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## Objectives

- 1. Participants will understand and be able to communicate in simple terms the neurobiology of pain
- 2. Participants will understand areas of treatment approach for behavioral health in addressing chronic pain
- 3. Participants will be better able to partner with patients in treatment planning and community engagement for addressing chronic pain

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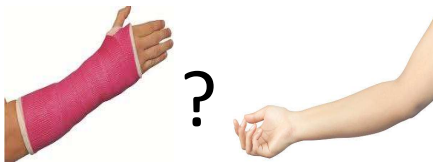
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## Acute vs. Chronic

- Acute Pain = less than 3-6 months
- Chronic (a.k.a. persistent) Pain = greater than 3-6 months



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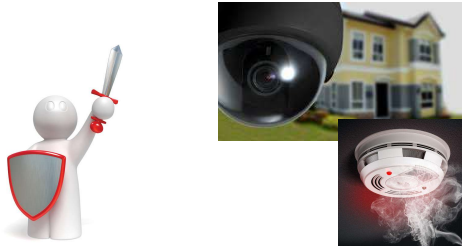
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What is pain?



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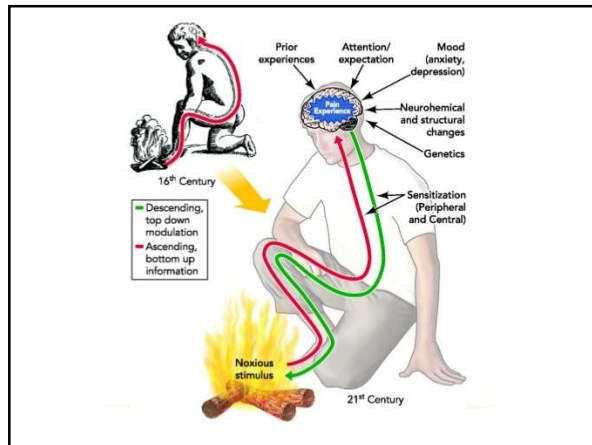
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What is the function of the brain?



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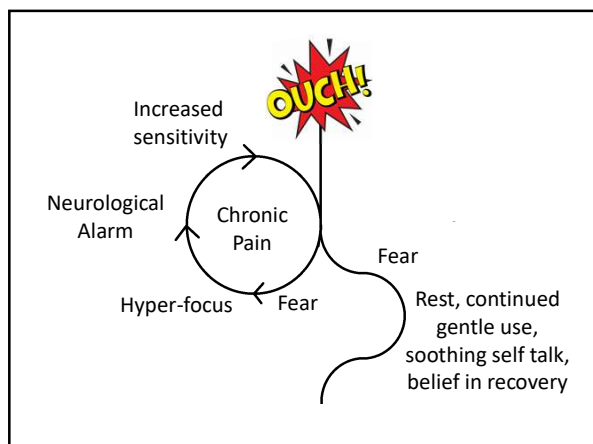
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### Beliefs about Pain

- ◆ Organic pain beliefs are more strongly related to disability and depression than psychological pain beliefs.
- ◆ Beliefs about the nature of pain and beliefs in one's ability to cope with pain determine both physical and mental health outcomes in chronic low back pain patients.
- ◆ The greatest predictor of pain experience is perception. pain-related fear was a consistently stronger predictor of pain in comparison to catastrophizing.

Baird and Sheffield, 2016; Hirsch et al, 2008

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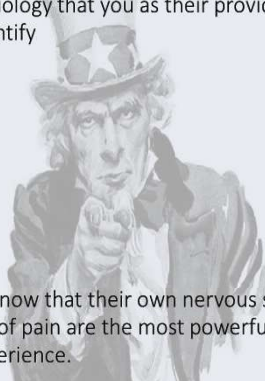
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- ◆ Many patients in chronic pain believe there is a clear biological etiology that you as their provider have failed to identify



- ◆ They don't know that their own nervous systems and assessment of pain are the most powerful influences on their experience.

