



Session # F5

Improve Your Skills for Helping Patients with Persistent Pain

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Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018



Slides and handouts are also available on the mobile app.



Faculty Disclosure

Patti works as a consultant for Mountainview Consulting Group, a collective with a purpose of improving individual and family health.

Patti receives royalties for sales of books related to today's presentation.

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Learning Objectives

At the conclusion of this session, the participant will be able to:

1. Identify the components of the H.E.A.L. approach to providing team-based care to primary care patients with persistent pain.
2. Use HEAL worksheet to help patients start a new path to freedom from chronic pain.
3. Use patient worksheets to help patients shift the negativity bias of the brain (red) to a more positive (green) state.



Bibliography / Reference

Robinson, P. J., & Bauman, D. (2017). Improving care for a primary care population: Persistent Pain as an example. In Maruish, M. E. (Ed), *Handbook of Psychological Assessments in Primary Care Settings, Second Edition*.

Robinson, P. J., Bauman, D., & Beachy, B. (2016). Promoting Healthy Lifestyle Behaviors in Patients with Persistent Pain, Chapter 26. In Mechanick, J. & R. F. Kushner (Eds), *Lifestyle Medicine—Manual for Clinical Practice*, NY: Springer.

Robinson & Reiter (2015). *Behavioral Consultation and Primary Care, 2nd Ed.*

Robinson & Reiter. *Basics of Behavior Change in Primary Care* (expected Spring 2019)



Learning Assessment

A learning assessment is required for CE credit.

A question and answer period will be conducted at the end of this presentation.



GATHER

The Primary Care Behavioral Health Model

Generalist

Accessible

Team-based

High productivity

Educator

Routine

Robinson & Reiter, 2015; 2019

Persistent Pain (PP)

A new conversation . . .



Agnotology

Robert Procture

Meds – 30-40% improvement

Behavior change – 40-60% improvement



Pain is

- of value to human survival
- a natural part of aging

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



Freedom *from pain comes with*

Learning to experience and work with pain on a **moment-to-moment** basis with an attitude of curiosity and interest

Clarifying what matters and who matters and learning to act in consistent ways

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

FACT

Focused Acceptance and Commitment Therapy

focus on **functioning and barriers** to functioning related to
(1) rule following
(2) 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



Psychological Flexibility and PP

Support for using ACT with PP is robust; 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.



Neuroplasticity and PP

... numerous studies demonstrate neuropsychological impairment in patients with chronic pain, particularly on measures assessing attentional capacity, processing speed and psychomotor speed ...

Hart, Martelli, & Basler

Our basic needs and PP



Safety



Satisfaction



Connection

Hanson, R. (2018). *Resilience*

Three Skills

Let it be

Let it in

Cultivate
the good



Let it be

Notice and name thoughts (e.g., thoughts about worth related to having pain problems)

Notice and name fear, sadness, anger (aka, normal emotional responses to a very difficult problem)

Notice and name pain sensations (e.g., pressured, warm, etc.)

Grow compassion for self (a sense of understanding and a desire to alleviate suffering)



Let it in

Detect goodness

Embellish the experience

Develop a refuge scene and practice it – re-wire the brain!



