Psychological/Behavioral Strategies for Pain Management: Tools for PCPs to Use in a 20 Minute Visit

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Disclosures/Conflicts of Interest

The speakers and planners of this webinar have no relevant financial relationships to disclose.
Overview

• Case example
• Tips and techniques from the following modalities:
  • Motivational Interviewing (MI)
  • Cognitive Behavioral Therapy (CBT)
  • Dialectical Behavioral Therapy (DBT)
  • Acceptance and Commitment Therapy (ACT)
• Managing provider burnout
• Take home points
• Handouts: Resource list

Case Example

• Serena, 46 year old married Caucasian female, presenting with chronic pain, depressive symptoms, insomnia, trauma hx, passive SI
• States she is “sick and tired of being in pain all the time"
• Soc Hx: Worked as a nurse until last year, has 3 children, limited finances
• Dx:
  Fibromyalgia
  Depression
  Opioid use disorder (hx of hydrocodone dependence)
  Insomnia
  PTSD
Tools from Motivational Interviewing

MI Tools: Foundational Skills

**Open-ended questions** – “What can you do this week to help you, instead of your pain, be in the driver’s seat?”

**Affirmations** – “You’re doing a great job sticking with your opioid taper.”

**Reflections** – Repeat/Paraphrase esp. pt’s change language - “It’s really important to you to find other long-term solutions to deal with pain.”

**Summaries** – Repeat/Paraphrase key take home pts – “So your top reasons for wanting to stay off opioids are…”
### MI Tools: Rulers - Importance, Confidence, Readiness

| On a scale of 0 to 10, how IMPORTANT is it for you right now to change? |
|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not at all Important | Extremely Important |

| On a scale of 0 to 10, how CONFIDENT are you that you could make this change? |
|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not at all Confident | Extremely Confident |

### MI Tools: Rulers

- "On a scale from 0 to 10, how **important** is it for you to...”
  - Find ways to live the life you want even if you have pain?
  - Quit opioids?
  - Adhere to a pain management program?

- "On a scale from 0 to 10, how **confident** are you in your ability to...”
- "On a scale from 0 to 10, how **ready** are you to...”

- After **EACH QUESTION** ask follow-up: “Why a [number] and not [a lower number]?”
- Can also ask: What would help get you from a [number] to a [higher number]?” / “What would have to happen?”
MI Tools: Additional techniques

- Emphasize autonomy
- Ask permission before providing advice
  - “Do you mind if I share some thoughts/tools/concerns about that?”

End of session question:

- “What are you going to take away from today’s session?”
- “What’s the next step for you?”
- “What will help you, instead of your pain, be more in control this week?”

Question 1: Which of the following is NOT an MI-consistent (OARS) strategy?

A. “Why would it be important for you to find other ways besides medication to manage your pain?”
B. “I have to tell you, you need to stop taking opioids now.”
C. “You’re really determined to not let pain take away the joy in your life.”
D. “It sounds like your health, wanting to be a good parent, and not wanting to be dependent on medication are your primary reasons for staying off of opioids.”
Answer = B

“I have to tell you, you need to stop taking opioids now.”

Tools from Cognitive Behavior Therapy
CBT Tool: Pain Cycle - Then ask about fit with own experience

CBT Tools: CBT for Chronic Pain
Skills to address interrelationships among thoughts, emotions, behaviors

• **Activity Pacing** – “Sometimes we can get into a cycle of overdoing one day and then underdoing (being wiped out) the next day, which doesn’t help long-term. Would you be willing to try doing some consistent activity/walking to help make more steady progress? What might be the benefits of that? How many days would you be willing to do that?”

• **Relaxation Training** – “Extra tension in the body can worsen the pain, let’s practice taking 3 slow breaths together, in for 4 seconds, hold, then out for 6 seconds. Good.”
CBT Tools: CBT for Chronic Pain

- **SMART Goals** – Help pts make goals: Specific, Measureable, Attainable, Realistic, Time-bound

- **Cognitive Restructuring** – “When you tell yourself you’re always going to be miserable, how does that impact your mood and behavior? What would you tell a friend in the same situation?”

