



Mid-America (HHS Region 7)

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***SAMHSA***

Substance Abuse and Mental Health  
Services Administration

# Managing Chronic Pain in the Patient Centered Medical Home Webinar Series

Christian Klepper, PsyD, Mid-America MHTTC

Tyler Brown, PsyD, Medstar National Rehabilitation Hospital

Chase Grosse, PsyD, Floyd Family Medicine Residency



MUNROE-MEYER  
INSTITUTE

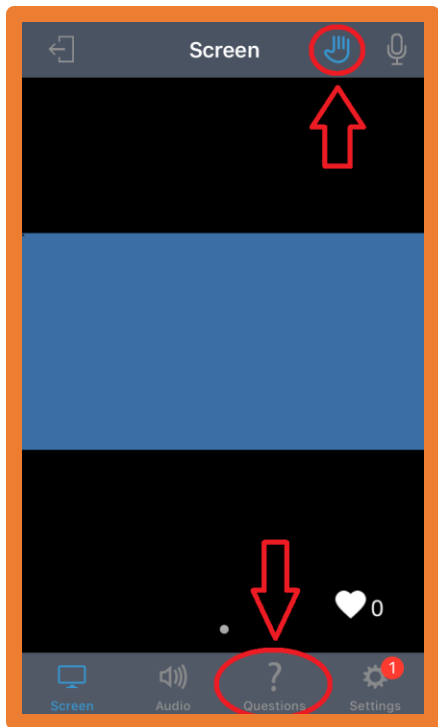
**BHECN**

BEHAVIORAL HEALTH  
EDUCATION CENTER  
OF NEBRASKA



# Asking Questions

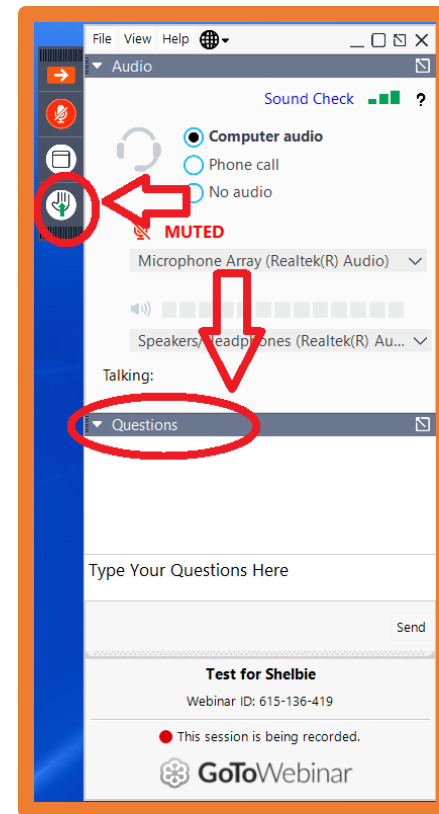
## Mobile



**Option 1:** Raise your hand to ask a question aloud.

**Option 2:** Type your question in to have it read for you.

## Web

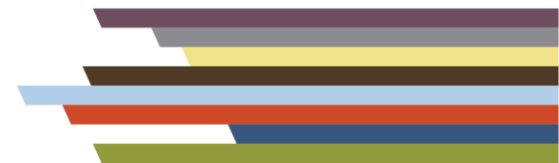


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We, Drs. Klepper, Brown & Grosse, have no financial, personal, or professional conflicts of interest in this training titled “Managing Chronic Pain in the Patient Centered Medical Home Webinar Series”.

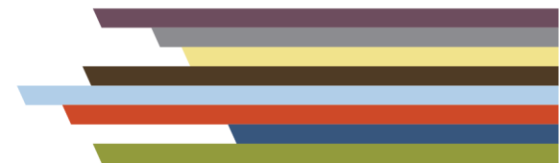


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# Evaluation and follow up

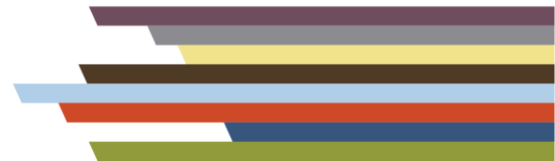
- At the end of this session, you will be asked to complete a brief evaluation sent via email.
- Because this event is federally funded, we are required to ask about participants' satisfaction with our services.
- To maintain our funding, we are required to get 80% follow-up.
- We greatly value your feedback and participation in the survey!!



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# What is the Mid-America MHTTC?



