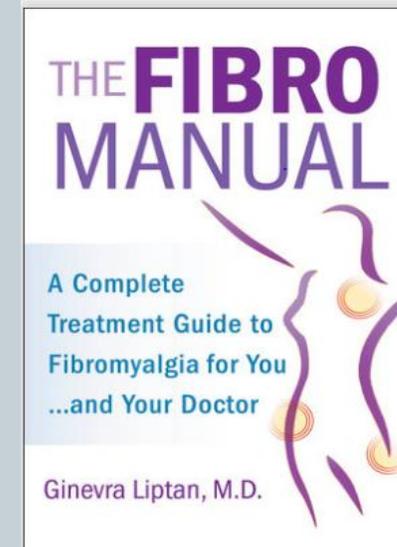
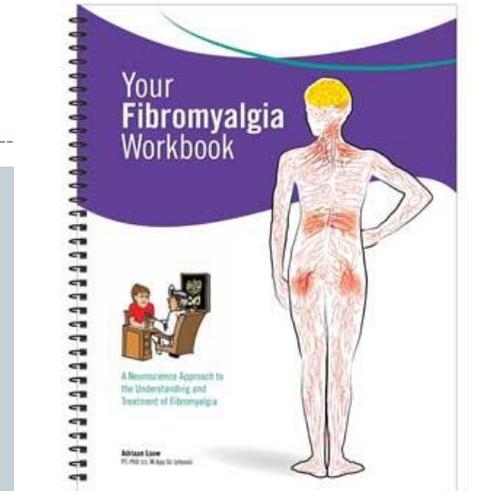
<https://www.youtube.com/watch?v=d3M9Ropc1jI>

Exercise DVDs for fibromyalgia

[www.myalgia.com/videos](http://www.myalgia.com/videos)

Instructions for modification to share with exercise trainers

[www.myalgiateam.com/exercise](http://www.myalgiateam.com/exercise)

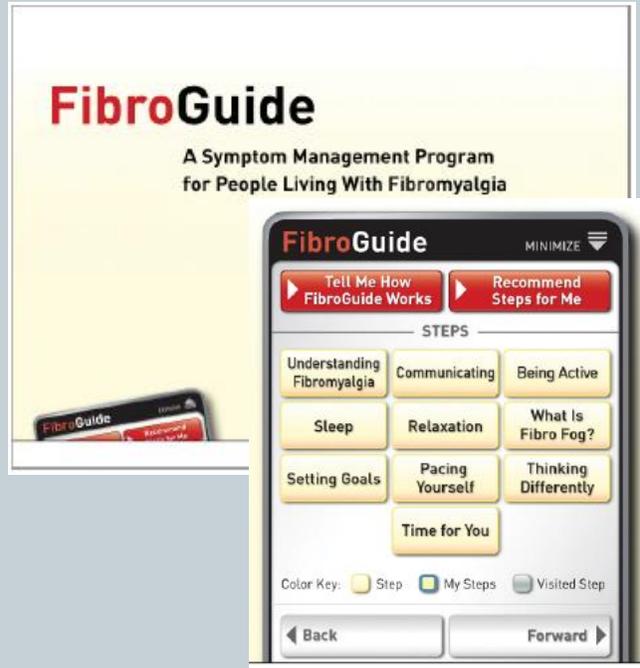


# Web Based CBT Resource for Fibromyalgia Patients

(from Kim Jones)

65

[www.fibroguide.com](http://www.fibroguide.com)



- Program features 10 CBT modules:
  - Understanding Fibromyalgia
  - Being Active
  - Sleep
  - Relaxation
  - Time for You
  - Setting Goals
  - Pacing Yourself (Task Player App)
  - Thinking Differently
  - Communicating
  - Fibro Fog