- **Behavioral Activation** – “It seems like you’ve taken a lot of enjoyable activities out of your life because of pain, that’s understandable, but likely not making you feel better long-term. What would you be willing to add back in this week that you enjoy? What do you miss about X activity?”

Question 2: Serena states “I work better having one really productive day, even though I end up paying for it later”, which CBT technique would be most indicated?

A. Behavior Activation
B. Activity Pacing
C. Thought Stopping
D. Relaxation Training
Answer = B

Activity Pacing

Tools from
Dialectical Behavior Therapy
DBT Tool: Validation

• “Finding the kernel of truth in another person’s perspective or situation; verifying the facts of a situation.” (Linehan, 1997)
• “Acknowledging that a person’s emotions, thoughts, and behaviors have causes and are therefore understandable.” (Linehan, 1997)

• **What can we validate?** (Linehan, 1997)
  • The facts of a situation
  • A person’s experiences, feelings, beliefs, opinions, suffering, difficulties

• **VALIDATION DOES NOT MEAN AGREEMENT OR REINFORCEMENT**
• Don’t validate the invalid

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Why validate?

When pts don’t feel validated...

• Anger, agitation
• Opposition
• Defensiveness
• Not understood
• Overwhelmed
• Ashamed
• Trapped
• Uncomfortable
• Do not adhere to treatment
• Do not return to treatment
Why validate?

When pts feel validated/feel invalidated...

- Understood
- Respected
- Engaged
- Collaborative
- Safe
- Empowered
- Hopeful
- Interested
- Wanting to come back to treatment
- Willing to try out recommendations

Original experimental

I see you're in pain – The effects of partner validation on emotions in people with chronic pain

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HIGHLIGHTS

- Validation communicates understanding and acceptance of the other person's experience.
- Validation may reduce distress and conflict within the family. This suggests that couples with chronic illness may benefit from improving the quality of their relationship by valuing each other's emotional experiences.
- Validation may reduce the likelihood of interpersonal functioning difficulties and interpersonal functioning problems, and thus contribute to emotional well-being and psychological adjustment.

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ABSTRACT

Background and aims: Chronic pain not only affects the person in pain, but can also have a negative impact on relationships with loved ones. Research shows that intimacy, social support, and emotional well-being are important for people with chronic pain. Validation is an important aspect of relationship functioning, and interpersonal functioning difficulties and interpersonal functioning problems are associated with distress and conflict within the family. This suggests that couples with chronic illness may benefit from improving the quality of their relationship by valuing each other's emotional experiences.

Validation communicates understanding and acceptance of the other person's experience. This suggests that couples with chronic illness may benefit from improving the quality of their relationship by valuing each other's emotional experiences. Validation may reduce distress and conflict within the family. This suggests that couples with chronic illness may benefit from improving the quality of their relationship by valuing each other's emotional experiences.

Methods: Participants were 20 couples where at least one partner reported chronic pain. The study used a within-group design in which couples of people with pain received validation training (without their partners' knowledge), and the validating and invalidating responses were rated pre- and post-intervention using a reliable observational scale. The pain level of the person with pain was rated pre- and post-intervention.

Results: Participants showed that the validating responses were associated with increased validating and decreased invalidating responses in the person with pain. While the pain associated with increased validating and decreased invalidating responses was rated post-intervention.

Conclusions: Our results indicate that the partner's chronic pain is present. © 2014 Scandinavian Journal of Pain. Published by Elsevier B.V. All rights reserved.
Validation Stems (+)

1. Pt: “I just need pain meds, that’s the only thing that helps.”
   Pr: “I know you want help managing this pain, and I want to support you in that. We don’t offer opioids, here is what we offer... have you tried X before?...”