- Funded by the Substance Abuse and Mental Health Services Administration
- Five-year grant of \$5.2 million
- Awarded to Dr. Joseph Evans at the University of Nebraska Medical Center
- Serves to align mental health systems and professional competencies with evidence-based practices
- Operates in Missouri, Iowa, Nebraska and Kansas
- Provides free/low cost training and technical assistance on a variety of topics germane to effective mental health practice

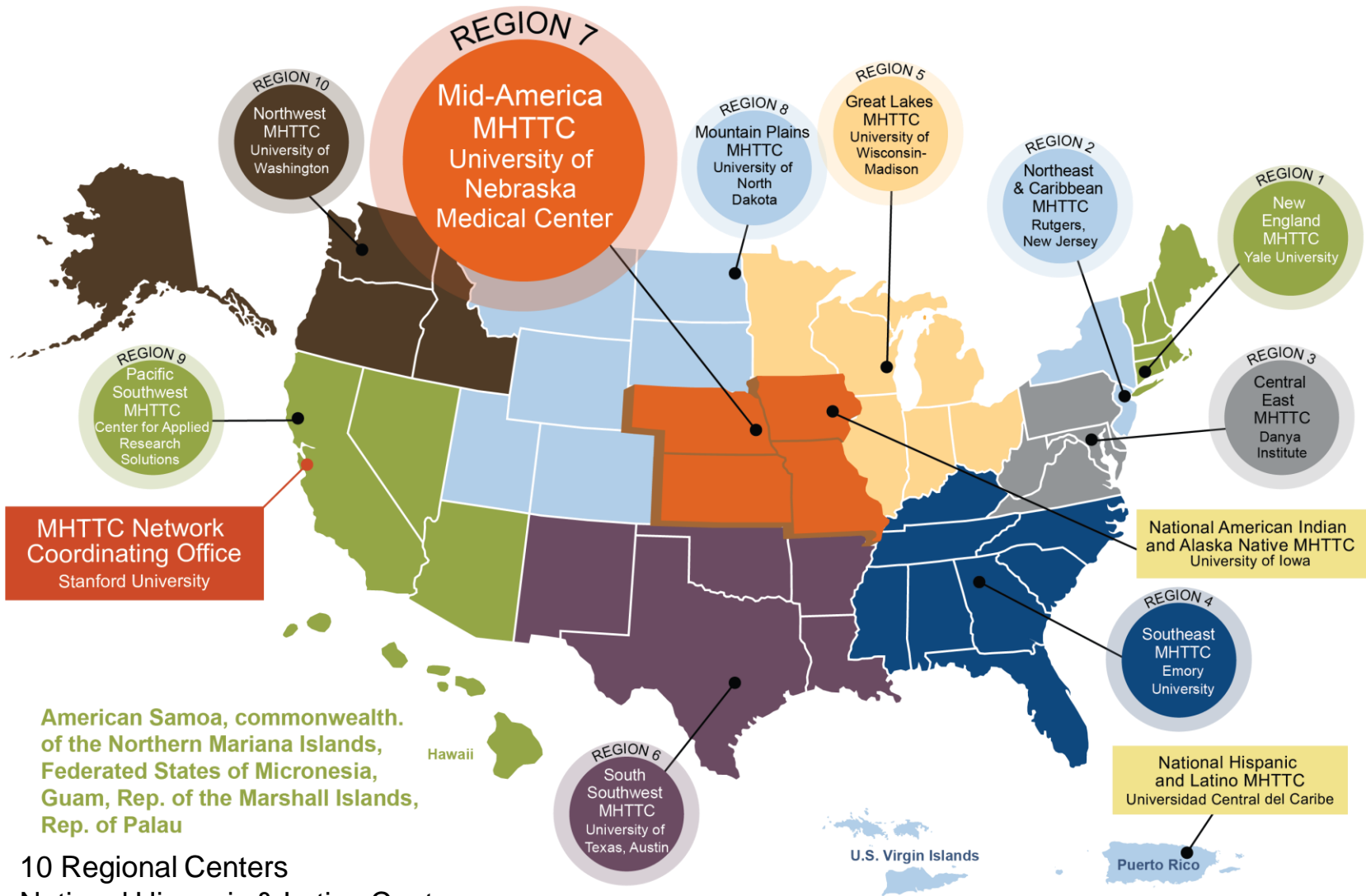


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10 Regional Centers  
 National Hispanic & Latino Center  
 National American Indian and Alaska Native Center  
 Network Coordinating Office

