

The 5 Domains of Best Pain Care

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Pain at Work: How to Prevent, Recognize and Treat

Wilsonville, OR

May 31, 2018



Disclosures

- The author has nothing to disclose.

Objectives

- Identify 5 key domains of best practice pain care
- Understand the role of shared decision making in improving treatment planning
- Recognize features of complex pain in a patient presentation
- Identify Oregon resources for you and your patients and colleagues

Old Model } **Pain**
= **Tissue Damage**



Providence Health and Services copyright

Pain always results from bodily damage?



Digestive Disorders

Stomach Pain

Winter Flares

Fatigue

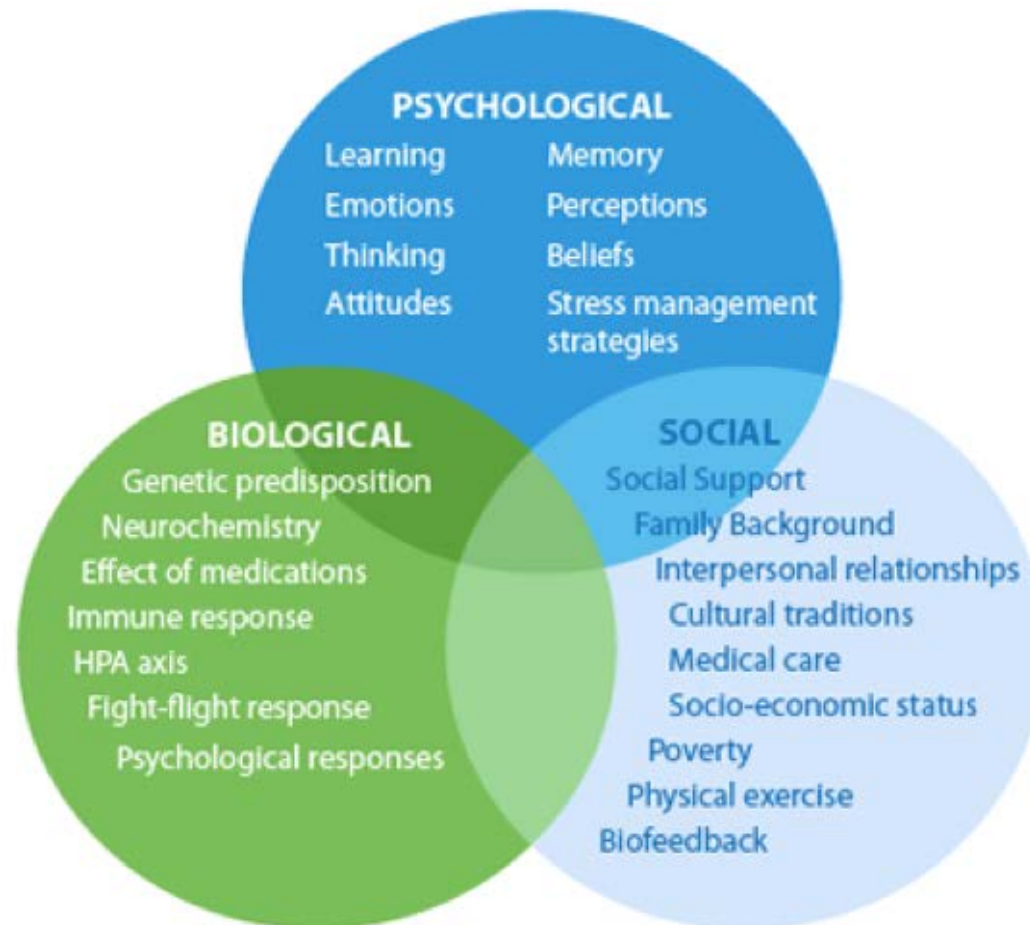
Fibromyalgia

Tiredness

Brain Fog

Pain

Stiffness



Biopsychosocial model of pain

Championed by Butler and Moseley and others. 2000

Biopsychosocial Model Because Pain is Complex!

- Anxiety
- Depression
- PTSD
- Catastrophizing
- Fear of Movement
- Trauma history

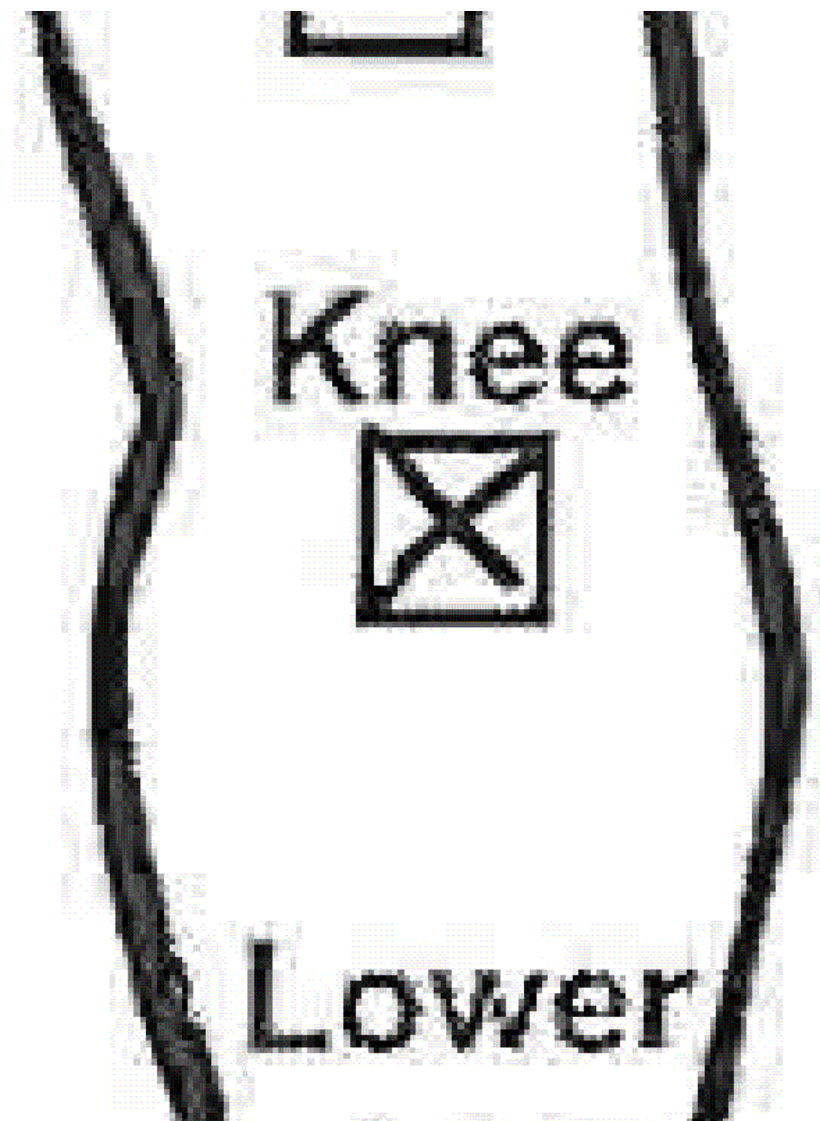


What Are
We Often
Really
Medicating
With
Opiates???



Tools We Could Use More Often for Screening

- Body Map
- Brief Pain Inventory (BPI)
- PHQ-9 (depression)
- PHQ-4 (depression and anxiety)
- Pain Anxiety Symptom Scale (PASS)
- Pain Catastrophizing Scale (PCS)
- PTSD screen for primary care (PC-PTSD -5)
- Adverse Childhood Experiences (trauma history)
- STOP-BANG (sleep apnea)
- STarT Back Tool (screen for biopsychosocial issues)
- PEG (pain, enjoyment in life, general activity)



Michigan Body Map

On the image below identify all the areas of your body where you have felt persistent or recurrent pain present for the last 3 months or longer.

Left **Right**

orgasmic headaches
need to see neurologist.

tics - sometimes painful

GA plan of tx changed per Dr. Dobson informed @ 1st visit to be done. No PE performed

- due to using cane from A in plan of tx from GA.

surgery for carpal tunnel postponed due to move back home to MI

arthritis or just sore filling up dozens of forms for 3 people.

- due to wt loss no butt left, use special cushion to sit on.

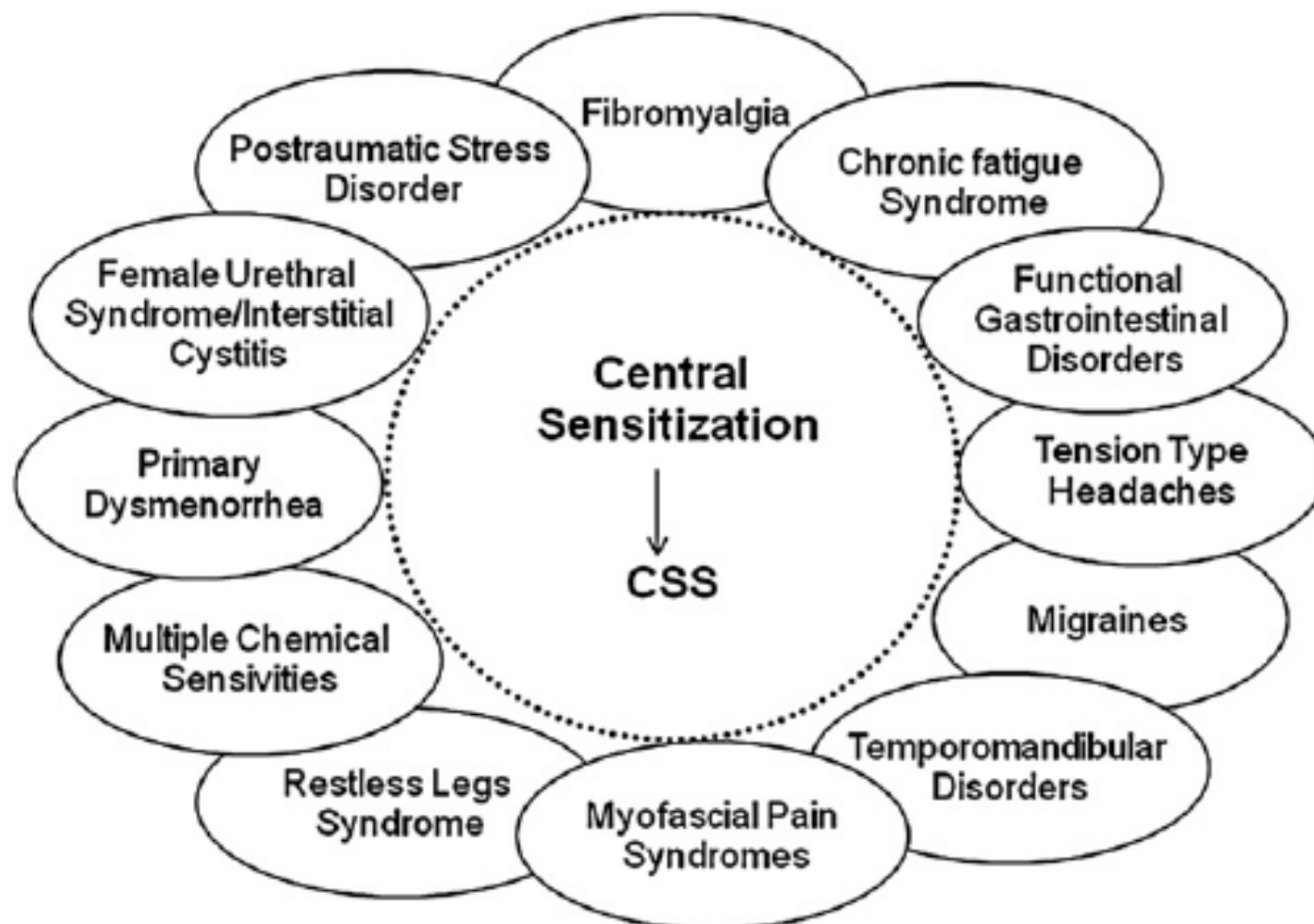
* sciatica - bilaterally.