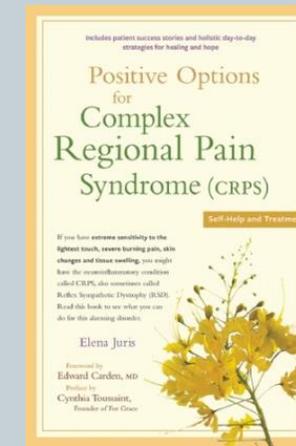
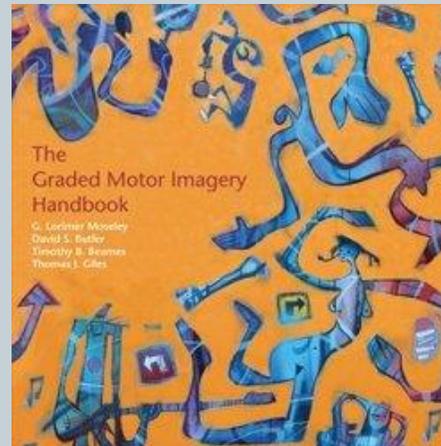
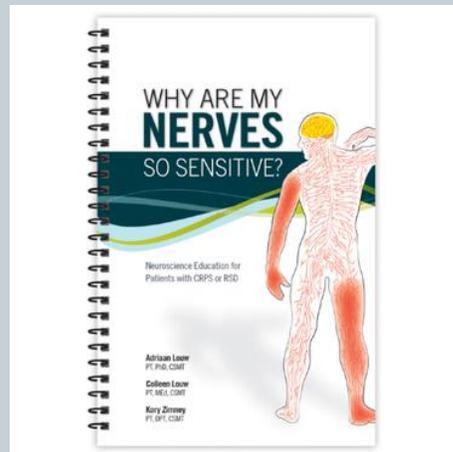
- In a RCT of 118 FM patients comparing the earlier version of this website plus usual care, to usual care alone, Williams demonstrated statistically significant improvements in pain (29% in the WEB group had 30% improvement in pain vs 8% in usual care,  $p=.009$ ) and function (i.e., 31% in WEB-SM had .5 SD improvement in SF-36 PF vs. 6% in standard care,  $p<.002$ ) Williams et. al. Pain. 2010;151(3):694-702 & Bernardy, et al., 2010, J Rheumatology

# CRPS Resources

- Pain Medicine 2013; 14: 180-229 Special Article  
Complex Regional Pain Syndrome: Practical Diagnostic and Treatment Guidelines, 4<sup>th</sup> Edition.

(Harden, R., Oaklander, A., Burton, A., Perez, R., Richardson, K., Swan, M., Barthel, J., Costa, B., Graciosa, J., Bruehl, S)

- [www.rsdsa.org](http://www.rsdsa.org)



# Free Resources

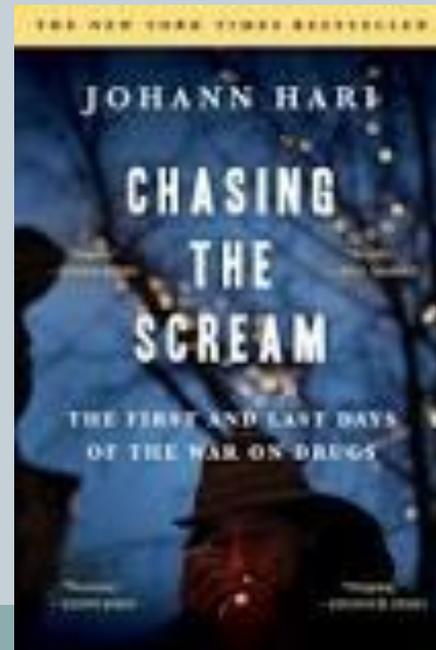
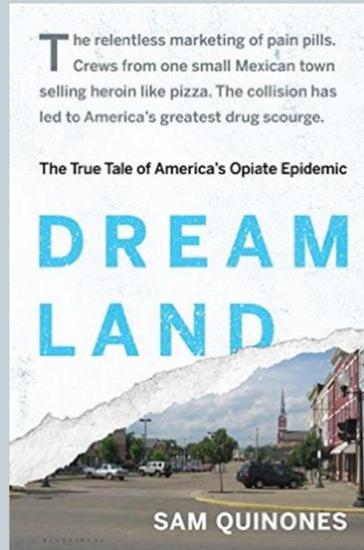


Continuing Education Examination available  
<http://www.cdc.gov/mmwr/cme/conted.html>