Cultivate the good

Plan for goodness

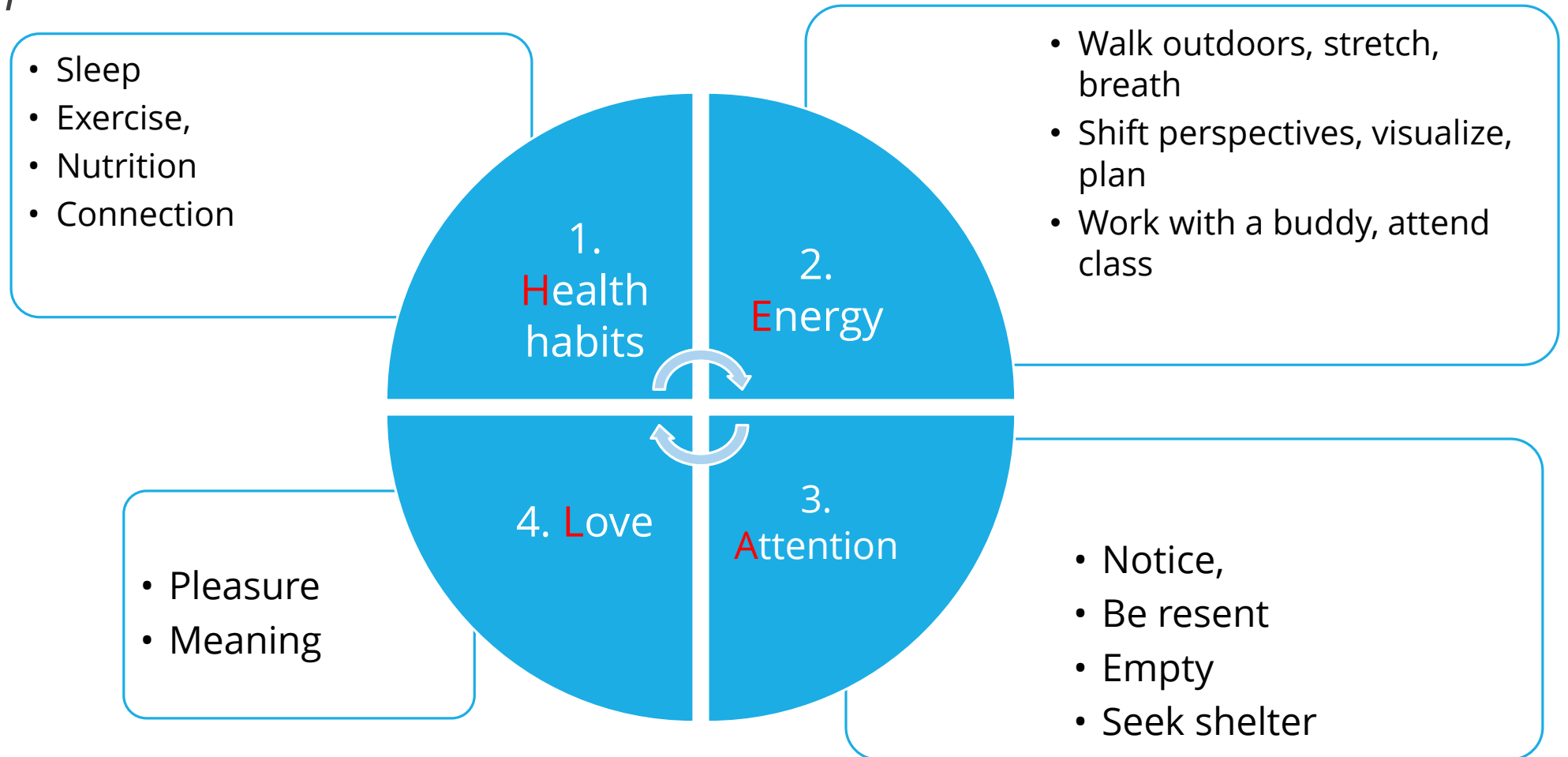
Do the plan

Show up for the experience

Talk about the experience with others

HEAL

One step at a time



The HEAL Worksheet

Use in 2-person role plays

- Provide a 5-minute over-view of the HEAL approach
- Ask patient about a starting point that makes sense for them



Skill Practice

1. Patient is a 35-year-old woman with fibromyalgia and migraine headaches, single mom, works full-time, inactive, feels “demoralized by pain”.
2. Patient is a 55-year-old man with back pain, taking opioids for 15 years, receives disability, wife is still working, 2 adult children, 1 grandson, watching TV “too much”, doesn’t “understand why MD wants to change his meds”; wants more out of life, tired a lot, afraid he’ll get worse if meds reduced.



Debrief of role play

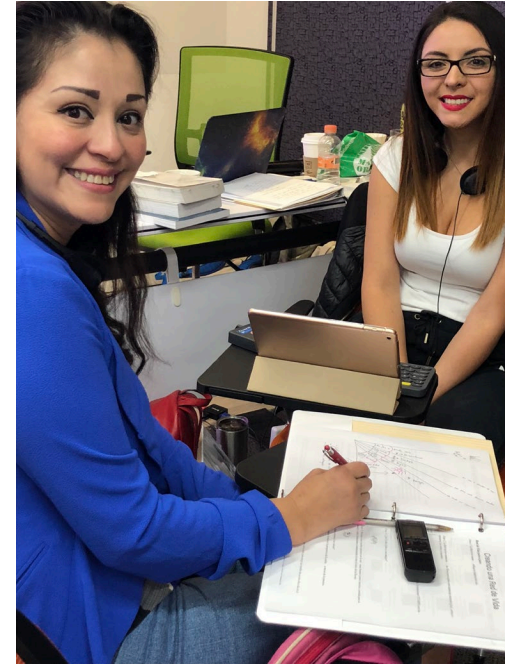
HEAL intervention formats

3-6 individual or family (or combination) visits

Optional group series as stand-alone (with self-referral possible) or as adjunct to individual visits

As part of MAT program in PC

Easy evaluation strategies: Health-related quality of life measure, reduction in ER visits, satisfaction with care, PCP retention



At conclusion of HEAL skill-building visits, HEAL Relapse Prevention Plan

... How to make quick turn-arounds and start again



Q & A Summary

THANK YOU



Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!