* pain in back the priority. need an epidural. Last one was difficult to get in, allergic to sodium, eat seafood + no problems. Severe problems many hrs. later after last epidural. Pain Specialist concern

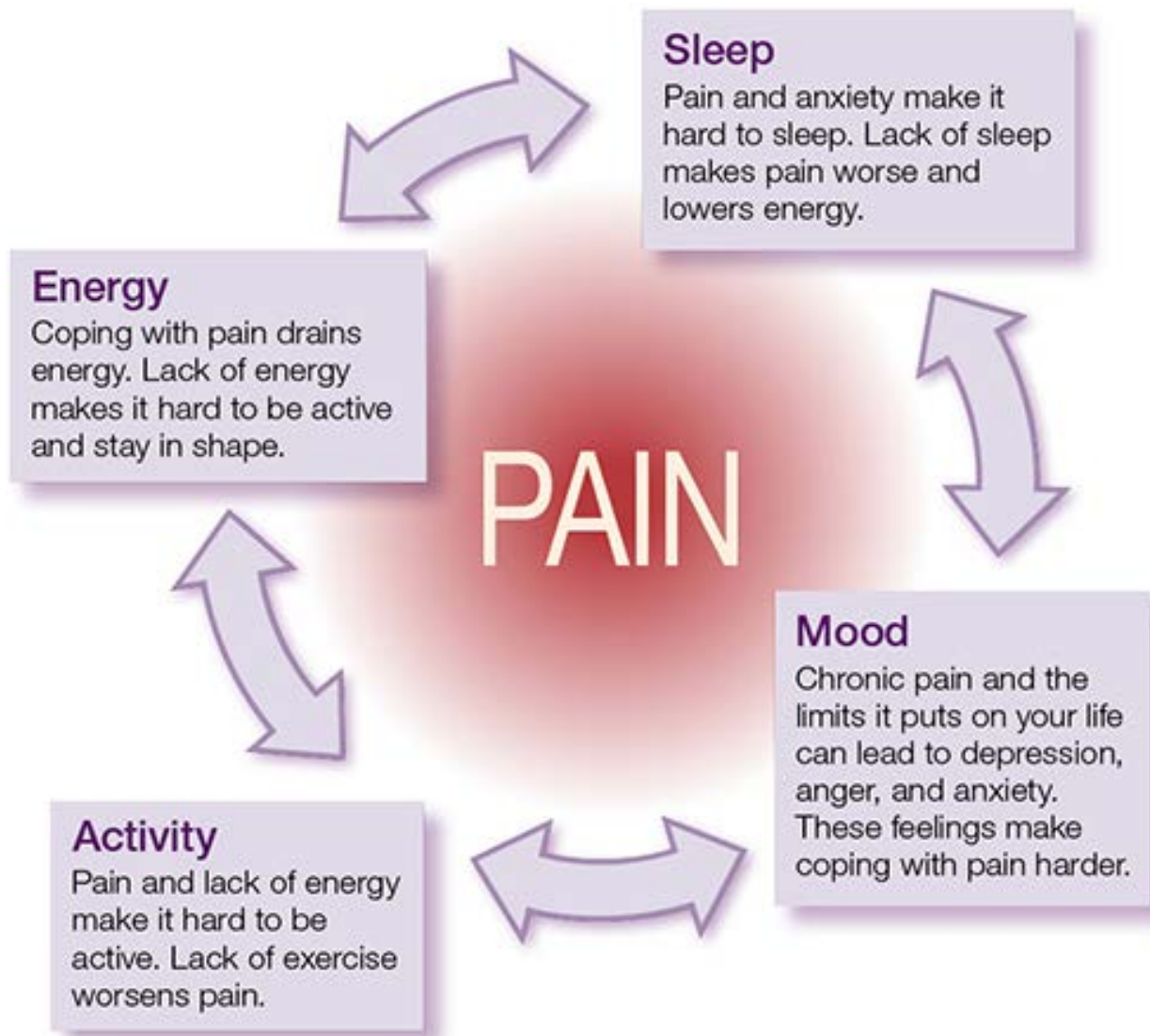
Im turning into a recliner chair since Dec. 4th.
limited Rheumatology in GA. 3 in Atlanta area - Primary helped me
frthritis - 2 in other places now
LT carpal tunnel release went bad in GA on 4-26-11.
Worse since.
Nerve damage continues with sps that mimic MS, carpal tunnel 2, spasms, twitching etc. very painful.
severe PolyNeuropathy after chemo for AML in 1990. Took some time, months - 1 yr 2 yrs to recover to feel the ground. Mid thigh to feet Mid upper forearm to fingers See pt. list please for more info.

Head ☒ Face ☒ Neck ☒ Jaw ☐ Shoulder ☒ Upper Arm ☐ Elbow ☒ Lower Arm ☐ Wrist/Hand ☒ Hip ☒ Groin ☐ Upper Leg ☒ Knee ☒ Lower Leg ☐ Ankle/Foot ☒ Buttocks ☐ Abdomen ☒ Lower Back ☒ Cervical/Neck ☒ Upper Back ☒ Chest/Breast ☐ Trigger points ☒ Chest/Breast ☐ Upper Back ☒ Shoulder ☒ Upper Arm ☐ Elbow ☒ Lower Arm ☐ Wrist/Hand ☒ Hip ☒ Groin ☐ Upper Leg ☒ Knee ☒ Lower Leg ☐ Ankle/Foot ☒ Buttocks ☐

☐ No Pain



Central sensitization = A wind up of the nervous system which becomes regulated in a persistent state of high reactivity and is associated with the development and maintenance of chronic pain



Their Shrinking World...

Our goal is to help people get their life back...





Redirect conversations away from eliminating pain and move towards managing pain with a focus on:

- Function
- Quality of life
- Living a meaningful life

Required Pain Management Education



Section 1

Changing the Conversation about Pain: Pain Care is Everyone's Job

Oregon Pain Management Commission (OPMC)
Updated: January 2018

- Physicians
- Physician Assistants
- Nursing
- Acupuncture
- Psychologists
- Physical therapists
- Occupational therapists
- Chiropractic physicians
- Naturopathic physicians
- Pharmacists
- Dentists

www.oregonpainmodule.org



Prioritizing Care: Key Domains

- Key Concepts
- Strategies
- Resources
- Connecting with your patient

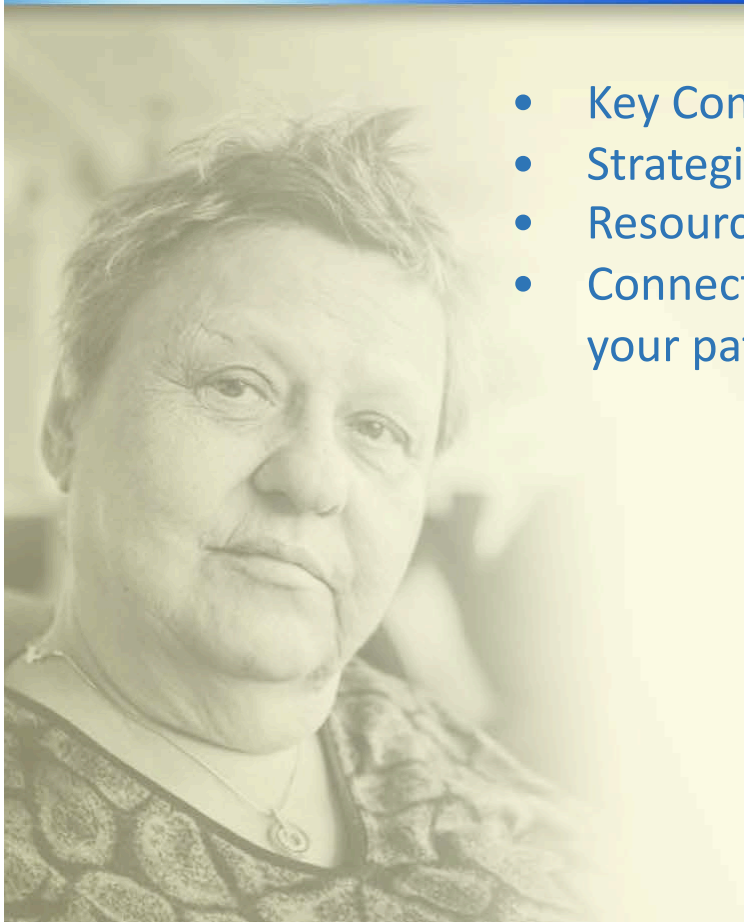
Knowledge
of pain

Sleep

Nutrition

Mood

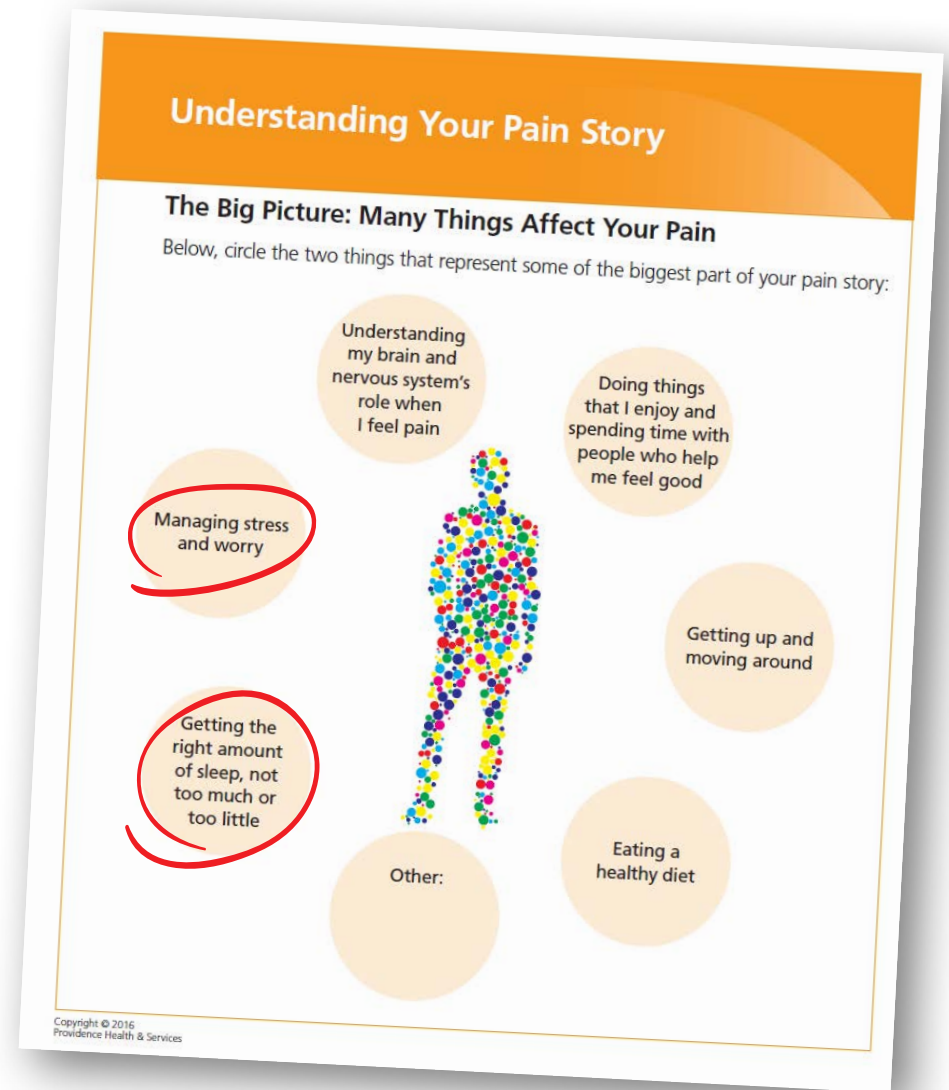
Activity



Pain Tool Kit

Where to start with a complex presentation:
shared decision making
helps patients engage and enhances motivational interviewing towards positive behavior change.