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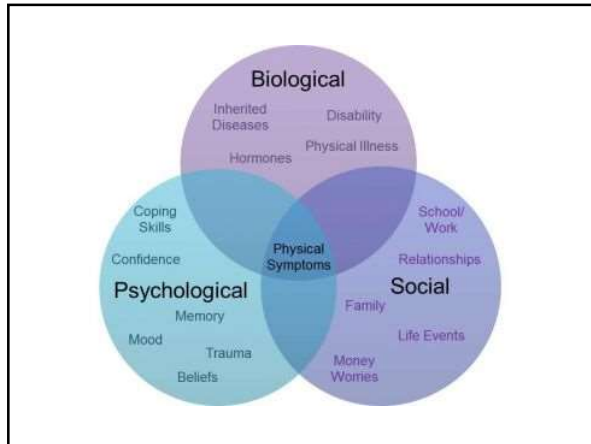
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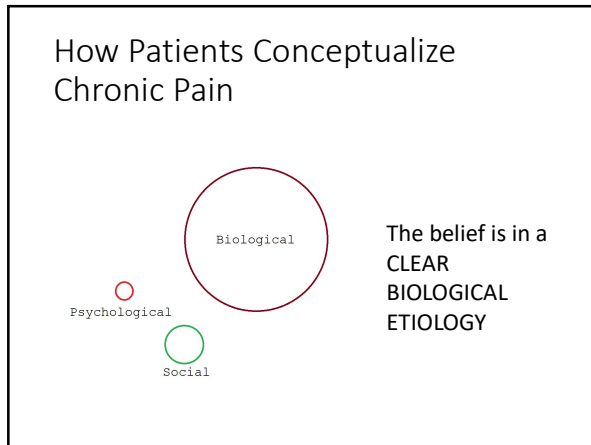
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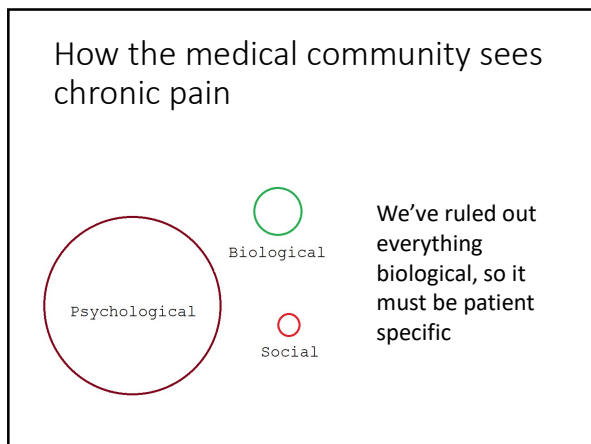
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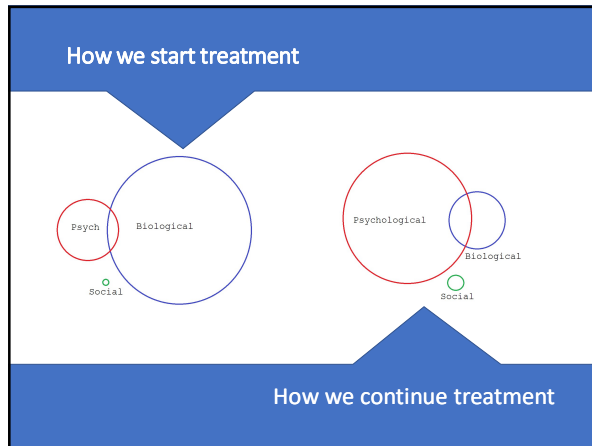
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### Medications for pain

- There is no medication for pain that can treat pain perception (the interpretation by the brain that makes it important enough to keep paying attention to)
- Medications are excellent at bottom-up pain communication interruption during ACUTE pain
- Medications are better at treating **fear** of pain than pain itself in CHRONIC pain

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### What are the two most efficacious treatments for chronic pain?

- Behavioral Health and Movement-Based Therapies

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## So Why Behavioral Health?

Pain has two primary insults

1. It hurts!
2. Loss of self. "This isn't me"



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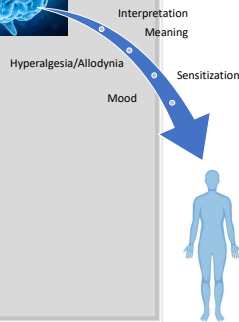
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## The brain and pain



- Fear → Automatic Negative Thoughts (ANTS)
- Stress and Sleeplessness
- Sensitization
- Allodynia- painful response to nonpainful stimulus
- Hyperalgesia- heightened response to painful stimulus
- Guarding



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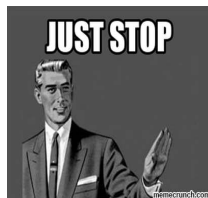
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## How does pain affect our movement?

- Almost all of the ways our body responds to injury or fear of injury are avoidance based.
  - Keep away
  - Stop doing it (thinking, breathing, moving)
  - "immobilize" (stop moving) - It does this by swelling areas, reflex etc.



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## What do we know

- **ANYTHING THAT CALMS THE NERVOUS SYSTEM IMPROVES PAIN**
- Anything that improves the quality of a person's sense of identity, management of fear, movement and sleep improves pain

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## SOME "NOT SO SHOCKING" STATISTICS

- Costs are 75% higher for people diagnosed with both behavioral health and other common chronic conditions than for those without a co-occurring behavioral health diagnosis.
- In Medicaid, the cost of care is 200-300% higher for beneficiaries with co-occurring behavioral health and chronic conditions.
- Patients with behavioral health disorders also have significantly greater spending for general medical conditions than patients without a behavioral health disorder.
- People with behavioral health disorders are more likely to have other chronic medical conditions like asthma, diabetes, heart disease, high blood pressure and stroke. In addition, those with physical health conditions (e.g., asthma or diabetes) also report higher rates of substance-use disorders and "serious psychological distress."
- Patients with medical and co-occurring behavioral health disorders use the ER more than people without.