Visit the MHTTC website at <https://mhttcnetwork.org/>



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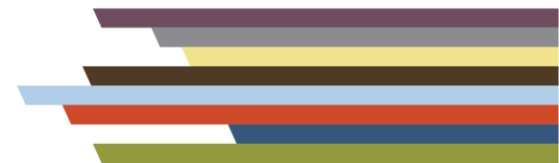
# MHTTC Services

## Training Levels

- Universal: Conference presentations, newsletters, brief consultation
- Targeted: Online courses, webinar series, focused knowledge-sharing, short-term training, replication guides
- Intensive: Ongoing relationship between the TTC program and agency receiving services

## Outcomes

- Universal: Increased reach of information and tools about evidence-based practice
- Targeted: Increased motivation to use and apply specific interventions
- Intensive: Policy and program changes with implementation of interventions by users



# Specialized Training Topics



**Integrated behavioral health in primary care**



**School mental health**



**Serious mental illness**



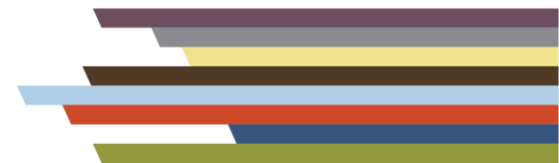
**Behavioral health workforce development**



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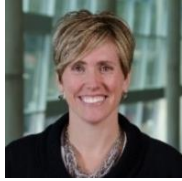
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# Our Team



**Brandy Clarke, PhD**  
Project Director

## Staff



**Shelbie Johnson**  
Project Manager



**Lauren Robinson**  
Communications Specialist

## Integrated Care



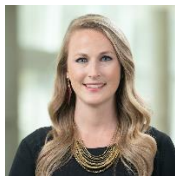
**Rachel Valleley, PhD**  
Integrated Care  
Program Director



**Christian Klepper, PsyD**  
Faculty Trainer



**Holly Roberts, PhD**  
Faculty Trainer



**Eryn McMaster, PhD**  
Faculty Trainer

## School Mental Health



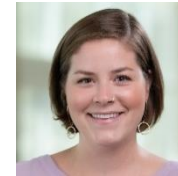
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**Brenda Bassingthwaite, PhD**  
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**Mindy Chadwell, PhD**  
Faculty Trainer



**Brittany Liebsack, PhD**  
Faculty Trainer

## Workforce Development



**Marley Doyle, MD**  
Medical Director

## Serious Mental Illness



**Mogens Bill Baerentzen, PhD**  
Serious Mental Illness  
Program Director



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# Integrated Behavioral Health in Primary Care



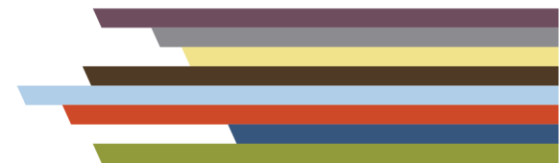
MHTTC staff have 20+ years of experience integrating behavioral health into primary care in 40+ rural, suburban, and urban sites



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# Training and TA in Integrated Care



QUALITY INDICATORS OF INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE



EVIDENCE-BASED BEHAVIORAL HEALTH INTERVENTIONS FOR CHILDREN AND ADULTS APPLIED IN INTEGRATED CARE SETTINGS



TECHNICAL ASSISTANCE ON IMPLEMENTATION OF INTEGRATED CARE



ONLINE COURSES FOCUSED ON INTEGRATED CARE AND SPECIAL TOPICS IN PEDIATRIC AND ADULT SERVICES (IN DEVELOPMENT)



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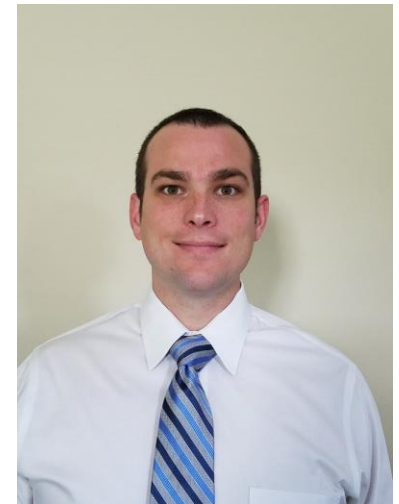


# Introductions



Dr. Tyler Brown is a second-year postdoctoral fellow at Medstar National Rehabilitation Hospital in Washington, DC. He completed his Psy.D. in Clinical Psychology at Mercer University in Atlanta, GA. Dr. Brown has six years of supervised experience working in psychology with an emphasis on rehabilitation and health related issues including chronic pain, spinal cord injury, amputation, stroke, multiple sclerosis, and brain injury. Dr. Brown is a licensed Psychology Associate in the District of Columbia and recently Licensed Psychologist in the state of Virginia. He is also a member of the APA Division 22 Rehabilitation and Division 38 Health Psychology organizations.

