H.E.A.L. FROM PERSISTENT PAIN

FOUR PATHWAYS TO A BETTER LIFE

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DISCLOSURES

- Author royalties, New Harbinger, Springer Science and Media, Gilford, etc.
- Consultant, Mountainview Consulting Group

WEBINAR OBJECTIVES

1. Learn new phrases for engaging patients in pain care that are based on science and personal experience.
2. Use contextual interview questions to gain a quick understanding of the impact of pain on a patient's body, mind and social experience.
3. Consider a range of intervention options, using the H.E.A.L. approach to conceptualize treatment options.
4. Anticipate a population-based care approach to intervening and preventing problems with persistent pain, using transparent tools such as the Bull's Eye care plan and the My Life on the Matrix care plan.

THE PROBLEM

More people suffer from chronic or persistent pain than diabetes, heart disease and cancer—combined (CDC. 2011).

Most patients with persistent pain receive care for pain from their Primary Care Clinicians (PCCs) (Fortney & Abraham, 2012) . Most of these patients are complex and have more pain that those in tertiary settings (Fink-Miller, Long, & Gross, 2014).

Most patients with persistent pain are at risk for addiction (Potter, 2001), and PCPs are increasingly encouraged to reduce use of pain medications for non-malignant pain.

THE PAIN OF IGNORANCE

Ignorance is not simply lack of information . . .

Agnotology: The practice of developing and marketing misinformation

Robert Proctor, Professor of The History of Ignorance

AND THE SCIENCE OF PAIN

Epistemology: The theory of knowledge, especially with regard to its methods, validity, and scope, and the distinction between justified belief and opinion

Science says

Pain is of value to human survival

Pain is a natural part of aging

Pain need not interfere significantly or permanently with the quality and meaning of life

Freedom comes with

- Learning to experience and work with pain on a moment-to-moment basis with an attitude of curiosity and interest
- Cultivating active acceptance where other feelings, such as frustration and sadness, are honored
- Developing compassion, for self and others, for our similarities and differences in experiencing persistent pain

THE CHALLENGE IS TO SEE WHAT IS COMPLEX AS COMPLEX

The human tendency: Simplify, see either / or, normal / not normal, good / bad

The truth: Lots of grey

Notice the “shades”, “wonder about the “gaps”

Build psychological flexibility

With pain, it is possible to live a meaningful and vital life, “taking pain along for the ride” rather than allowing pain to be the ride

INTERVENING FOR CHANGE

Focused Acceptance & Commitment Therapy (fACT)

- focus on unworkable results of rule following, emotional and behavioral avoidance
- Accept the presence of distressing, unwanted private experiences that function as barriers to workability
- Choose a life path based in personal values rather than avoidance of pain
- Take actions which propel the him/her down that path

SCIENCE SAYS

The support for utilizing ACT with PP is robust and includes randomized controlled trials (Buhrman et al., 2013; Dahl et al., 2004; Thorsell et al., 2011; Wetherell et al., 2011; Wicksell et al., 2008; Wicksell et al., 2013), partially controlled trials (Johnston, Foster, Shennan, Starkey, & Johnson, 2010; McCracken, Vowles, & Eccleston, 2005; Vowles, Wetherell, & Sorrell, 2009) and effectiveness studies (Vowles & McCracken, 2008; McCracken & Gutiérrez- Martínez, 2011). The core processes of ACT protocols (e.g., acceptance, committed action to values, mindfulness, etc.) repeatedly have been shown to facilitate the positive clinical outcomes (e.g., reduction in perceived pain levels, improvements in overall functioning, etc.) observed in these studies.

SCIENCE SAYS

McCraken, Sato and Taylor (2013) reported on the usefulness of ACT interventions delivered in a brief (i.e., four visit) group format to patients with PP receiving services in primary care clinics.

Results showed the ACT group to significantly outperform the TAU group in measurements related to disability, depression, pain acceptance and emotional functioning.

While the small sample size prohibits any generalization, the study is compelling because it shows ACT to be helpful for a variety of concerns related to PP (e.g., pain, emotional well-being, functionality) and it was achieved in a brief primary care group intervention.

INTERVIEWING FOR ENGAGEMENT

fACT Assessment: Contextual

- Problem Context: Love, Work, Play, Health
- Problem Context: Time, Triggers, Trajectory
- Brief, fast-paced, social
- Identifies strengths, skill deficits
- Easy to put together the “story about pain” that the patient is living in
- From assessment to problem summary and re-definition of story – small or big–leading to behavioral experiment

FOCUSED ACCEPTANCE & COMMITMENT THERAPY (FACT) CONTEXTUAL INTERVIEW

A CLINICAL GUIDE

(SEE HANDOUTS)

~~CHRONIC PAIN~~ PERSISTENT PAIN

Chronic pain is associated with a misinformation campaign that caused needless suffering and excessive disability to thousands of people, brought life to an end for many hundreds of people, and even today will take lives in cities and small towns across America.