Available by link here and in Resource section and OPMC website. Providence Tool kit is available



Mary's Complex Pain Presentation

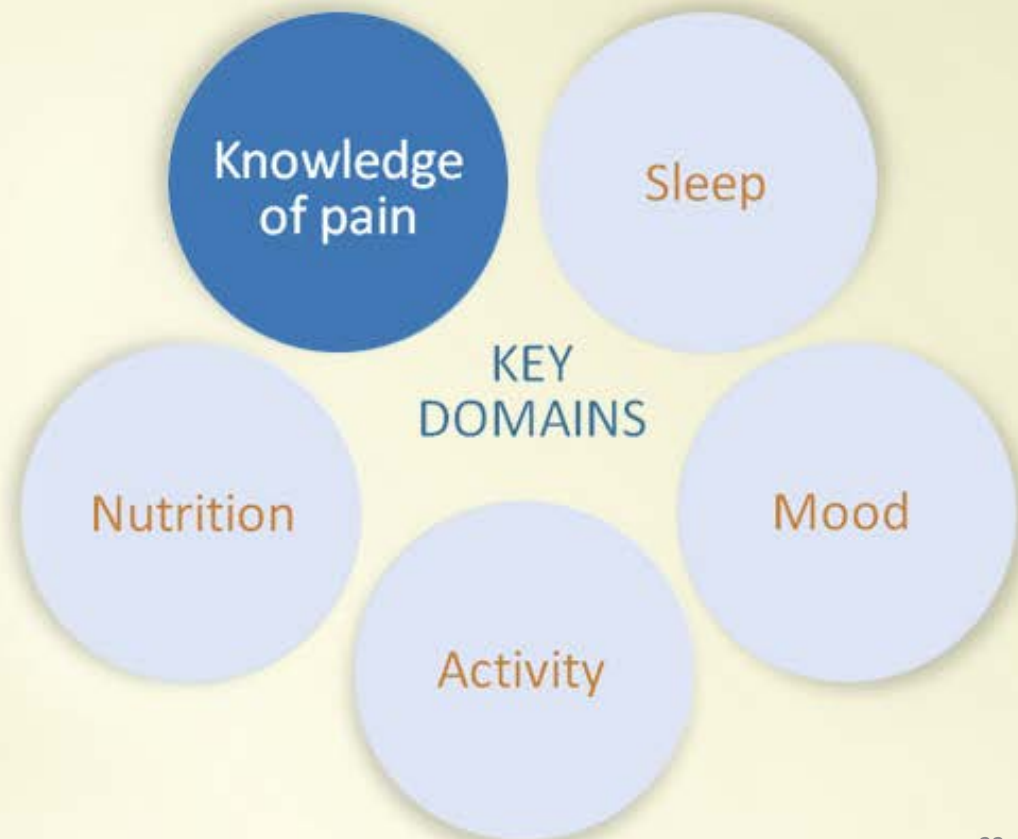


Through pain education Mary was assured that her pain was absolutely real and the result of several contributing factors.





Key Domains: Knowledge of Pain



Pain Education As A Treatment Intervention



Decrease in pain rating (Van Oosterwijck et al 2011, Meeus et al, 2010, Ryan et al, 2010, Moseley, 2002, 2003, 2004)

Decrease in fear of re-injury (Van Oosterwijck et al 2011, Moseley, 2002, 2003)

Decrease in pain catastrophizing (Meeus et al, Moseley 2004, Louw et al 2011, Arch Phys Med Reh Systematic review)

Decrease in utilization of services postoperatively (Adriaan Louw, PhD, PT, et SPINE Volume 39, #18)



Increase in function (Van Oosterwijck et al 2011, Moseley, 2002, 2003, , Louw et al 2011 Arch Phys Med Reh Systematic review)

Increase in mobility (Moseley and Hodges, [Clin J Pain](#), 2004 Louw et al Physiotherapy J, 2011)



Understanding Pain Improves Pain Itself

- Decreased fear avoidance
- Diminished catastrophizing
- And improved function

Pain education is a key treatment intervention.



See Resources or visit the Oregon Pain Management Commission (OPMC) for the [Pain Care Toolbox](#).

How Pain Works

<https://www.youtube.com/watch?v=MqoS7RUrUqg>



Old Model



New
Understanding

Pain output based on
threat assessment

PROCESSING

OUTPUT

INPUT



New Understanding **Neuroplasticity**

Brain functions frequently associated with pain processing

- Pre motor planning
- Problem solving
- Memory
- Visual information
- Spatial orientation
- Sensory input regarding body part specificity
- Expectation
- Stress
- Fear



New
Understanding
Neuroplasticity

Repetition reinforces the strengthening of brain pathways.

The brain changes:

- Pathways are strengthened
- More brain functions involved

NEVES THAT FIRE TOGETHER WIRE TOGETHER





New
Understanding
Neuroplasticity

Neuroplasticity can work **FOR** us by
flooding the brain with healthy input using:

- Senses
- Thoughts
- Beliefs
- Memories
- Emotions
- Movement
- Activity

Neuroplastic Transformation Workbook; Michael H. Moskowitz M.D.;
Marla DePolo Golden D.O., Neuroplastic Partners, LLC, 2013



What We Say Matters!!



Negative thoughts about pain can lead to maladaptive coping and increased suffering and disability

Thought: “I have DDD.” “My back is crumbling”

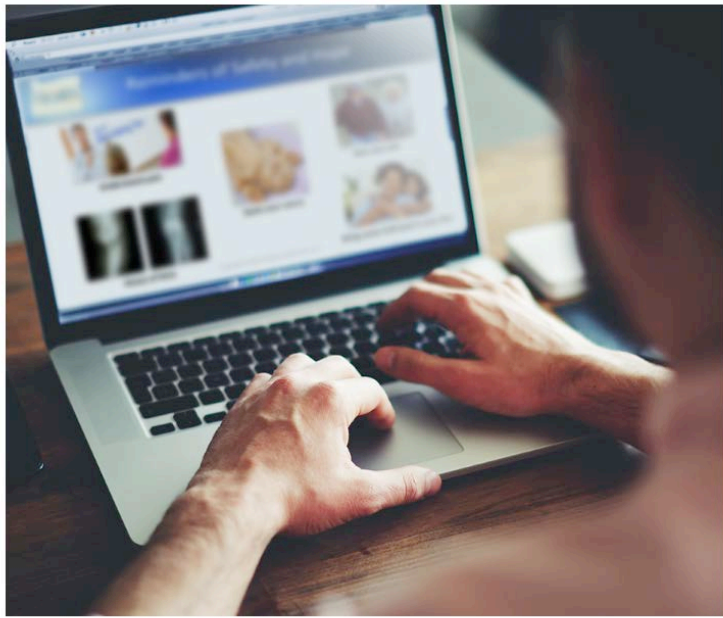
Emotion: fear

Behavior: seek additional medical treatment

Idea: change wording from “DDD” to “normal age related changes.”



Knowledge of Pain: Strategies



Pain knowledge assessment tools: [click here](#), or see addendum or OPMC website

Change language to decrease unintentional threat

- "Sore but safe"
- "Pain does not equal harm"
- "There is a lot that you can do to change your pain"

Teach about pain including pain processing and neuroplasticity/reversibility

Using written material and videos



"We now understand some things about pain differently. And we know that when a person understands pain better, it can actually help in several ways. You may already know a great deal, but would you be willing to watch a video for a few minutes so that we can talk about it and build a plan together?"



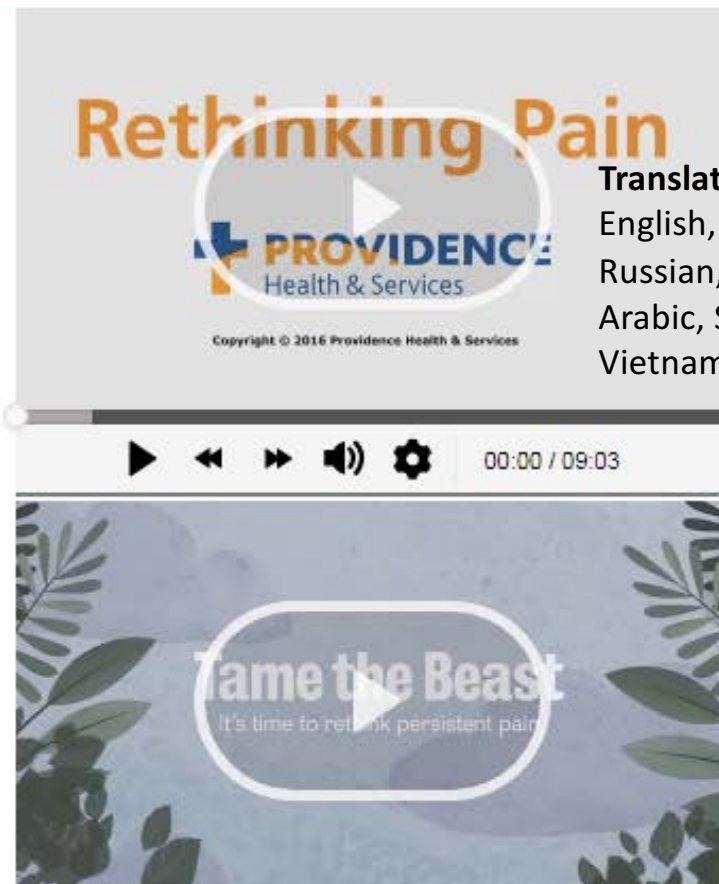
See Resources or visit the Oregon Pain Management Commission (OPMC) for the [Pain Care Toolbox](#).

Treating Pain: Key Domains

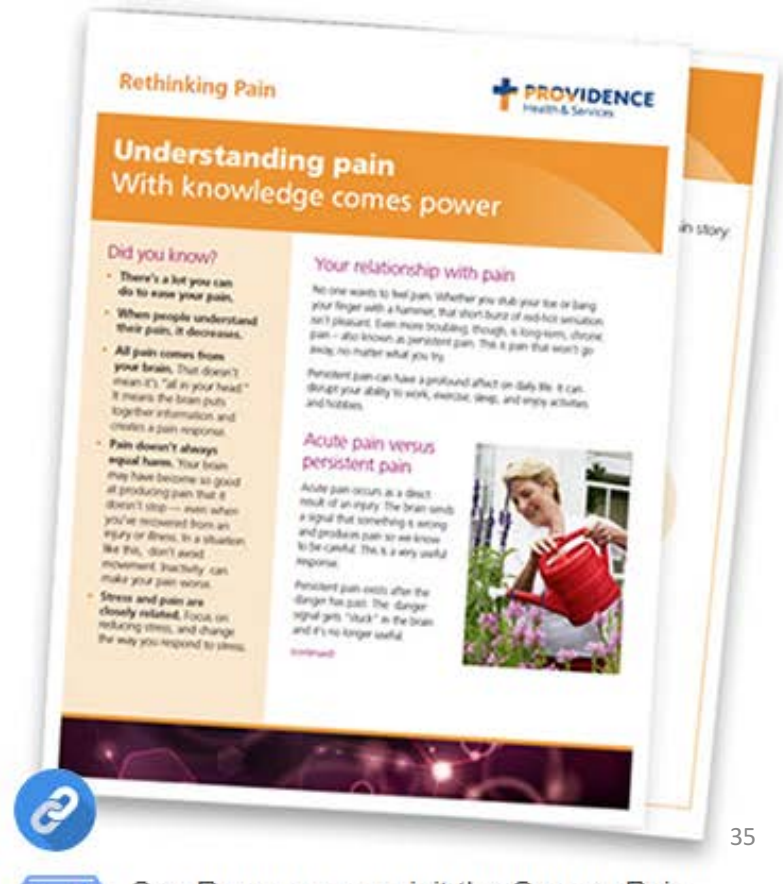
▼ MENU ▼ RESOURCES ? HELP ⚙ SETTINGS ✕ EXIT

Oregon
Health
Services

Knowledge of Pain: Resources

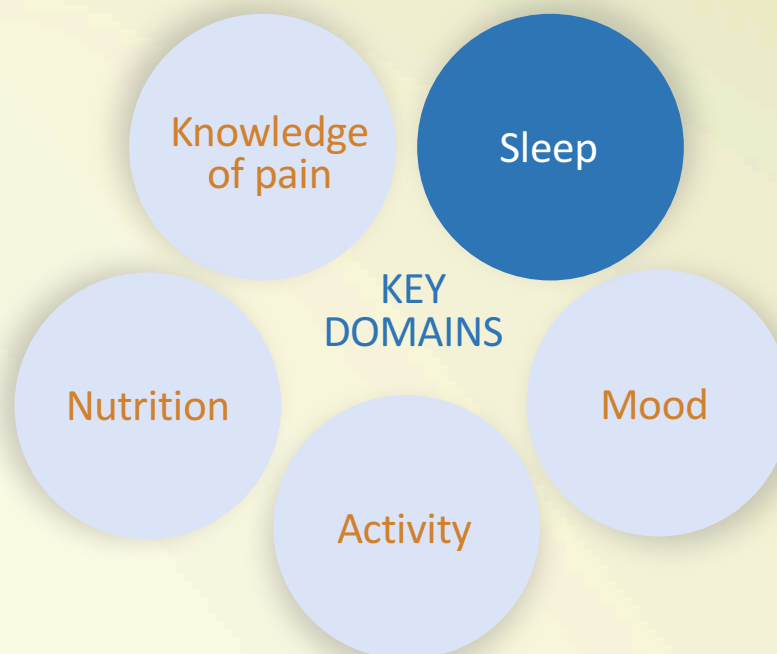


Translations:
English, Spanish,
Russian, Cantonese,
Arabic, Somali,
Vietnamese





Key Domains: Sleep



Sleep: Key Concepts



- Sleep/wake cycle is often disrupted
- Fatigue exacerbates chronic pain
- Rest is essential to rejuvenate and repair tissues
- Calming the nervous system can promote rest



See Resources or visit the Oregon Pain Management Commission (OPMC) for the [Pain Care Toolbox](#).