Dr. Chase Grosse is the Director of Behavioral Medicine at the Floyd Family Medicine Residency in Rome, Georgia. Dr. Grosse graduated from Mercer University. He completed an internship in health service psychology at the University of Texas at Tyler Health Sciences Center. He completed his fellowship in Clinical Health Psychology at Ascension Genesys Hospital in Grand Blanc, Michigan. Throughout his graduate and training programs, Dr. Grosse has focused on integrating behavioral health, including behavioral pain management, into medical settings and training medical residents and fellows.

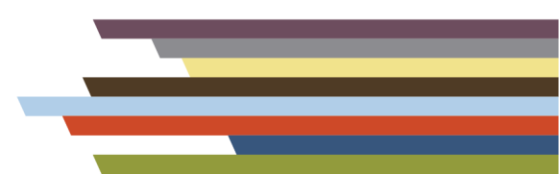


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# Objectives

- Describe methods to gain patient buy-in
- Discuss ways to track and monitor progress
- Discuss communication strategies between providers
- Articulate basic knowledge of available treatment options, modalities, and alternatives
- Identify available resources and practice tools



# Review of Previous Content

- Webinar 1
  - Differentiated types of pain
  - Conceptual evolution of pain and pain management
  - Pain models
- Webinar 2
  - Assessment and assessment tools
    - Including publicly available and low cost assessments
    - Elements of the biopsychosocial assessment
    - Role of a behavioral health provider in the team-based assessment of pain



# Tracking Progress



**Baseline data**



**Is your intervention working?**



**Can review and re-administer questionnaires**



**Focus on the patient's main concern**

Alignment of values  
Function as a measure  
Subjective report



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# Communication with PCPs



Enhanced communication is beneficial to patient outcomes (Unutzer et al, 2002)



Use clear, precise language



Communication style/Team dynamics modulate process of communication



Avoid psychological jargon



Bullet points/elevator speech



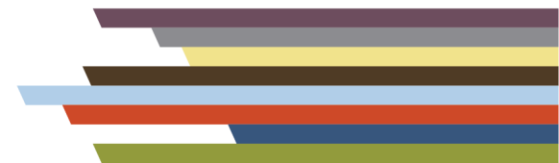
Open communication throughout with updates on progress



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# Ambivalence (Resistance)



**Why am I talking to  
a mental health  
provider?**



**Be empathetic,  
listen openly, have  
patience, be the  
expert**

The patient is an  
expert too



**Using educational  
tools**



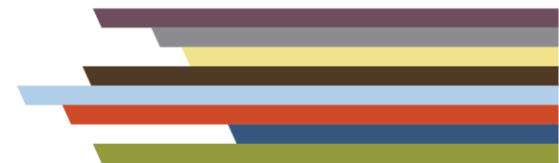
**Meet the patient  
where they are**



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# How to Build Rapport and Buy-in



Be confident in what you are doing



Watch for countertransference



Use of Metaphors and explaining psychology role in pain management

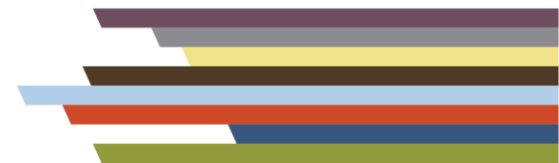
Pain is mostly in the head,  
BUT DON'T TELL THE  
PATIENT THAT!!!



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# Shifting the Relationship

## Listen

### Listen for self-talk

- Work to validate and shift to more helpful self-talk
- From global and emotional to concrete and logical
- All or nothing thinking

## Don't label

### Don't label for the patient

- “This must be overwhelming” becomes “This has been a challenge for you.”
- Modeling

## Discuss

### Discuss with family

- Coach patient and family
- What helps, what is unhelpful, appropriate use of support network