AMDG Opioid Dosing Guideline Available as mobile app  
<http://www.agencymeddirectors.wa.gov/opioiddosing.asp>

Free CMEs  
<http://www.agencymeddirectors.wa.gov/opioiddosing.asp>

# Resources to highlight our addiction issues...



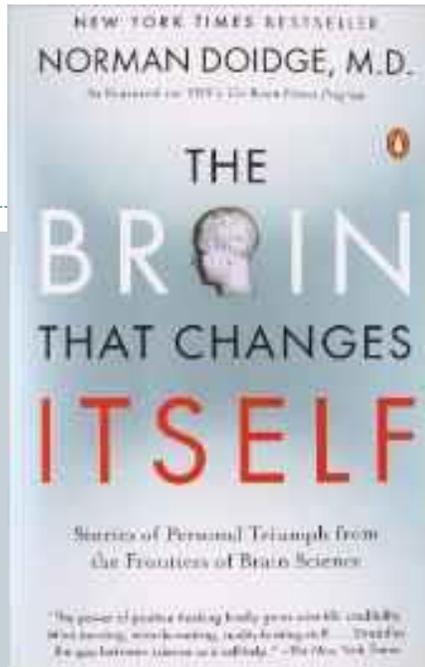
## Chasing Heroin (Frontline & PBS)

<http://www.pbs.org/wgbh/frontline/film/chasing-heroin/>

# PTSD and Chronic Pain

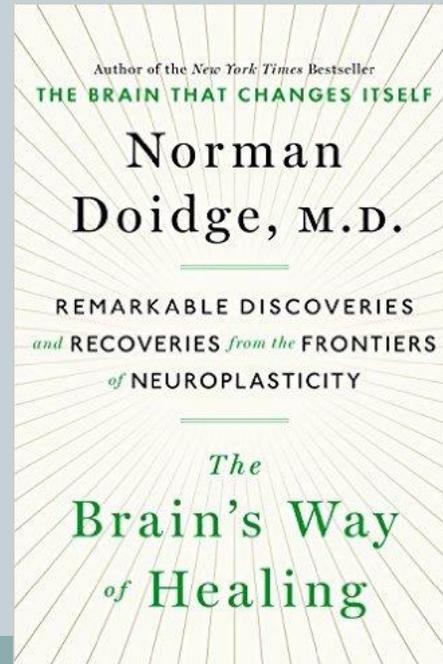


- Prevalence of PTSD is substantially elevated in pts with chronic pain (15-35%) compared to those who do not have chronic pain (2%). (Asmundson, Bonin, Frombach, & Norton, 2000)
- For those with history of abuse, having chronic pain can feel like being abused again. Anxiety, vulnerability, lack of control, and not being believed can magnify pain emotionally and physically. (Caudill, MA., 2002)
- The pain may serve as a reminder of the traumatic event, which will tend to exacerbate the PTSD. (DeCarvalho, L. T.)
- Important to treat the PTSD and the pain.



# The Brain That Changes Itself

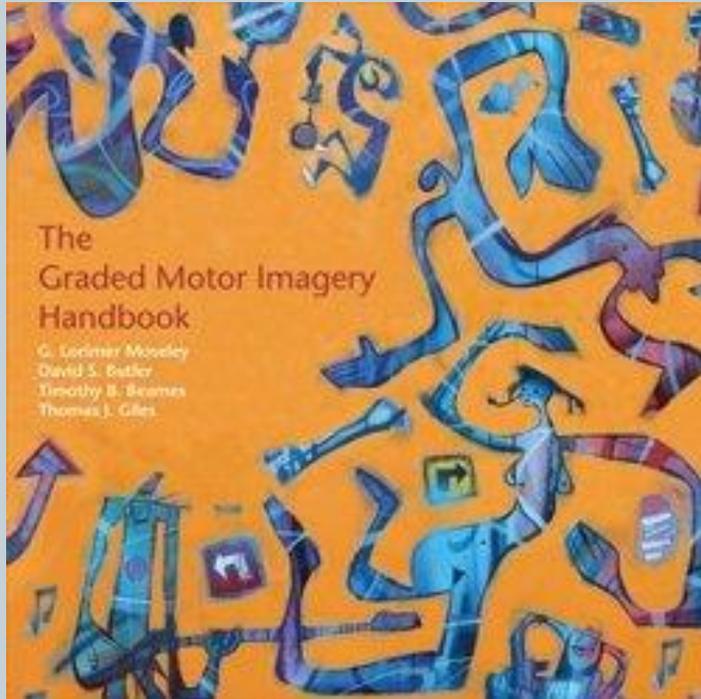
Norman Doidge, MD (2007)