- *A more descriptive term*
- *Easier to relate to*
- *Facilitates exploration and attention to personal experience of pain*
- *Frees energy to search for meaning and possibility . . . To re-write the patient's story about pain, using science and personal experience*

ENGAGING PATIENTS IN NEW CONVERSATIONS *SCIENCE SAYS*

- Physiology talk
  - Parasympathetic NS cells and nociceptive pain
  - Sympathetic NS - routing, responding
  - Sensitization
- Vulnerability talk
  - Human factors
  - Individual story

SCIENCE SAYS . . .
WHICH FACTORS INFLUENCE EXPERIENCE OF PP?

- ❑ Genetics
- ❑ Lifestyle
- ❑ Life stress
- ❑ Social factors
- ❑ Beliefs about pain
- ❑ Gender
- ❑ Depression, anxiety
- ❑ Long-term health problems
- ❑ Fear of pain
- ❑ Past pain experiences

WHAT'S YOUR PAIN STORY?

A PATIENT – CLINICIAN WORKSHEET

(SEE HANDOUTS)

EXAMPLE: MARK

Mark's story about persistent pain: *I don't know what to do; it just hurts too much to think about all the problems I have*.

Pain is taking a big bite out of Mark's life, and, at this time, he believes that the priority is to start by strengthening his **body first**. He reasons that with a healthier body, he will be more able to learn the skills he needs to negotiate an increasingly complex life more successfully.

EXAMPLE: ROSALIE

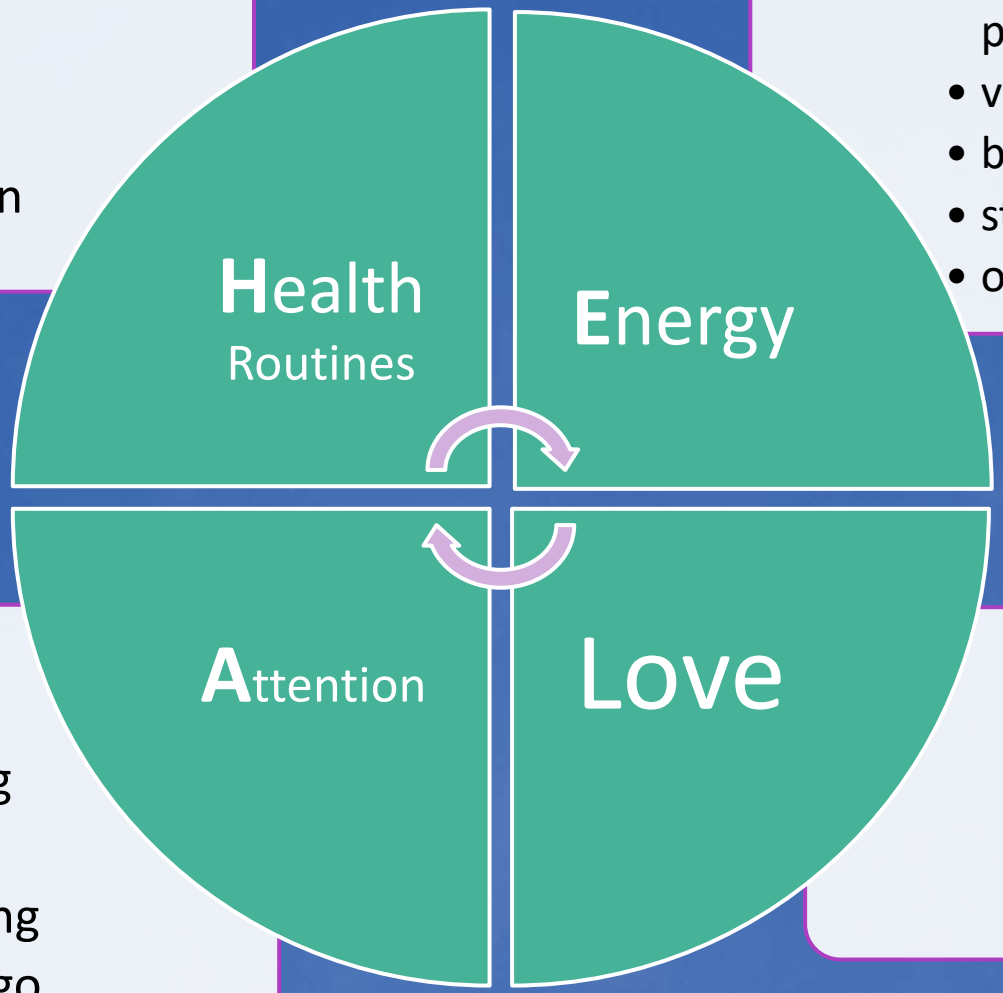
Rosalie's story about persistent pain: *I just seem to be falling apart, one part after another.*

Pain is taking a big bite out of Rosalie's life, and, at this time, her intuition is that she needs to start with strengthening her **mind first**. Her reasoning is that with a clearer mind, she will be able to notice what's happening in her body and make better choices about her diet and daily routines.