# Metaphor and explanation

## Relationship between attention/consciousness and pain

- Being asleep vs. being awake
- Less pain in pleasurable activities

## Relationship between behavior and pain

- Pain pacing

## Emotional connection with pain

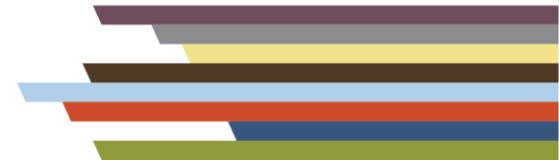
- Lemon in a wound

## Gate control theory

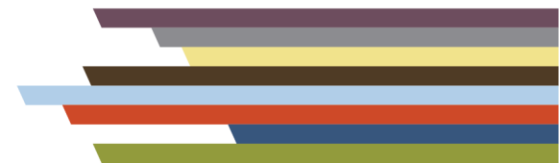
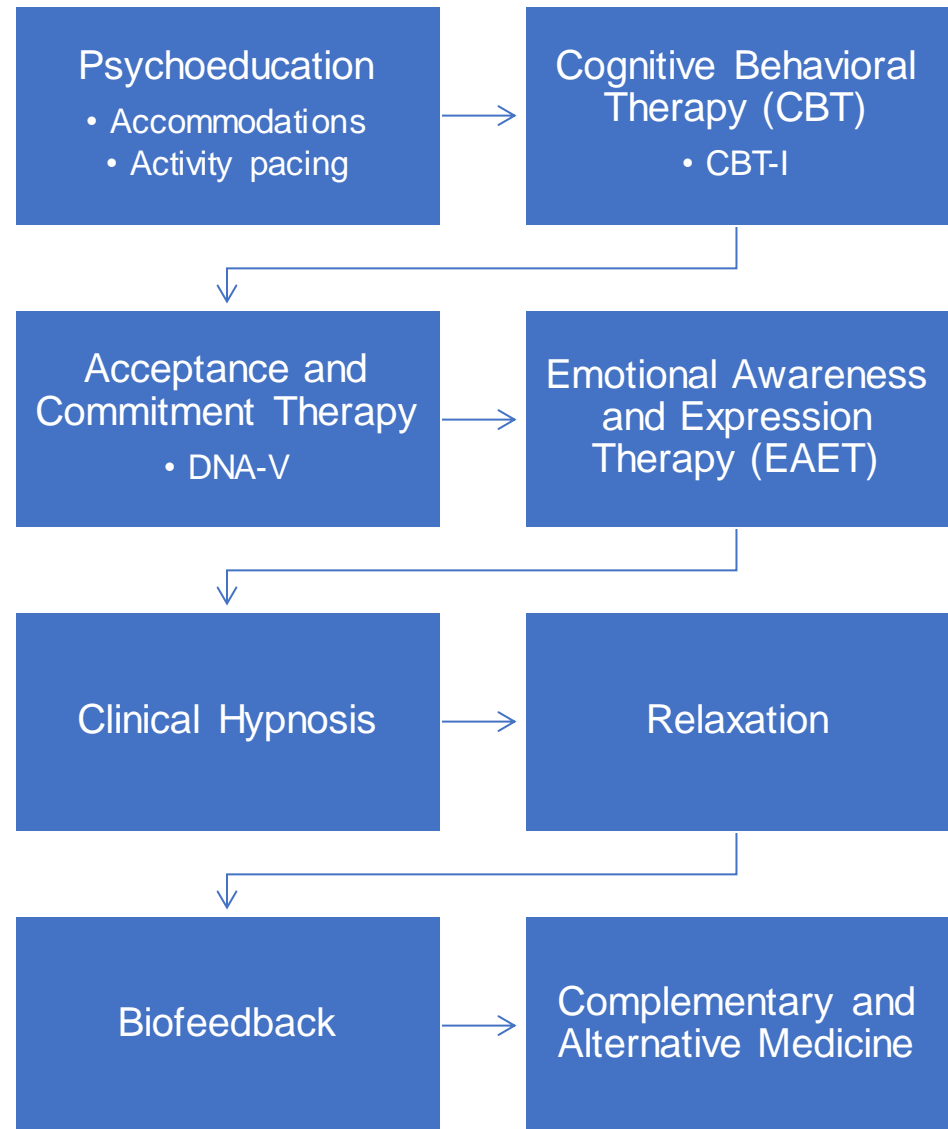
- Rubbing a stubbed toe
- Breathing through an acute injury
- Highway Metaphor

## Setting expectation and instilling hope

- Eggs in the basket metaphor



# Interventions for Pain



# Psychoeducation



## Important throughout interactions with patients

Part of assessment, part of treatment  
Models of Pain (Webinar 1) – useful in describing chronic pain to the patient



## For children and adolescents:

Accommodations at school  
Establishing a 504 Plan



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# Cognitive Behavioral Therapy (CBT)