- An astonishing new science called "neuroplasticity" is overthrowing the centuries-old notion that the human brain is immutable. In this revolutionary look at the brain, psychiatrist and psychoanalyst Norman Doidge, M.D., provides an introduction to both the brilliant scientists championing neuroplasticity and the people whose lives they've transformed. From stroke patients learning to speak again to the remarkable case of a woman born with half a brain that rewired itself to work as a whole, *The Brain That Changes Itself* will permanently alter the way we look at our brains, human nature, and human potential.
- **"The neurons that fire together, wire together."**

# The Graded Motor Imagery Handbook for CRPS

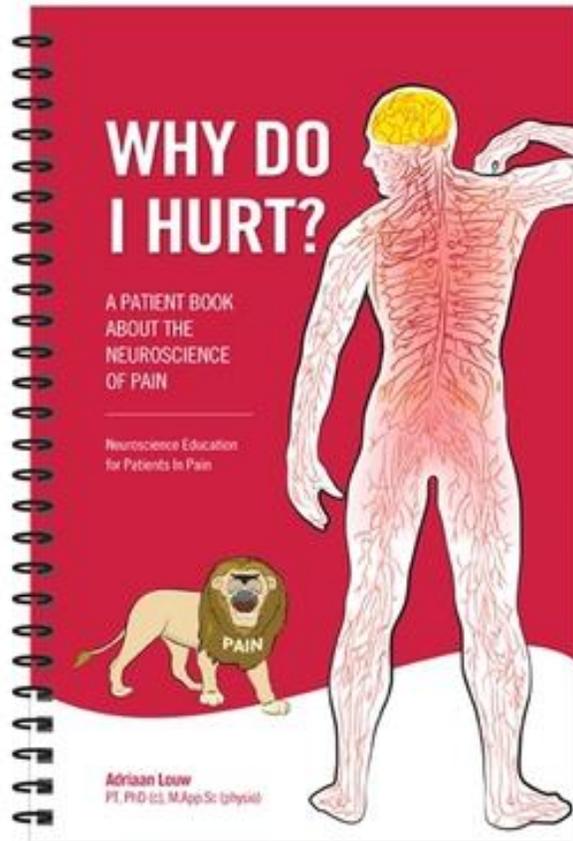
## Moseley, Butler, Beames, Giles (2012)



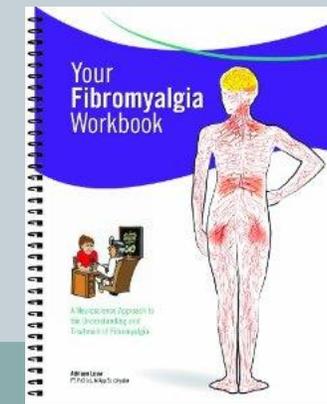
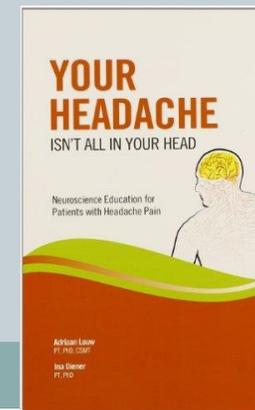
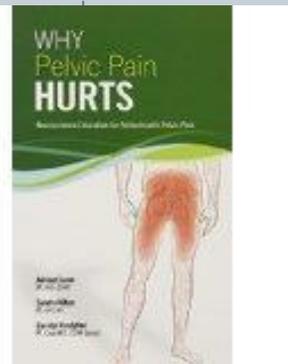
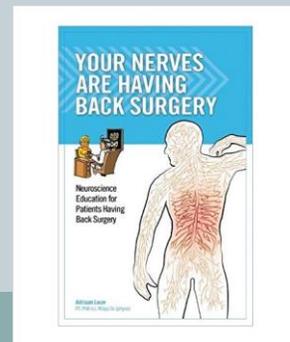
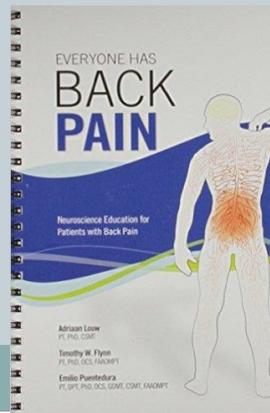
Designed for both clinicians and pain sufferers, The Graded Motor Imagery (GMI) Handbook offers a novel three-stage synaptic exercise process for neuropathic pain using left/right discrimination, imagined movements and mirror therapy to explore the representation of body parts in our brains and how these may be affected by injury.