HEAL

- sleep
- exercise
- nutrition
- connection

- shift perspective
- visualizing
- breath work
- stretching
- outdoors



- noticing
- naming
- returning
- letting go

- pleasure
- values
- grit

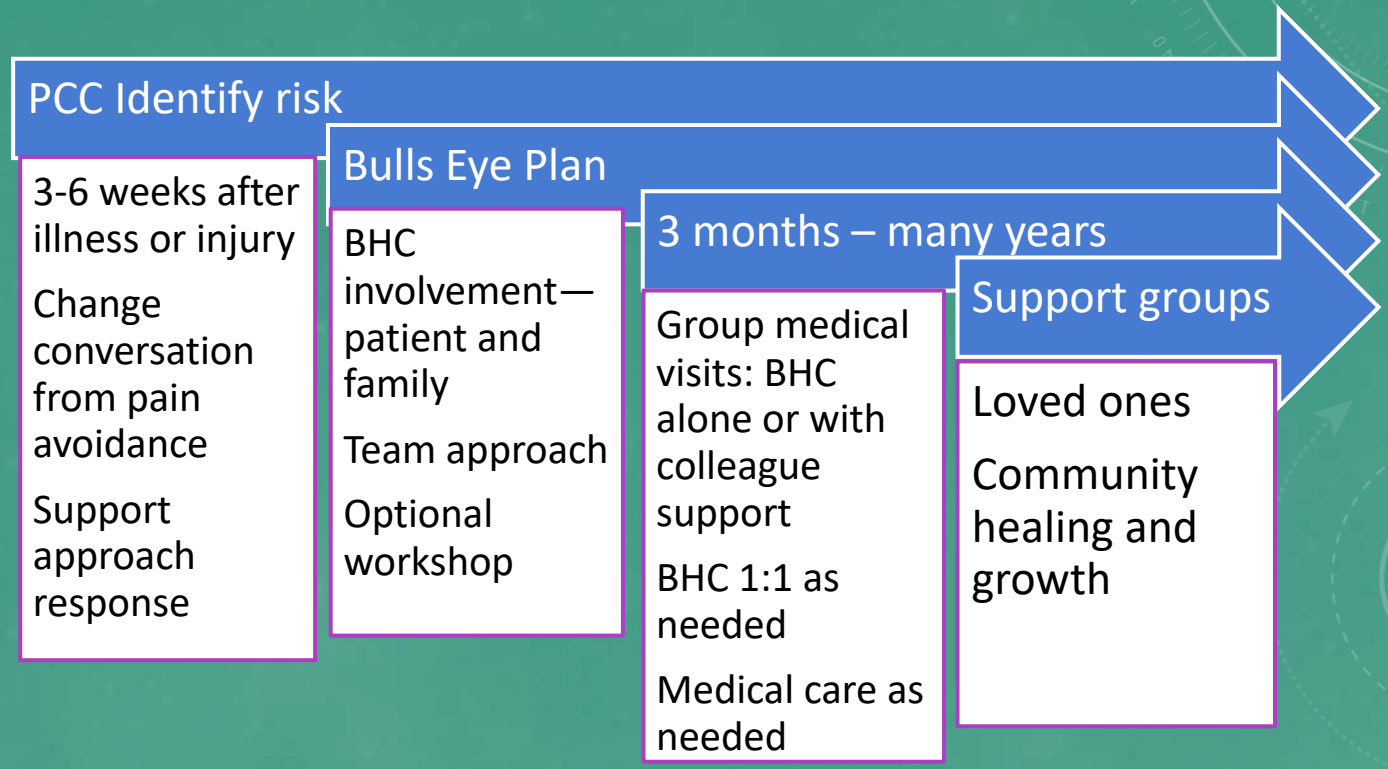
4 Paths to a Better Life

A POPULATION BASED CARE APPROACH TO PP

PCBH Model

PP and Group services

- Workshops
- Series
- Group Medical Visits



BULLS-EYE PLAN
YOUR LIFE ON THE MATRIX

A PATIENT – CLINICIAN WORKSHEETS

(SEE HANDOUTS)

Yes, there are two paths you can go by,
But in the long run
There's still time to change the road you're on.

Led Zeppelin
Stairway to Heaven

Thank you for your precious time.

Your partner in health, Patti Robinson