Time-limited and modular (10-12 Sessions)



Focuses on changing cognitions and behaviors contributing to and exacerbating pain experience



Development of coping mechanisms through in session practice in homework



Develops problem-solving attitude (breaking learned helplessness)



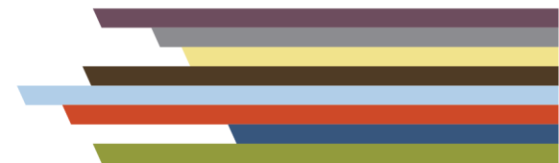
Meta-analytic studies in general find CBT and ACT to be equally effective for chronic pain treatment (Veehof et al., 2010; Morley et al., 1999).



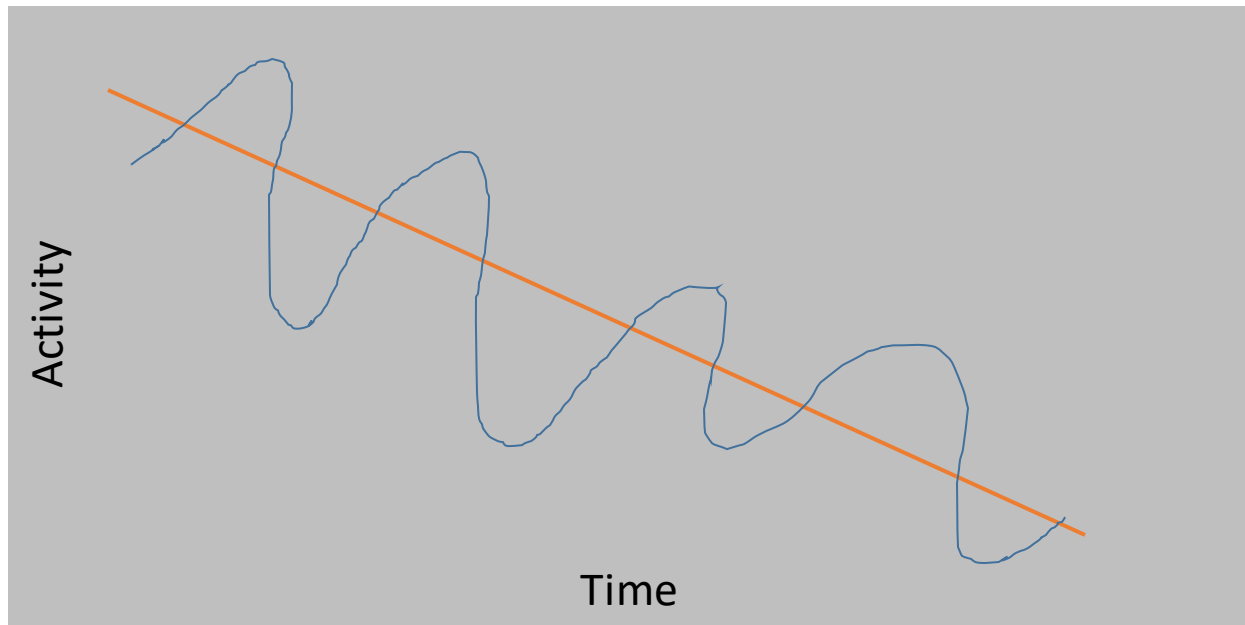
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# Pain-Based Pacing



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# Activity-Based Pacing

“Catch your pain before you pain catches you.”

Overactivity > Pain > Increased Rest/Passivity

Breaking pain-increasing activities into time intervals as opposed to powering through

- Example: 15 minutes of mowing the lawn followed by 15 minutes of sitting and paying the bills. 15 more minutes of mowing the lawn followed by 15 minutes of rest.

Over time, patient can build up their time spending during activity (~10 percent increase)



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# Negative Thoughts - CBT

## Identify

### Identify Cognitive Distortions

- “My pain will never get better.”
- “My pain is unbearable.”
- “This pain will kill me.”

## Challenge

### Challenge Negative Thoughts

- Thought trials
- Advice to a friend
- Alternative explanations/evidence



# CBT for Insomnia (CBT-I)

Sleep disorders are very common comorbidities with chronic pain

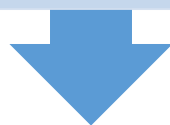


## Substance Use

Caffeine – Can be in system for up to 10 hours. Recommended to stop shortly after lunch.

Nicotine – Can be in system for about 2 hours.

Alcohol – Metabolize about one drink per hour. No alcohol after dinner.