# Why Do I Hurt?

Adriaan Louw, PT, Ph.D., M.App.Sc (2013)



- “Pain is normal – living in pain is not. Chronic pain is commonly due to an extra-sensitive nervous system and how the brain processes information from the nerves. Understanding more about the neuroscience of pain has been shown to allow patients to hurt less, exercise more and regain control of their lives. “Why Do I Hurt?” teaches patients the science of pain in approachable language with metaphors, examples and images”



# When to Refer to Behavioral Health



- Depression, anxiety, or PTSD.
- Social, interpersonal and intimate activities limited by the fear of pain.
- Multiple or varied treatments have not been satisfactory to the patient.
- Patient views their role as passive and is “waiting” until the providers fix the pain.
- Escalation of medications without increase in function.
- When downtime exceeds uptime.
- Self-appraisals and beliefs that they are unable or helpless to resume a modified normal life due to pain.

# Compassionate Conversations Emphasize



**YOUR CONCERN FOR THE PATIENT'S  
SAFETY**

**YOU ARE THERE TO SUPPORT THEM AND  
HELP THEM SAFELY AND EFFECTIVELY  
MANAGE THEIR PAIN**

**INVOLVE THE PATIENT IN DECISIONS THAT  
AFFECT THEM AND MAKE THEM PARTNERS  
IN THEIR CARE TEAM (SHARED DECISION  
MAKING)**



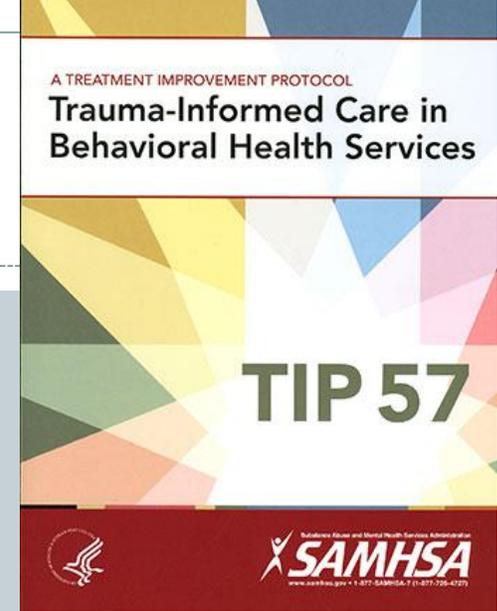
Redirecting conversations away from eliminating pain and moving towards managing pain with a focus on

- **Function**
- **Quality of life**
- **Living a meaningful life**

# Trauma-Informed Approach



- *Realizes* the impact of trauma and understands path for recovery.
- *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved.
- *Responds* by fully integrating knowledge about trauma into policies, procedures and practices.
- Seeks to actively resist *re-traumatization*.
- Distinct from trauma-specific interventions used to facilitate healing.
- <http://www.samhsa.gov/nctic/trauma-interventions>