Sleep: Strategies



- Improve sleep with sleep hygiene principles:
 - Consistent sleep/wake cycle
 - Paced exercise and limited napping
 - Relaxation/mindfulness training
- Cognitive behavioral therapy for insomnia (CBT-I) (CBT-I <http://www.cbtforinsomnia.com/>)
- Address sleep apnea



See Resources or visit the Oregon Pain Management Commission (OPMC) for the [Pain Care Toolbox](#).

Tips for Better Sleep



Modified from the National Sleep Foundation

Oregon Pain Management Commission – Copyright October 2017

From CBT-i:

- Get out of bed if can't sleep
- Bed for sleep and partner time
- Sleep restriction to build up sleep pressure
- Schedule worry time
- Create time to unwind before sleep

Connecting with patient

"One of the most important things you can do to decrease pain is to improve your sleep. Would you like to hear more?"

"As little as 10 minutes of aerobic exercise, such as walking or cycling, can significantly improve nighttime sleep quality, mood, and energy level."

Healthy balance in your day creates better sleep



- With a healthy balance of activity and rest over the course of your day, it becomes easier for you to move into the restful state that allows for good sleep.



- Examples of being more active: traffic, excited conversations, frustration, rushing across street, vigorous exercise or labor, being scared and worried



- Examples of being more restful: sitting down to eat a meal without rushing, taking a walk and enjoying your surroundings, listening to music, paying attention to praise from someone, pausing to collect your thoughts, meditation and prayer



- While we think of the day as being active and the night being for rest, there are actually a lot of opportunities for rest over the course of the day, which helps your system be more calm overall, and makes it easier to get to sleep

Lack of balance during the day creates poor sleep



- So many people with pain have difficulty with sleep and this helps explain it.



- If you are on red alert all day long, rushing to get things done, worried about things in your life, rushing through meals, having stressful interactions with others, your system has to make a very big change to be able to be restful at night.

The **National Sleep Foundation** is dedicated to improving health and well-being through sleep education and advocacy. It is well-known for its annual Sleep in America® poll. The Foundation is a charitable, educational and scientific not-for-profit organization located in Washington, DC. Its membership includes researchers and clinicians focused on sleep medicine, health professionals, patients, families affected by drowsy driving and more than 900 healthcare facilities.

www.sleepfoundation.org



NATIONAL SLEEP FOUNDATION

Sleep Diary

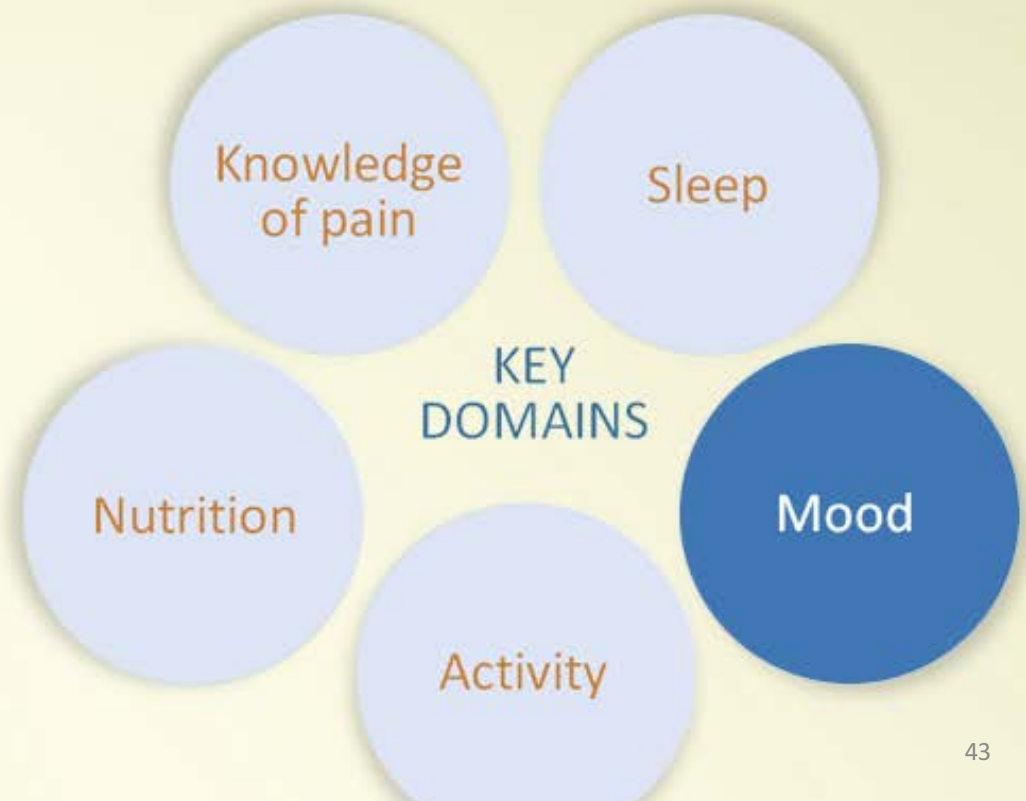
Sufficient sleep is important for your health, well-being and happiness. When you sleep better, you feel better. The National Sleep Foundation Sleep Diary will help you track your sleep, allowing you to see habits and trends that are helping you sleep or that can be improved.

How to Use the National Sleep Foundation Sleep Diary

- ❖ Our sleep diary only takes a few minutes each day to complete.
- ❖ We've given you diary entries for seven days; you may want to make several copies.
- ❖ Review your completed diary to see if there are any patterns or practices that are helping or hindering your sleep. Is your bedroom a sanctuary for sleep? Or are there too many distractions? Did your nap interfere with a good night's sleep?
- ❖ Make incremental changes. Changing one habit at a time can set you on the path to healthy sleep.

Visit sleepfoundation.org for more sleep tips.

Key Domains: Mood



Mood: Key Concepts



See Resources or visit the Oregon Pain Management Commission (OPMC) for the [Pain Care Toolbox](#).

- Mood impacts pain. Factors impacting pain:
 - History of trauma
 - PTSD
 - Depression
 - Anxiety
 - Isolation
 - Ongoing stress
- Pain is a stressor which results in chemical changes such as the release of cortisol and proinflammatory cytokines affecting tissue regeneration, immune function and metabolic controls which in turn increases pain.
- Decreasing pleasurable activities increase the focus on pain

Mood: Strategies

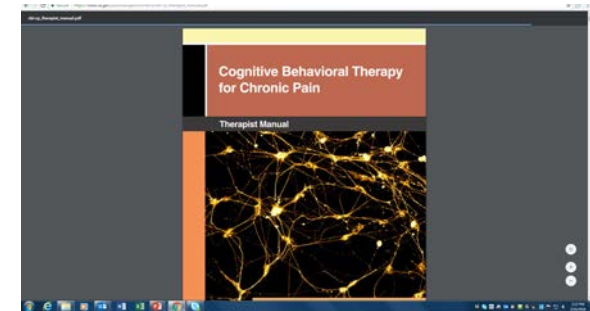
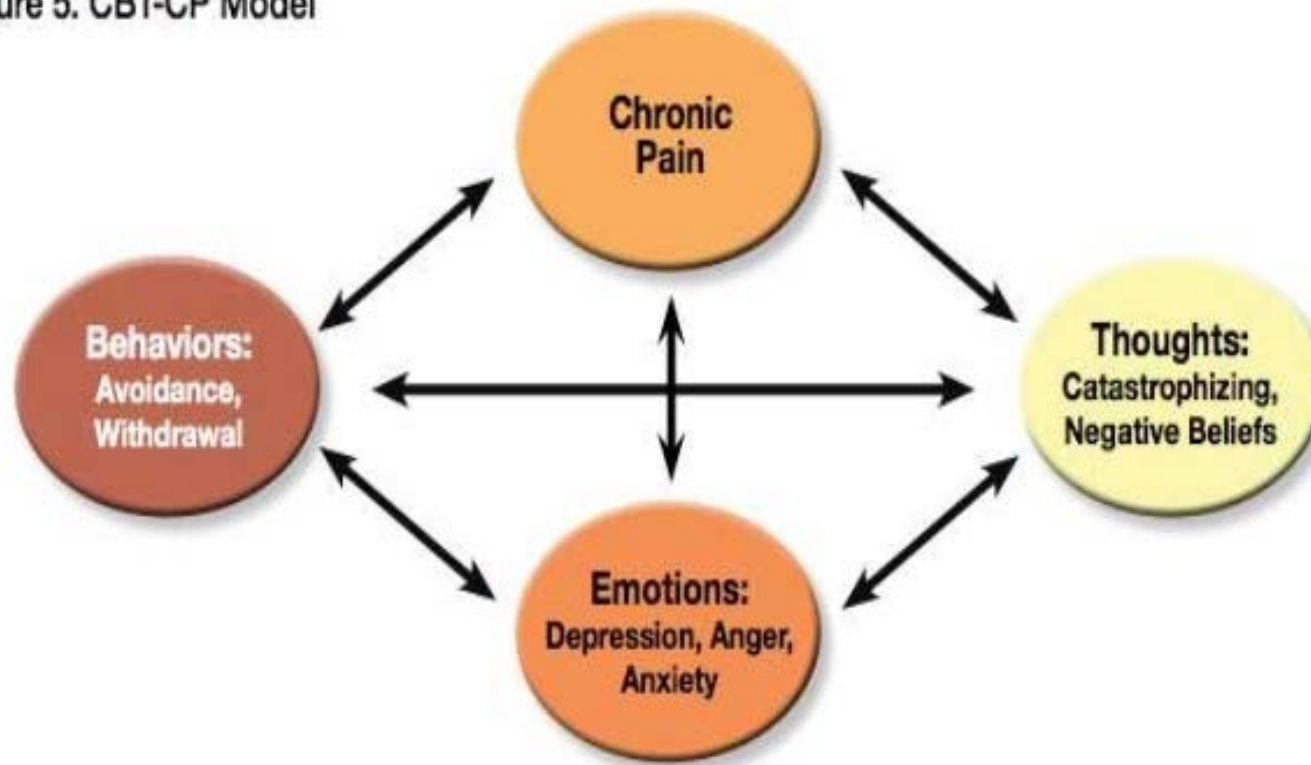


- Engaging in pleasurable and social activities
- Meditation/mindfulness/relaxation
- Consider referral to behavioral health for:
 - Cognitive Behavioral Therapy
 - Acceptance and Commitment Therapy



See Resources or visit the Oregon Pain Management Commission (OPMC) for the [Pain Care Toolbox](#).

Figure 5. CBT-CP Model



Adapted from Wenzel, Brown, Karlin 2011

*Ex. If back pain is experienced standing up from a chair a person may feel discouraged and frustrated (emotion)
And think, "if I try to do anything today I'm going to hurt more (thought)
which may lead to staying in their recliner and avoiding moving for the rest of the day (behavior)*

CBT for Chronic Pain Therapist Manual from VA

Anxiety & PTSD



Thought: “I feel overwhelmed.” “I feel out of control” “nobody understands or believes me.”

Emotion: fear, anxiety

Behavior: shut down

Catastrophizing = magnifying the negative and anticipating the worse case scenario

Thought: “my pain will never stop” or “nothing can be done to improve my pain.”
“If this pain continues I will end up in a wheelchair like my mother”

Emotion: feel helpless and overwhelmed, anxiety

Behavior: stop all activity



Depression or negative affect



Thought: “I can’t do anything that I enjoy” “Last time I went to the park with my kids I had a flare up” “I feel guilty I can’t take care of my kids, spouse, contribute to the family like I want to.”

Emotion: depression, sadness

Behavior: withdrawal from activity

Loss of self and identity



Thought: “I’ve always worked so hard to be the best _____. Who am I now?” “I have lost my independence.”