## Stimulus Control

Only go to bed when sleepy

Bed is for sleep and sex ONLY

Sleep restriction protocols

Avoid naps

Maintain specific sleep schedule



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# Principles of Acceptance and Commitment Therapy

Assisting patients in acceptance of pain – making room for pain

- Struggle against vs work with
- Reducing reactivity, rumination, and anxiety but becoming non-judgmental observers

Identifying what is important (values)

Taking committed action to live those values

Integrates Mindfulness-Based Stress Reduction (MBSR)

Focused ACT

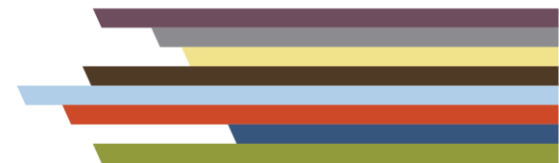
- Love, Work, Play, Health
  - Committed action (behavior) that is consistent with values – specific and functional
  - Build a plan with goals
  - Check in



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# DNA-V

**Model of ACT for adolescents**

**Developed by Louise Hays and Joe Ciarrochi**

**Simplifies the ACT principles into four components:**

- Discoverer – problem-solving, trying new things, doing
- Advisor – self-talk
- Noticer – awareness of internal and external sensations and experiences
- Values – what is important to you

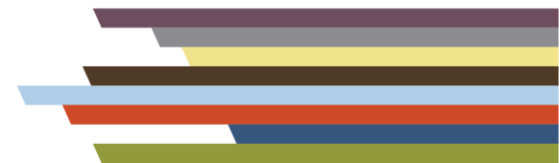
**Focus on using skills to move you toward your values**



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# Emotional Awareness and Expression Therapy (EAET)

Borrows from several modalities



## Core Principles

The brain generates and amplifies pain, tied to cognitions and emotions	Brain is shaped by experiences including painful injuries, abuse, neglect, conflict, and stress (learned behavior)	Therapy helps patients face avoided emotion-laded experiences.	Rescripting insults to express adaptive skills that were not originally utilized	Interpersonal communication
-------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------	----------------------------------------------------------------------------------	-----------------------------



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# Clinical Hypnosis

“Movement from one state of consciousness to the next...a state of inner absorption, concentration and focused attention.” (American Association of Clinical Hypnosis)

Extreme heightened focus and attention on very specific stimuli

Oyle's Procedure

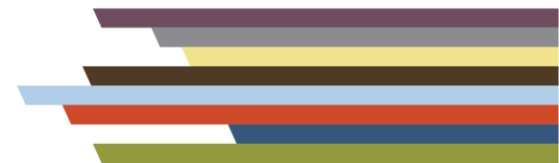
Disidentification



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# Relaxation Exercises



## Deep Breathing

Foundational  
Belly breaths  
Breath count variability  
Pursed lip breathing  
Practice, practice, practice!



## Progressive Muscle Relaxation

Deliberate muscle contraction followed by relaxation  
Passive forms exist



## Guided Imagery



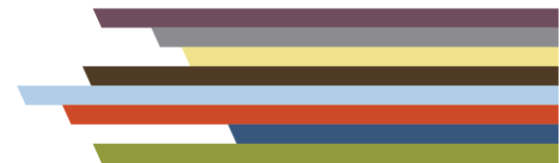
## Body Scan



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# Biofeedback

A technique used to help patients learn to control some of their body's functions, such as:

Heart rate

Breathing

Brain waves

Temperature

Muscle contraction

Sweat gland activity



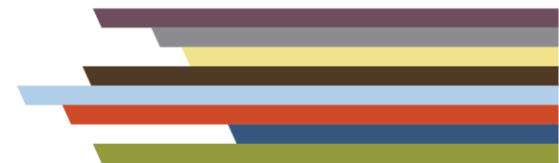
Feedback allows for patients to make subtle changes in their body, such as relaxing certain muscles, to achieve the results you want, such as reducing pain.



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# Complementary and Alternative Medicine (CAM)

Broad range of treatment modalities

Licensed or credentialed providers should be used when available and applicable

## Five General Domains

- Alternative Medical Systems (e.g., Traditional Chinese Medicine, homeopathy, naturopathy)
- Mind-Body Interventions (e.g., hypnosis, meditation, bioenergetics, prayer)
- Biological-based Practices (e.g., herbal and dietary therapy)
- Body-based Therapy (e.g., Rolfing)
- Energy-based Practices (e.g., Tai Chi – some evidence for low back pain)

More traditional conservative treatments should generally be attempted before referral to CAM per guidelines (Colorado Department of Labor and Employment, 2017).