2.) Pt: “You don’t get it, I’ve been through all this stuff before, I’m just exhausted.”
   Pr: “It makes sense that you feel exhausted given being in pain for so long, and yet you’re here today, I see that there’s a part of you that wants to find another way to manage this pain.”

3.) Pt: “Doctors keep telling me to just meditate, that’s not going to make my pain go away.”
   Pr: “You’re feeling like those things won’t make any difference. I understand that, at the same time, I can tell you many patients find them helpful. I can recommend some apps, books, or programs so you can check it out for yourself, which would you prefer?”

DBT Tool: STOP (mindfulness)

• STOP
• Take a step back
• Observe: use 5 senses, acknowledge the pain, notice what else is present besides pain
• Proceed mindfully: Primary goal? Top 3 reasons why I want to stay off opioids? What would make things better/worse (that is in my control) right now?

• Practice with pt:
  • “Ok, let’s try this together, let’s stop, take 3 breaths, what do you notice in and outside of your body right now, what can you do for yourself in this moment?”
DBT Tool: Radical Acceptance

“Sometimes we can’t keep painful events and experiences from coming our way. We can’t always control what happens to us, but we can choose how we respond. We can fight against reality and then that’s where our time and energy will go, OR we can decide to try and work with what is happening right now.”

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DBT Tool: Radical Acceptance

• “Radical acceptance means completely accepting the reality that we are in pain at this moment. It does not mean wanting or liking the pain. It is acknowledging that life can be worth living even with painful events in it.”
• “What is within your control to change?” (e.g., behavior, narrative, meaning-making)
• “What would be helpful to bring acceptance to in your life?” (e.g., presence of at least some pain at some point)

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Tools from Acceptance and Commitment Therapy

#TheStruggleIsReallyReal
ACT for Chronic Pain

• ACT is less about making pain go away and more about getting disentangled from thoughts/feelings and getting pts moving in a direction that is important to them.

• Where is their focus/effort? - Is the pt’s life about trying to not feel pain or about building a rich, full, meaningful life?

• What thoughts/stories are they fused with?
  • ACT is about living life from the feet up, not the head down

“\textit{What has pain been keeping you from doing that is important to you?}”

“\textit{How would your life look different if you were more focused on what mattered to you instead of trying to feel less pain?}”

Question 3: What would NOT be an ACT-consistent message to communicate to Serena?

A. “Let’s concentrate on getting rid of this pain.”

B. “I hear that you want the pain to go away, if you didn’t have pain what would look different for you?”

C. “What do you care about?”

D. “Would you be willing to have some pain in the service of pursuing the things that are important to you?”
Answer = A

“Let’s concentrate on getting rid of this pain.”

What about us?
Managing Provider Burnout

• Radical self-care  – Who heals the healer?
• Consult routinely  – State your needs: problem-solving, validation for yourself, or empathy for the patient
• Mindfulness  – STOP before/after seeing the pt, take a breath when you walk through the doorway, digital detox/technology hiatus
• Celebrate small victories  – What are 3 things that went well with pt care recently?
• (Re)connecting with values and purpose  – How is doing this work consistent with what you value in life/what is important to you?
Reconnecting with Empathy

Take Home Points

• **Use your resources** – Refer to behavioral health if available
• **Validate pt’s (and our own) suffering/struggle**
• **Empower the pt** - *why is this important to you to make changes?*, *what do you want to look different in your life, what would help with that?*
  • Shift problem-solving onus back to pts in connection with their own values
• **Remember the power of (and evidence base for) positive reinforcement**
• **CMEs** – Consider additional training in Motivational Interviewing, CBT for Chronic Pain, ACT for Chronic Pain, DBT
You have BRAINS in your HEAD. 
You have FEET in your SHOES. 
You can STEER yourself in 
any DIRECTION you CHOOSE. 

–Dr. Seuss

Thank you!
Questions?
Feedback?
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