Emotion: shame, sadness, grief

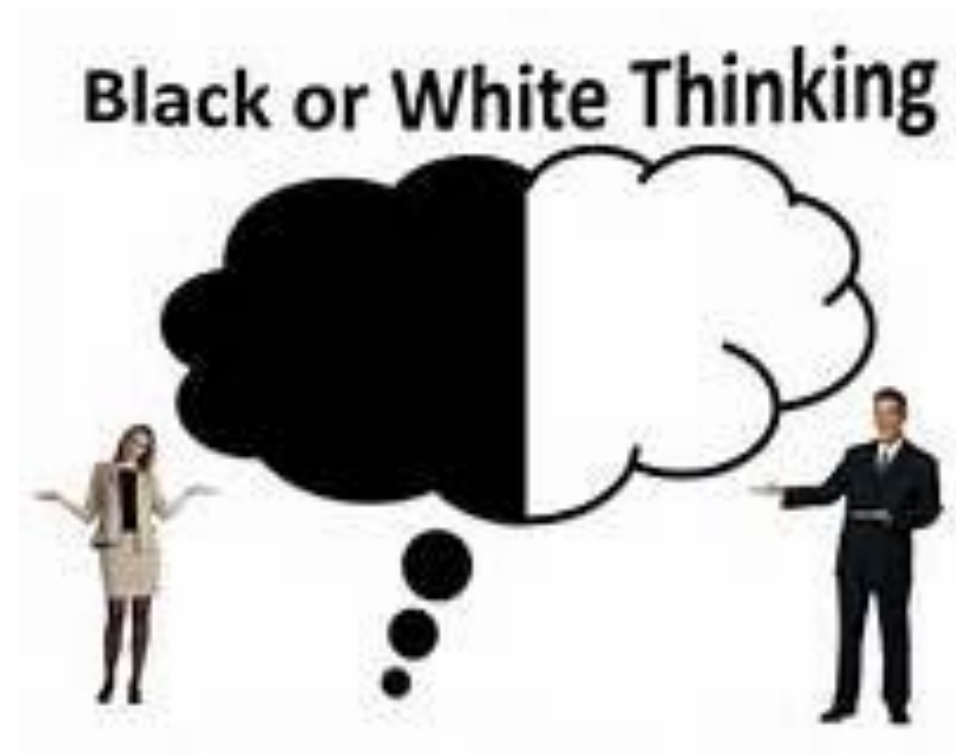
Behavior: stop activity, socializing, getting dressed, doing things enjoy doing

Black and white thinking

Thought: “If I can’t _____
like I did before, I am not
going to do anything at all.”

Emotion: anger, sadness

Behavior: stop all fun
activity



Should

Thought: “I **should** be able to dance all night long, go to the mall all day with my friends, mow the lawn, fish with my buddies provide for my family like I use to.”

Emotion: shame, guilt, sadness

Behavior: retreat into self. Stop socializing and going out



What Happens When **Stress** Continues

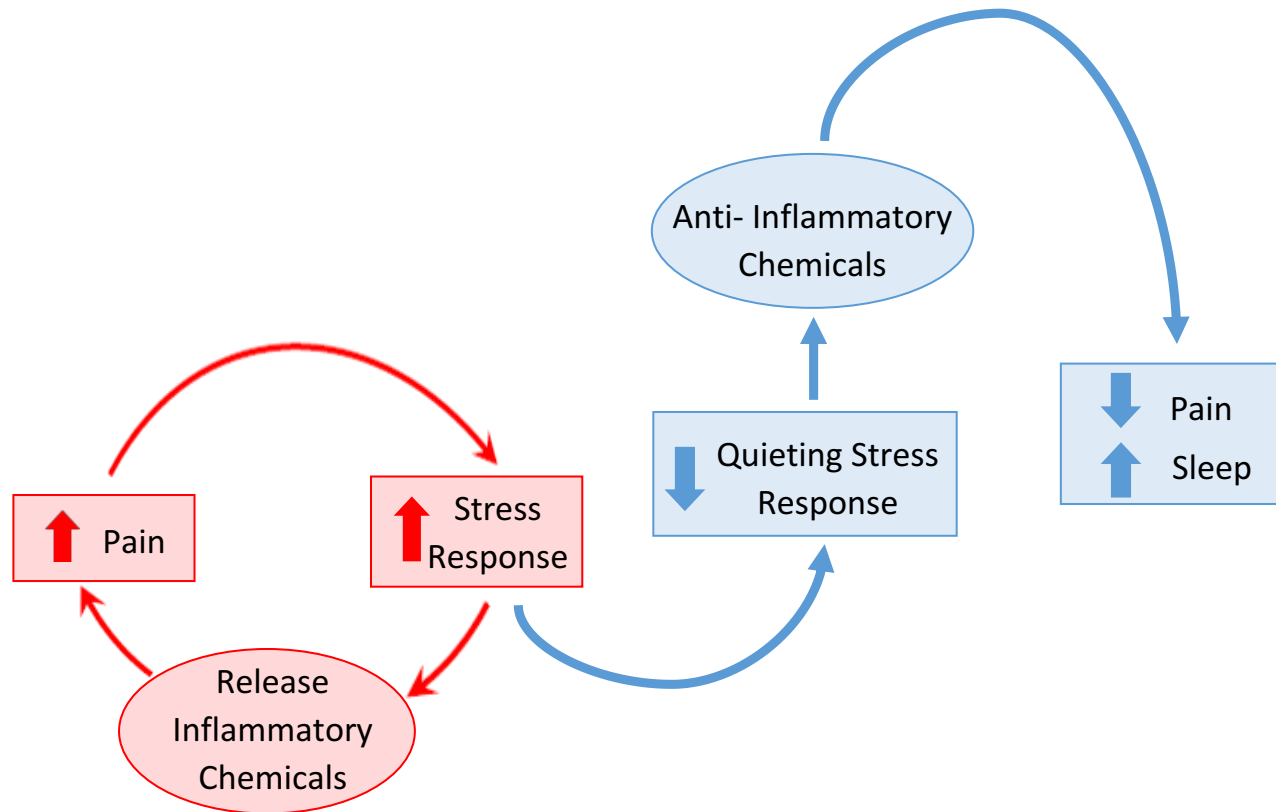
Pain becomes the lion following you around...

- Increased pain
- Depression
- Mood swings
- Cell death in the hippocampus
- Memory changes
- Poor tissue healing
- Weight gain
- Altered immunity

(From Explain Pain, 2003)



Quieting stress response quiets pain



Related problems:

- Poor sleep
- Poor digestion
- Healing difficulties
- Pain and achiness all over

Physiological Quieting Video



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Role of the family & others?

May require helping them
understand pain

Setting boundaries

Getting rid of toxic
relationships

Improving communication
skills





**“People don’t
hurt if they
have something
better to do.”**

W. Fordyce, Ph.D



Mood: Connecting With Your Patient



Lowering your stress response to pain will reduce your pain. Here is how:

The same parts of our system that work hard when we feel stress also work hard when we feel pain.

That's because both feelings are part of our Emergency Response System. When our brain senses danger, it activates this system. Stress doesn't directly cause pain. But stress can make pain worse and

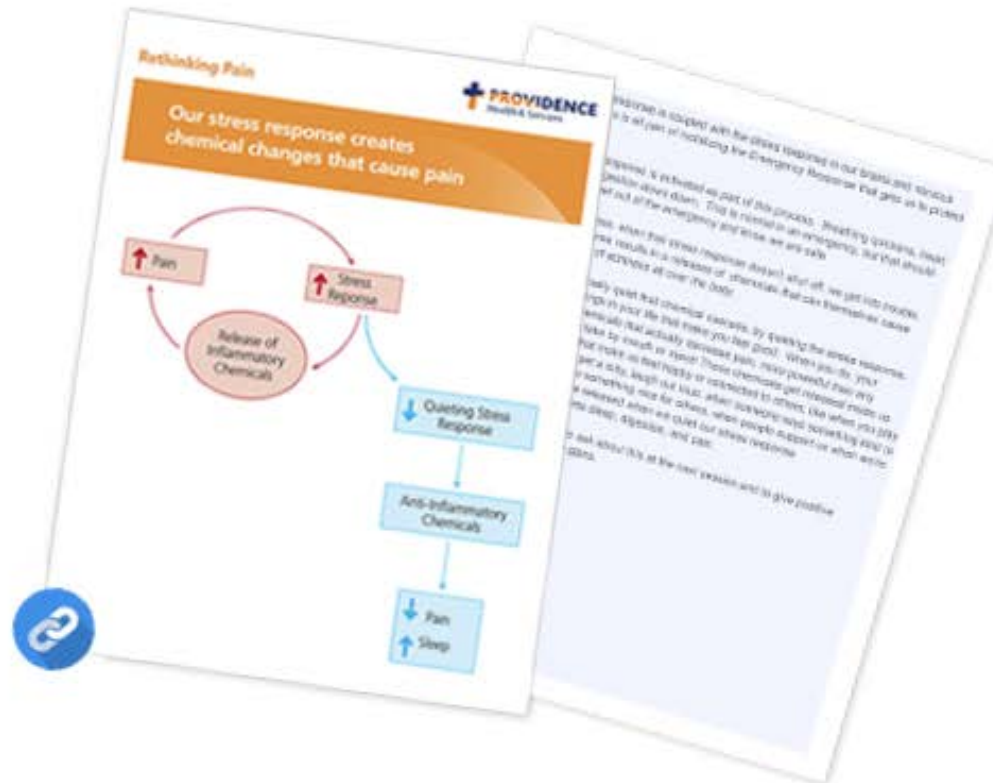


See Resources or visit the Oregon Pain Management Commission (OPMC) for the [Pain Care Toolbox](#).

Treating Pain: Key Domains

Oregon
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Mood: Resources



Relaxation videos:
Body scan, progressive
muscle relaxation and
breathing
English, Spanish and
Russian



See Resources or visit the Oregon Pain Management Commission (OPMC) for the Pain

Key Domains: Activity and Pacing



Hurt vs Harm & Fear of Movement (kinesiophobia)

Thought: “pain means I am hurting myself.”

Emotion: fear (of pain)

Behavior: stop all activity, guard, protect, hold breath



Activity and Pacing: Key Concepts



Return to activity:

- Reverses deconditioning
- Improves sleep
- Healthy input to the brain

Expect it to be a gradual process:

- Encourage your patient that they are safe to move
- Avoid flareups

You're an important coach!



See Resources or visit the Oregon Pain Management Commission (OPMC) for the [Pain Care Toolbox](#).

Activity and Pacing: Strategies

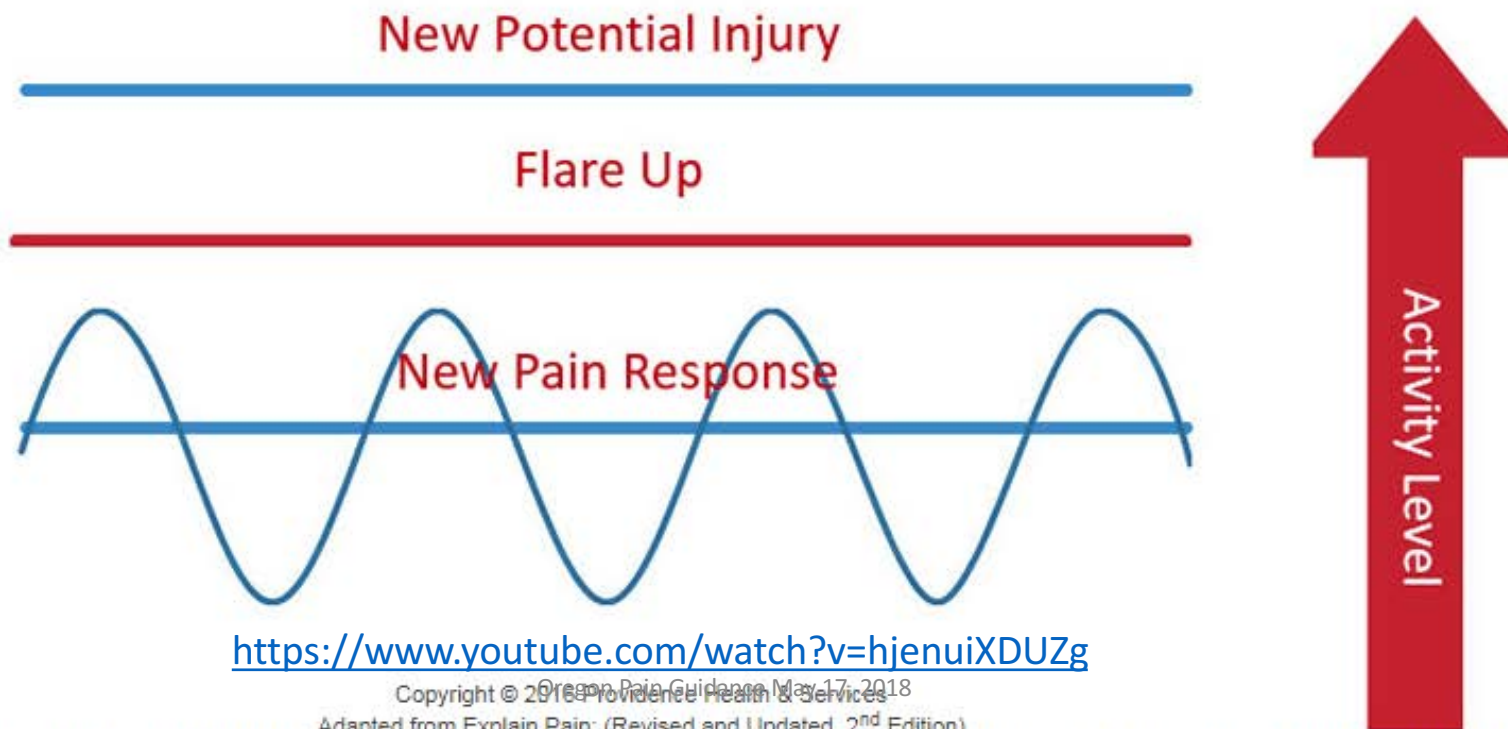


- Pacing to Return to Activity:
 - Get support and encouragement
 - With a professional, community group, or a friend
- Doing more is more important than "exercising"
- Normalize discomfort
- Ideas:
 - Aquatic exercise
 - Gentle therapeutic yoga
 - Tai Chi
 - Simple whole body movement, focusing on breathing comfortably



See Resources or visit the Oregon Pain Management Commission (OPMC) for the [Pain Care Toolbox](#).