## Acupuncture

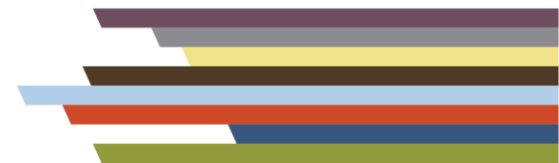
- Evidence: maybe helpful in patient with high expectations



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# Nutrition

## Common threads

- Healthy fats, quality proteins, nuts, seeds, anti-inflammatory foods
- Avoid sugars and processed meats, reduce carbs

Evidence that diet changes in general and nutrient changes/supplementation may be beneficial

## Gut health

- Tied to inflammation

Secondary benefit of intermittent fasting

Barriers are multi-layered and complex involving economies, corporate interests, lobbyists, psychological and sociocultural determinants of nutritional habits, local environments (food deserts), regulations or lack of regulations.

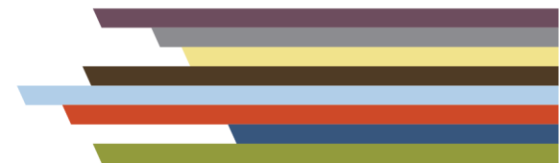
Check your state laws



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# Substance Abuse Counseling



Psychoeducation on habit forming properties of medications



Psychoeducation on risk management



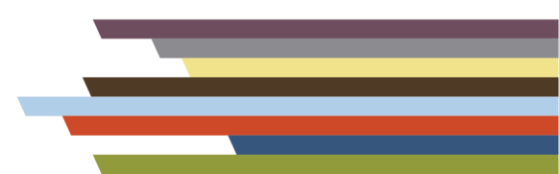
Referral sources for outpatient and inpatient substance abuse counseling



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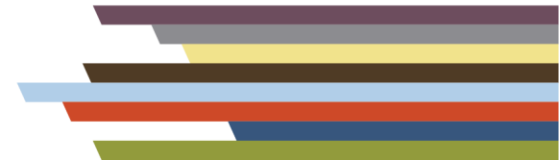
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# Resources

- Division 12 of APA (Society of Clinical Psychology)  
- Treatments for Persistent and Chronic Pain
  - <https://www.div12.org/diagnosis/chronic-or-persistent-pain/>
- Apps
  - Relaxation – Breathe2Relax, Virtual HopeBox
  - Sleep – CBT-I Coach
- Cognitive Behavioral Therapy Manual
  - [https://www.va.gov/PAINMANAGEMENT/docs/CBT-CP\\_Therapist\\_Manual.pdf](https://www.va.gov/PAINMANAGEMENT/docs/CBT-CP_Therapist_Manual.pdf)
  - Developed by the VA
  - Includes case examples and conceptualizations and assessment recommendations
- SAMHSA-HRSA Center for Integrated Health Solutions
  - <https://www.integration.samhsa.gov/clinical-practice/pain-management>
  - Provides information about psychoeducation, practice guidelines, substance abuse, and telehealth



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# Next Steps

## Upcoming Webinar Series:

Telehealth Learning and  
Consultation (TLC) Tuesdays

Every Tuesday through April  
9am-10am MT / 10am-11am CT

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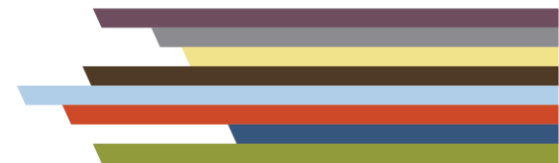
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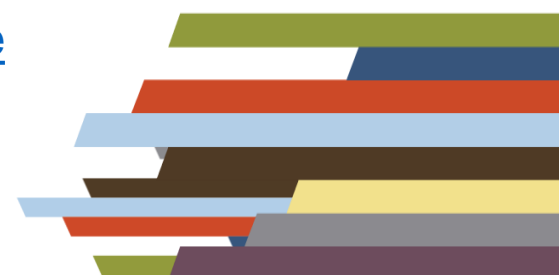
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# EVALUATIONS



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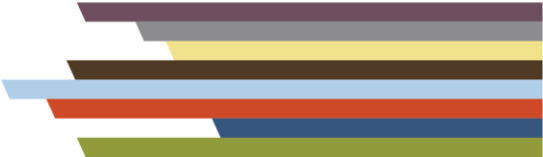




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