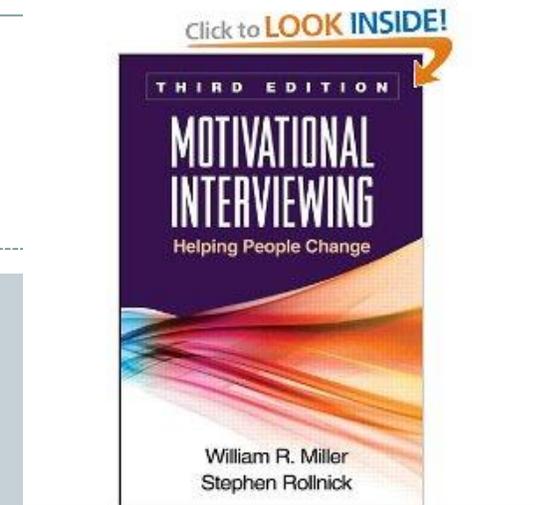


# Motivational Interviewing

(Miller and Rollnick, 2009)

“

A collaborative person-centered process (using warmth, genuine empathy, and acceptance) to engage client, elicit change talk and evoke motivation to make positive changes from the client.



Empower the patient by giving them options:

“Based on your risk factors, opioids are not a safe option, would you be willing to discuss some non-opioid treatments?”

Use Reflection and validation:

“You seem \_\_ (upset, anxious, fearful, scared) by what I have said”

The Efficacy of Motivational Interviewing in Adults with Chronic Pain: A Meta-Analysis and Systematic Review  
Dion Alperstein & Louise Sharpe The Journal of Pain, Vol 17, No 4 (April), 2016: pp 393-403.

“MI significantly increased adherence to chronic pain treatment in the short term...”

# MI Great Technique to Help Change Behavior

- Pain management
- Smoking cessation
- Weight loss
- Sleep hygiene
- Healthy eating
- Drug and alcohol rehab
- Diabetes mgnt
- Hypertension mgnt
- Increasing activity

<http://psychology.tools/technique-motivational-interviewing.html>



# Why are you sending me to [Behavioral Health, Pain School, PT, Etc]??? I need help with my pain!



- Learning to manage chronic pain is most effective when it involves a team (PT, MD, psychologist, and CAM providers)
- Similar to other chronic conditions (such as diabetes, hypertension) it is helpful to have education to learn tools to manage your pain more effectively.
- Managing chronic pain often requires changing behavior (sleep patterns, eating habits, and exercise)
- **The team** will help you **develop a toolbox** to manage your pain and help you get back to some of the activities you enjoy

# Validated Tools for Screening and Assessment

(\* = most commonly used in primary care)

- 
- PHQ-9 (depression) \*
  - GAD-7 (anxiety) \*
  - PHQ-4 (depression and anxiety)\*
  - Pain Self-Efficacy Scale
  - Pain Anxiety Symptoms Scale
  - Pain Disability Questionnaire
  - PHQ-15 (somatic focus) \*
  - Oswestry (LBP disability)
  - Neck disability Index
  - PCL-C (PTSD Checklist)
  - PC-PTSD \*
  - Fear Avoidance Beliefs Questionnaire
  - Tampa Scale of Kinesiophobia
  - Pain Catastrophizing Scale
  - Pain Disability Index
  - Brief Pain Inventory
  - Multi-dimensional Pain Inventory
  - CAGE Adapted to Include Drugs (CAGE-AID)
  - Alcohol Use Disorders Identification Test (AUDIT)
  - Opioid Risk Tool \*
  - Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP-R)
  - Current Opioid Misuse Measure (COMM)
  - DIRE
  - The Berlin Questionnaire (sleep)
  - STOP-Bang (sleep apnea)
  - Pain, Enjoyment of life, General activity (PEG) \*
  - 2- Item Chronic Pain Scale \*
  - STarTBack Tool \*
  - Functional Recovery Questionnaire

# Primary Care PTSD Screen – (PC-PTSD)



- In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:
- Have had nightmares about it or thought about it when you did not want to? YES / NO
- Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? YES / NO
- Were constantly on guard, watchful, or easily startled? YES / NO
- Felt numb or detached from others, activities, or your surroundings? YES / NO

Current research suggests that the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any three items.

# Contact Information



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LLC

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[mark@painadvisors.com](mailto:mark@painadvisors.com)