Pain Response – *With* Persistent Pain

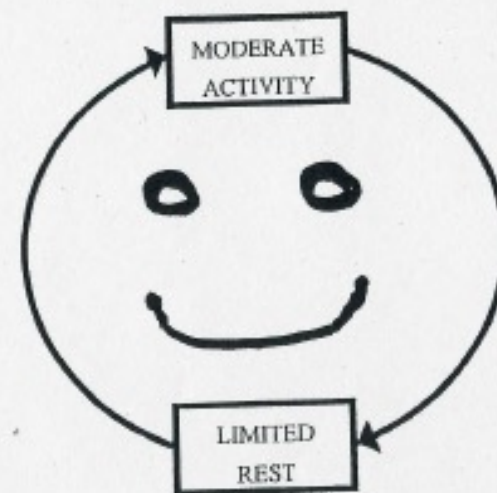


NOT PACING



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)

Expect Flare Ups
and teach flare
up management
strategies to
build self-
efficacy and
increase sense
of control



Activity and Pacing: Connecting With Your Patient



"In this situation, the things we do in everyday life aren't making our condition worse, even if what we are doing causes discomfort. As you begin to increase your activity and your body adapts to new challenges, you will probably feel sore and stiff, which is completely normal. Gentle movement will ease the soreness, over time."



See Resources or visit the Oregon Pain Management Commission (OPMC) for the [Pain Care Toolbox](#).

Knowledge of Pain and Activity:Resources

Health

About Pain

Pain Response – **With** Persistent Pain



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

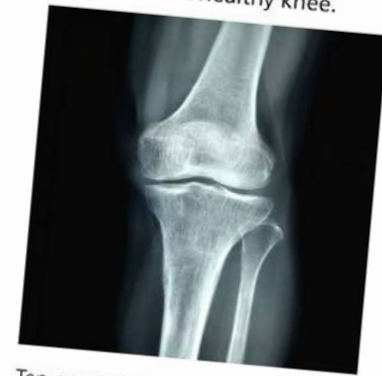
By David S Butler, G Lorimer Moseley NOI Group Publications, Adelaide, Australia. www.noi.org.au and the work of Providence Health and Services Persistent Pain Project.
Copyright © 2016 Providence Health & Services
Adapted from Explain Pain: (Revised and Updated, 2nd Edition)

doesn't tell the whole story

These images show X-rays of two knees. On the left, we see severe degeneration of the joint, and on the right, we see a healthy knee.



Up to half of people with severe arthritis in the knee have no symptoms.



Ten percent with no arthritis on an X-ray have severe pain!

Pain ≠ Harm

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Providence Health & Services

Activity video segment to be embedded soon

Key Domains: Nutrition





Diet increases pain by:

- Prostaglandin -2 is a compound that produces inflammation increasing pain globally.
- Processed foods and animal fats found in a Standard American Diet promote prostaglandin -2.



Diet decreases pain by:

- Prostaglandins 1 and 3 are compounds that decrease inflammation, thereby decreasing pain.
- These are found in colorful vegetables and lean proteins in the Mediterranean Diet.



See Resources or visit the Oregon Pain Management Commission (OPMC) for the [Pain Care Toolbox](#).

Nutrition: Strategies

Understanding barriers to better eating

- Access to grocery stores
- Lack of money
- Fatigue

Explore knowledge of healthy eating and cooking; assistance with

- Food security
- Transportation
- Cooking classes

A dietary log can be useful



See Resources or visit the Oregon Pain Management Commission (OPMC) for the [Pain Care Toolbox](#).



"If you think of pain like a fire, a bad diet pours gasoline on the fire, and the good diet pours water on the fire. There are foods we often eat that actually increase our pain through inflammation, like processed foods. And, there are also foods that decrease inflammation and pain such as fresh vegetables."



See Resources or visit the Oregon Pain Management Commission (OPMC) for the [Pain Care Toolbox](#).

Treating Pain: Key Domains

Nutrition: Resources

Oregon
Health
Solutions



See Resources or visit the Oregon Pain Management Commission (OPMC) for the Pain

Pain Care is Everyone's Job



Mary: Initial Visit

- Reason for visit: left knee pain x 8 weeks
- History: Gradual onset, no known injury
- Pain: Verbal analog scale (VAS) = 7/10

Orders:

- X-ray
- Physical Therapy
- Hydrocodone- Acetaminophen PRN



Mary: Follow-up Visit

- Pain is no better; pain score= 7/10
- Hydrocodone (60 MED)
- Physical therapy caused more pain
- X-ray Results:
 - Moderate/severe osteoarthritis



Mary: Follow-up Visit

- Pain is no better; pain score= 7/10
- Hydrocodone (60 MED)
- Physical therapy caused more pain
- X-ray Results:
 - Moderate/severe osteoarthritis

Orders:

- Physical therapy discontinued
- Change medications to a long acting formula of oxycodone



Mary: Today

- Pain persists
- Joint Injections x 2
- **Surgery: Total Knee Replacement**
- Medication daily dose is now 250 MED
- **Pain spreading throughout left leg as well as in right knee, and in the low back, thoracic spine and neck**



Pain Story: Mary - What Did We Miss?

Additional Assessment

History: pain onset, gradual **following unexpected death of mother.**

Knowledge of pain and beliefs:

- STarT Back Assessment Tool: "It's not safe for a person with a condition like mine to be physically active."
- Believes medication is the only thing helping her.



Additional Assessment

Sleep:

- 4 hours per night maximum
- Naps frequently during the day

Mood:

- PHQ 4 = mod/severe psychological distress
- History of childhood trauma, depression and anxiety



Additional Assessment

Activity:

- Unemployed
- PEG Pain Screening = pain significantly interferes
- Oswestry Disability Index = severe disability
- No energy for hobbies

Nutrition:

- Convenience foods as she does not have energy to cook, difficulty in the kitchen
- Minimal consumption of fruits and vegetables



Pain Story: The New Plan of Care

Pain Education

- Assure Mary her pain is real
- Use of pain education videos

Shared Decision Making Tool:

- Sleep
 - Routine bedtime, reduce naps
- Mood
 - Relaxation practice
 - Provide a mental health contact



Pain Story: The New Plan of Care (Continued)

Activity:

- Swim class 1x/week
- Walking around the block w/ friend daily and increase weekly



Pain Story: The New Plan of Care (Continued)

Nutrition:

- Add vegetables to meals
- OT referral for food prep/ kitchen

Medications:

- Monitoring risks/ benefits/ harms
- Tapering plan as indicated



Pain Story: Mary's Treatment Success

One Year Later...

- Use PEG to focus on function rather than pain
- Less napping, better sleeping, usually 6 hours
- Practicing mindfulness using an app
- Began counseling
- Walking with a friend about 1 ½ miles daily, water exercise 1 x a week
- Socializing and doing hobbies
- Preparing healthier meals
- Reduced medication dose



Course Summary



Key Concepts

- Pain is a complex, neuroplastic and reversible process
- What we say matters
- It takes a team, and pain care is everyone's job
- Prioritize 5 key domains of active engagement
 - Knowledge of pain
 - Sleep
 - Mood
 - Activity
 - Nutrition
- Focus on function
- It's a process, you're the coach



See Resources or visit the Oregon Pain Management Commission (OPMC) for the Pain

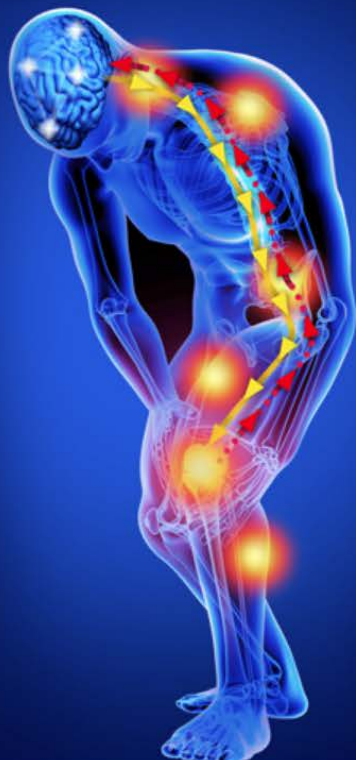
Catriona Buist, Psy.D.
buistc@ohsu.edu

Resources Follow



Oregon Pain Management Commission (OPMC)

Logout



Changing the Conversation About Pain: Pain Care is Everyone's Job

This course has been developed for all healthcare providers. This educational module qualifies as the required web-based pain management training offered by the Oregon Pain Management Commission.

Credit:

- One (1) CME AMA PRA Category 1 Credit(s)™
- This continuing nursing education activity was approved for 1.0 contact hour by the Oregon Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

[Review Course](#)[Evaluation Complete](#)[Print Certificate: Physician CME](#)[Print Certificate: All Other Disciplines](#)

Oregon Pain Management Commission:

Legislation established a Pain Task Force in 1997; followed by The Pain Management Program and Coordinator position in 1999; And, in 2001 the Pain Management Commission.


- 17 voting members, 2 legislative members

- MDs
- Physician Assistant
- Nurses
- Nurse Practitioner
- Naturopathic Physician
- Chiropractic Physician
- Acupuncturist
- Pharmacist
- Psychologist
- Dentist
- Addiction Counseling
- Physical Therapist
- Occupational Therapist
- Health Care Consumers
- Patient Advocates
- Public Representative
- Legislative Members
 - Senate
 - House



New resources for clinicians

links here on the bookmarks bar. Import bookmarks now...

**PROVIDENCE**
Health & Services
Oregon and Southwest Washington

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Providence Persistent Pain > Persistent Pain Toolkit

Providence Persistent Pain

Overview

Our Programs

Our Services

Related Conditions

Our Doctors

Locations

Persistent Pain Toolkit

Health Care Provider Toolkit

Patient and Families Toolkit

Pain Resources

News

Persistent Pain Toolkit

The Providence Persistent Pain Toolkit was designed to help both health care professionals and patients and their families with resources for understanding and quieting pain.

HEALTH CARE PROVIDER TOOLKIT >PATIENT AND FAMILIES TOOLKIT >

For other resources to quiet pain, including classes and therapy services, [visit our main Persistent Pain Program page.](#)

Providenceoregon.org/pain toolkit



Select Language ▼



[Home](#) [Pain Treatment Guidelines](#) [Tools](#) [6 Building Blocks](#) [Resources](#) [Oregon Health Authority](#) [Regions](#) [OrCRM](#)



Oregon Governor Kate Brown - Addressing Opioid Overdoses a top priority for 2018

The state's Opioid Task Force recommends a multi-part plan to address the ongoing opioid overdose epidemic:

- Require opioid prescribers to register for a state-wide monitoring program,
- Create a mentorship program using other addicts in recovery,
- Lower barriers to accessing addiction treatment (new legislation in 2019)

21 EVENTS

NEWS



GAO recommends that Medicare Expand Oversight Efforts to Reduce Risk of Harm from Opioid Prescriptions >



Multnomah Co. Tracking Opioid Overdoses in Real Time to get Handle on the Problem >



Tools for Tapering >



Multnomah County Plans to Sue Maker of OxyContin >

Lorimer Mosely – Chronic Pain Tame the Beast 5' utube

<https://www.youtube.com/watch?v=XwBYkw-iZdQ>



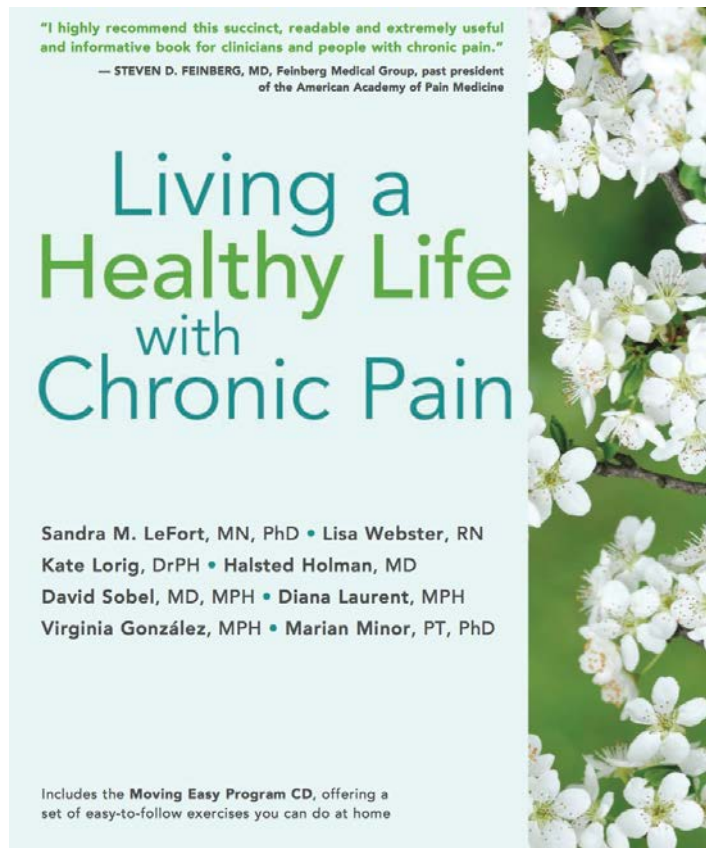
“Understanding Pain and What to do About It in less than 5 Minutes” utube

Understanding pain and what to do about it in less than 5 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>

Classes on Living Well with Chronic Pain

www.healthoregon.org/livingwell



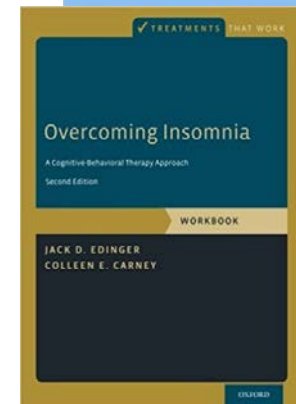
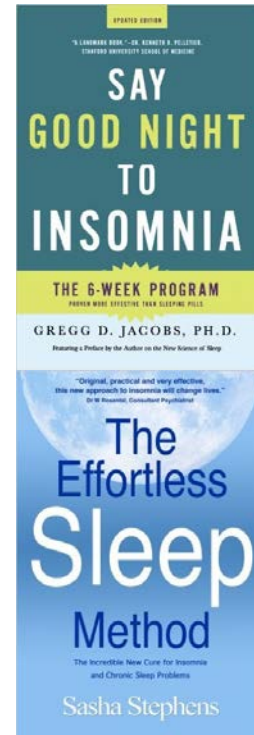
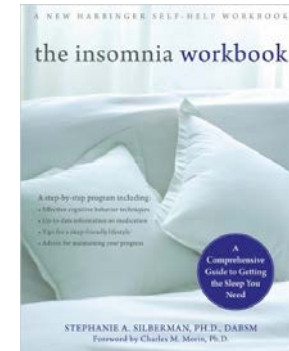
This 2015 book is designed to help manage pain so people with chronic pain can get on with living a satisfying, fulfilling life, and includes the *Moving Easy Program CD*. This book and CD are the companion resources to the Chronic Pain Self-Management workshop.



Sleep Resources

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

Resource: CBT-i Coach



Healthy Sleep Resources from Kimberly Hutchison, MD, FAASM

Books

1. The Insomnia Answer: A Personalized Program for Identifying and Overcoming the Three Types of Insomnia, by Paul Govinsky and Art Spielman.
2. Say Goodnight to Insomnia, by Gregg Jacobs.

Apps, Podcasts, or Online Resources

1. Insight Timer (free)
2. [Noisli.com](https://www.noisli.com) (various sounds)
3. Smiling Minds
4. Simple Habit
5. Relax and Sleep Well by Glenn Harrold (free)
6. Calm
7. Headspace
8. Sleep with Me Podcast
9. Jeff Bridges Sleeping Tapes

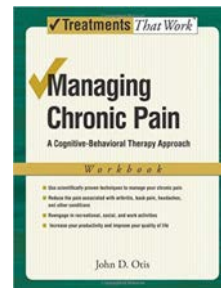
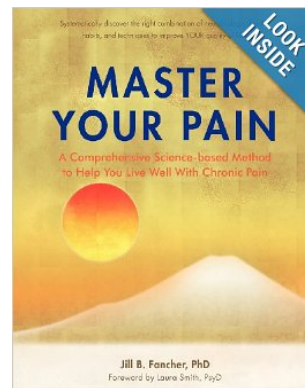
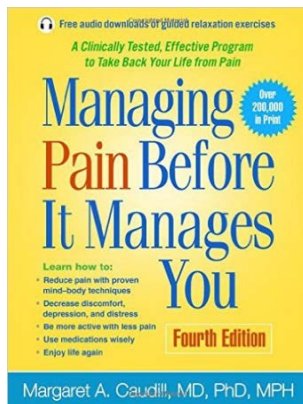
CBTI

1. Cleveland Clinic Mindfulness Based Insomnia Therapy (\$40 for 6 week online program) <http://www.clevelandclinicwellness.com/Programs/Pages/Sleep.aspx#pop>
2. OHSU Individual CBTI (Amy Kobus, PhD) or OHSU Group CBTI (Teni Davoudian, PhD)
3. SHUTi (\$149), CBTi-coach (free), NightOwl (\$10)

Alternative Therapies for Adults

1. Essential Oil Sprays (lavender is a popular scent)
2. Worry Stone (also known as palm stones or thumb stones) are smooth, polished stones with a thumb-sized indentation in the center. They are used by holding between the index finger and thumb and rubbing gently for relaxation or anxiety relief.
3. Acupuncture
4. Massage Therapy

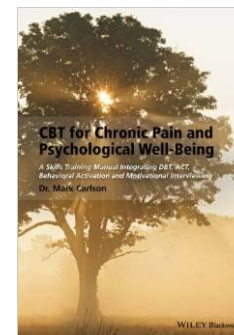
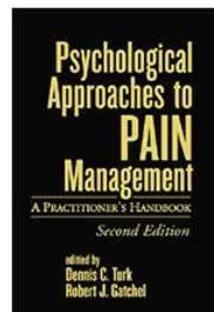
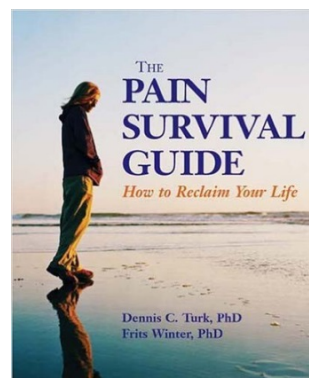
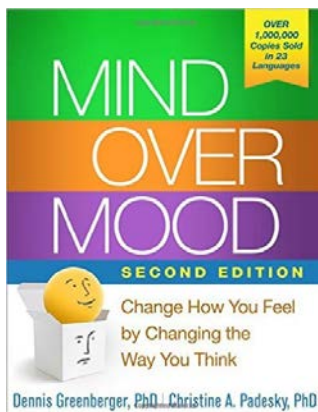
Cognitive Behavioral Therapy (CBT) Resources



- CBT Manual for Chronic Pain

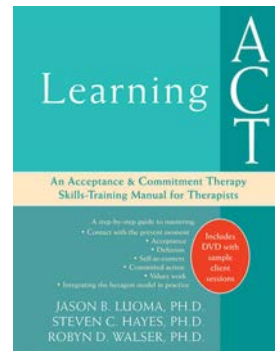
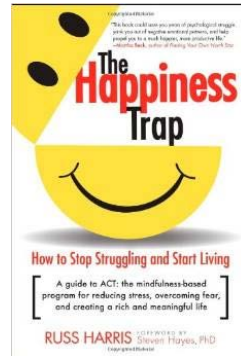
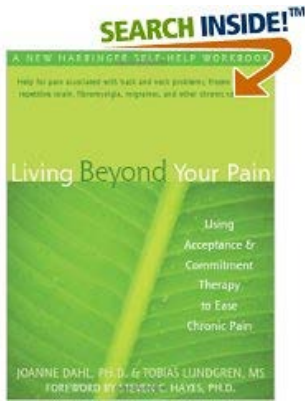
https://www.va.gov/PAINMANAGEMENT/docs/CBT-CP_Therapist_Manual.pdf

- Beverly Thorn has a low literacy manual for chronic pain



Acceptance & Commitment Therapy (ACT) resources

Steven Hayes, 1994



<https://contextualscience.org/act>

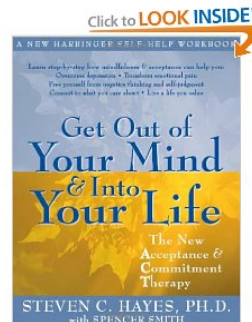
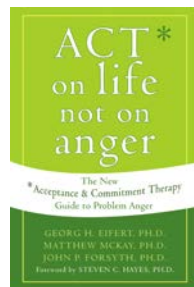
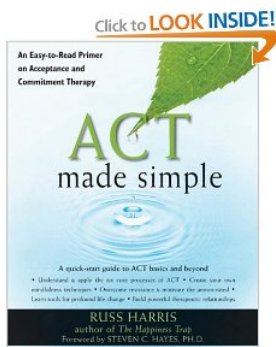
<https://www.actmindfully.com.au/>

Portland Psychotherapy Clinic

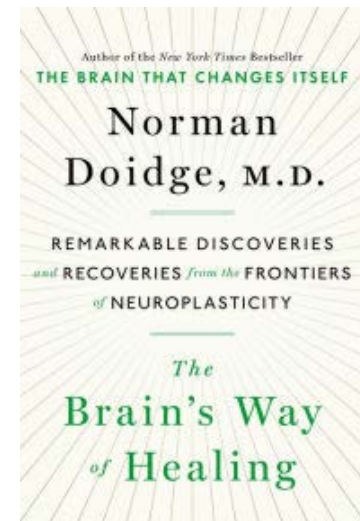
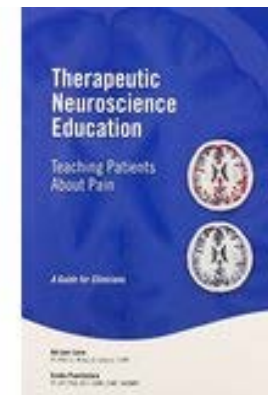
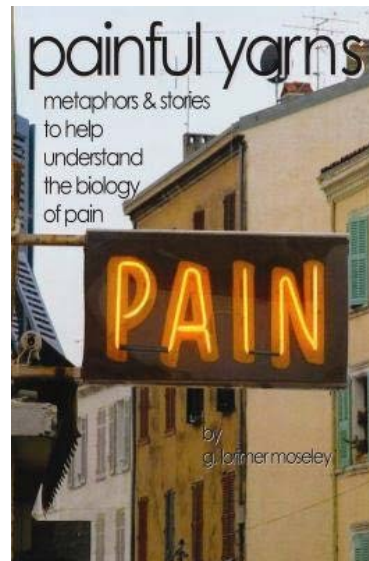
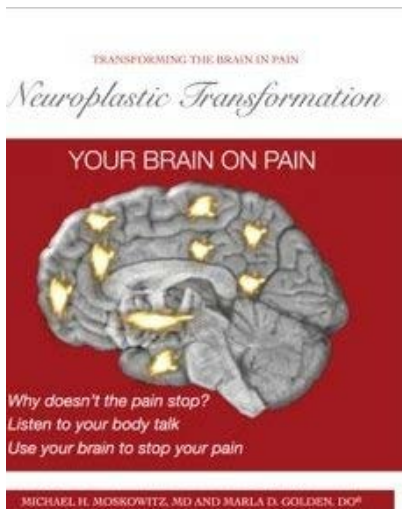
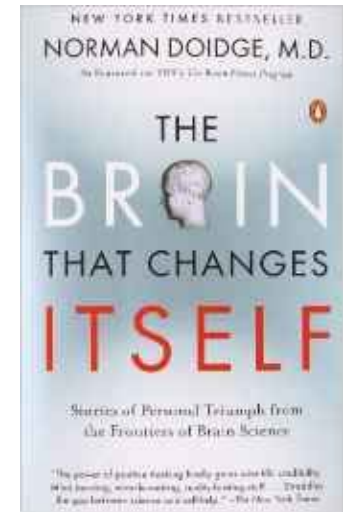
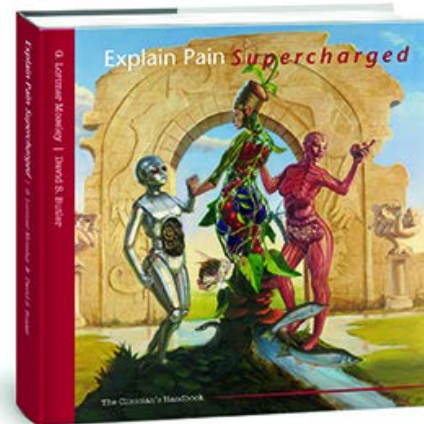
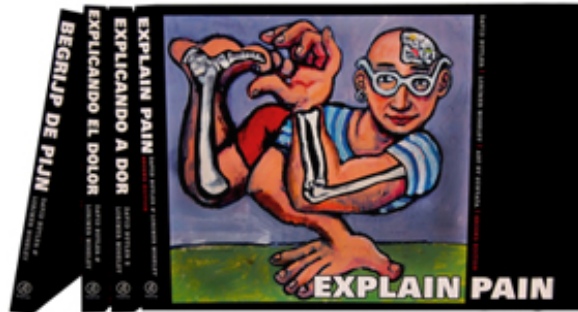
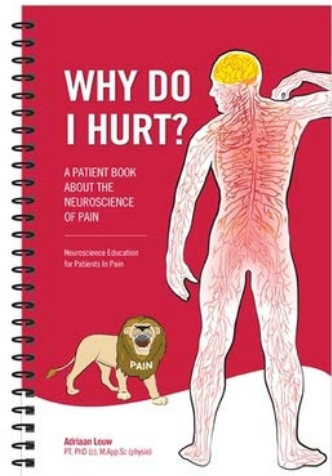
<http://portlandpsychotherapyclinic.com/resources/acceptance-and-commitment-therapy-exercises-and-audiofiles/>

Kevin Vowels ACT manual

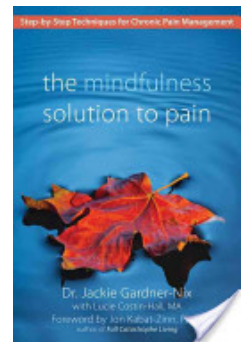
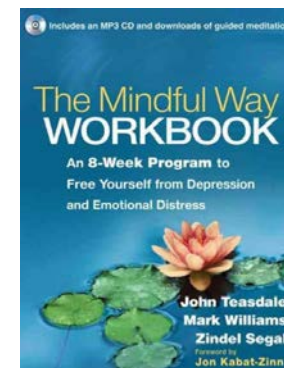
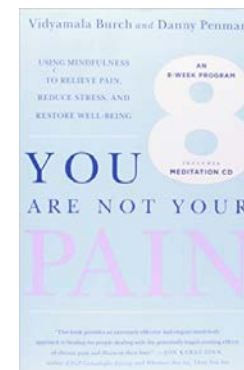
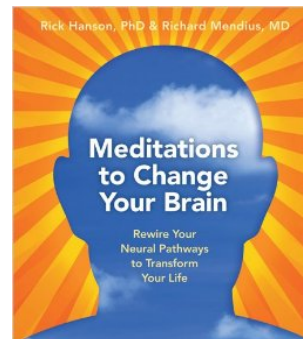
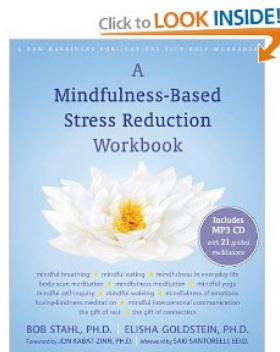
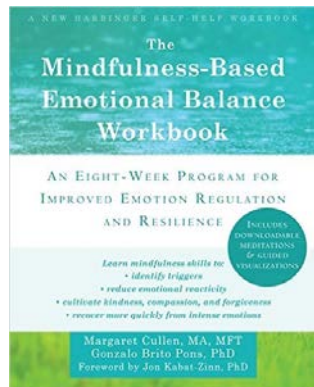
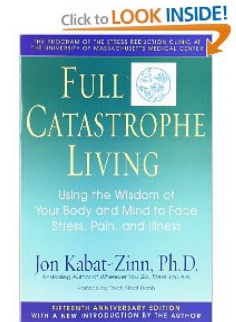
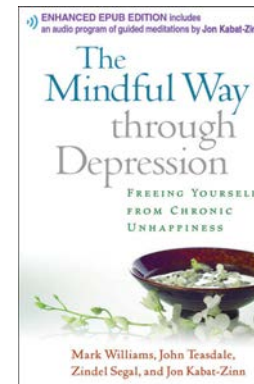
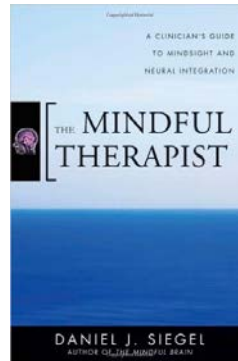
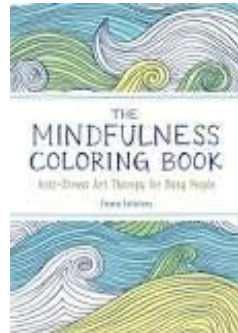
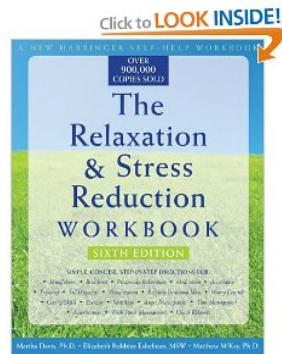
https://contextualscience.org/files/CP_AcceptanceManual_09.2008.pdf



Neuroplasticity Resources

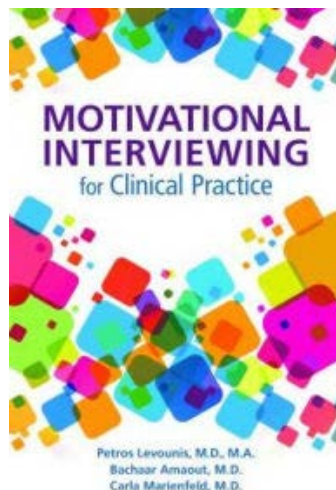
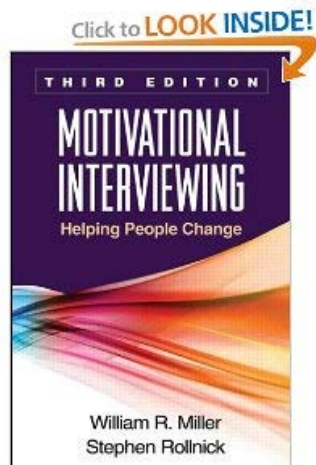


Mindfulness and Relaxation Resources



Motivational Interviewing resources

(Miller and Rollnick, 2009)



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...”

Motivational Interviewing for Healthcare Professionals - Online Education

College of Nursing at the University of Colorado

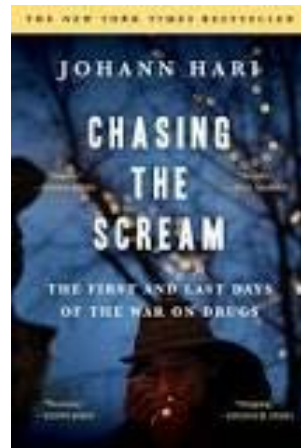
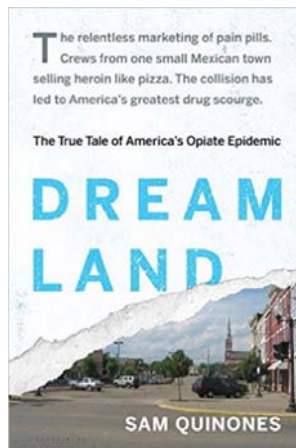
<http://www.ucdenver.edu/academics/colleges/nursing/programs-admissions/CE-PD/Pages/Motivational-Interviewing-for-Healthcare-Professionals.aspx>

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

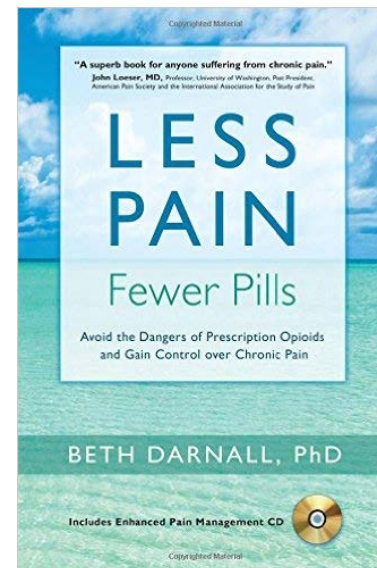
Resources for Understanding the Issues Related to the Opioid Epidemic & to Help Patients



Chasing Heroin

(Frontline & PBS)

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



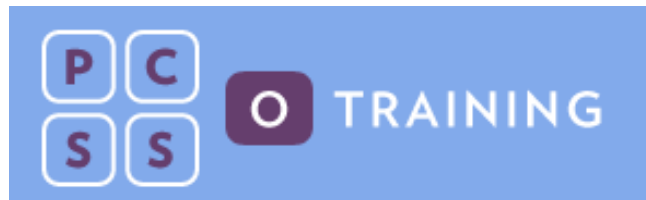
Free Pain CME



www.coperems.org



www.scopeofpain.com



www.pcsso.org



www.pcssmat.org

March 2016 National Pain Strategy - outlines actions for improving pain care in America to reduce the burden and prevalence of pain and to improve the treatment of pain (Courtesy of Dr. Sean MacKey)



Prevention & Care

Increase substantially the accessibility and quality of pain care



Disparities

Under-treatment and inappropriate treatment of pain among racial and ethnic minorities



Services & Reimbursement

Public health entities have a role in pain care and prevention



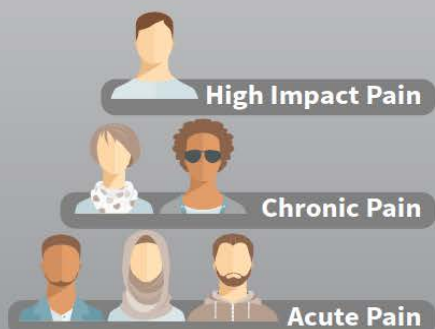
Professional Education

Improve professional education of all providers



Public Education & Communication

High quality, evidence based education programs for patients and the public



Population Research

Improvements in state and national data are needed

National Pain Strategy

Initiative to Address Opioids and Drugs with Addictive/Abuse Potential

Aim: Reduce deaths, overdoses, and harms to Oregonians from opioids and other drugs with addictive/ abuse potential through public health and health systems interventions

DATA TO INFORM, MONITOR, AND EVALUATE



1 IMPROVE PATIENT CARE

REDUCE RISKS TO PATIENTS BY MAKING PHYSICAL AND BEHAVIORAL HEALTH TREATMENTS SAFER, addressing history of trauma, and providing non-pharmacological treatment options

2 REDUCE PATIENT HARMS

REDUCE HARMS AND SUPPORT RECOVERY FROM SUBSTANCE USE DISORDERS by making Substance Use Disorder treatment more accessible and affordable, and addressing recovery as a chronic disease

3 IMPLEMENT POPULATION-BASED STRATEGIES

Protect the community by REDUCING THE NUMBER OF PILLS IN CIRCULATION through implementation of safe prescribing, storage, and disposal practices



Evidence Based Reports Supporting Multidisciplinary Treatment for Chronic Pain

3/16 CDC urged health care providers to turn to non-drug and non-opioid painkillers before considering opioids

11/16 Agency for Healthcare Research and Quality - 800 page review on chronic LBP - nonpharmacological therapies appear to be effective for improving pain or function including exercise, yoga, tai chi, psychological therapies, multidisciplinary rehabilitation, acupuncture, spinal manipulation...

2/17 American College of Physicians advised doctors and patients to try non-drug therapies such as exercise, acupuncture, tai chi, yoga, chiropractor and avoid prescription drugs or surgical options when possible. If non-drug therapies fail, recommend nonsteroidal anti-inflammatory drugs as first line therapy, or tramadol or duloxetine as second line therapy.

11/17 Institute for Clinical and Economic Review Final Report – recommends enhanced coverage of certain non-drug management options for low back pain including acupuncture, CBT, MBSR, and yoga