American Hospital Association (2019). Behavioral Health Integration.  
[https://www.aha.org/system/files/media/file/2019/06/Market\\_Insights-Behavioral\\_Health\\_Report.pdf](https://www.aha.org/system/files/media/file/2019/06/Market_Insights-Behavioral_Health_Report.pdf)

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## THE STATE OF MENTAL HEALTH IN THE US

- Youth mental health is getting worse (major depression increased from 8.66 percent to 13.01 percent of youth ages 12-17)
- Only 28.2 percent of youth with severe depression were receiving some consistent treatment
- Adult prevalence of mental health is the same over the last decade, but suicidal ideation is increasing.
- Almost a quarter (22.3%) of all adults with a mental illness reported that they were not able to receive the treatment they needed (over 10M). This number has not had any improvement since 2011.
- Prevalence of substance use disorders (SUD) decreased in both youth and adults.
- More Americans are insured, but their coverage is lacking (insurances not including mental health benefits doubled in the last decade)

Mental Health America (MHA) (2019). The State of Mental Health in America. <https://www.mhanational.org/issues/state-mental-health-america>

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## FACILITATED GROUPS

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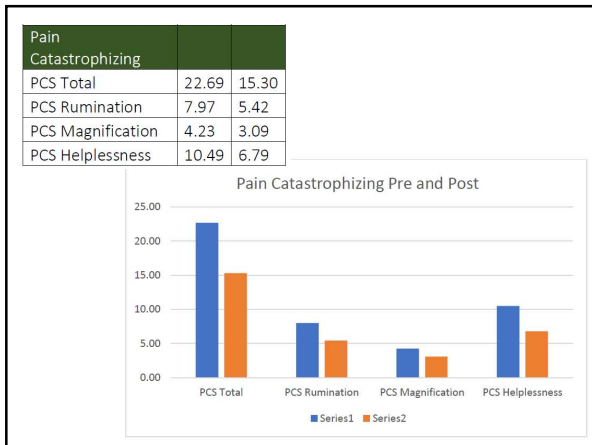
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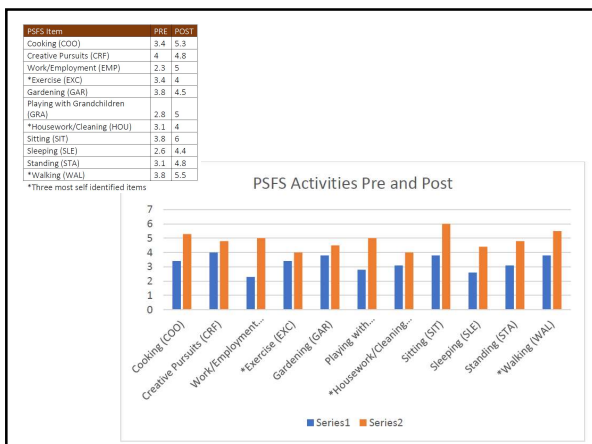
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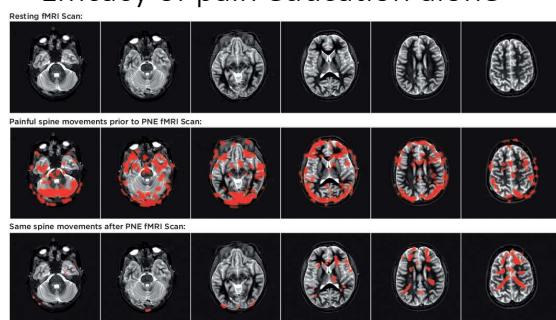
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## Efficacy of pain education alone



Loew A, Parvizi EJ, Doherty L, Peoples RR. Prospective therapeutic neuroscience education for lumbar radiculopathy: a single-case fMRI report. *Psychology Theory and Practice*. Oct 2015;33(7):696-906.

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## Facilitated groups

Harness peer support, peer referencing, peer modeling



- Pain treatment is best done in groups – not just behavioral health groups.
- Shared medical appointments
- Group pain education
- Group physical therapy
- Group dietary education
- Group crafting circles (recreation therapy)

- Create cohorts. They are PHENOMENAL
- Consider rewards, achievements

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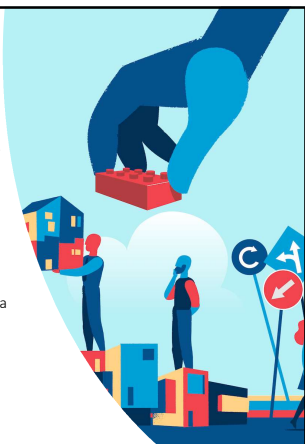
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## The power of the community

- Peer Support Programs
- AA, AlAnon, CoDA, SMART Recovery, Celebrate Recovery, Churches
- Local yoga and tai chi instructors – invite them to group to teach some moves and promote their businesses
- Check with local fitness centers on gentle movement options and discounted classes
- Invite massage students to come to a medical group appointment
- Get your group members to form walking groups, sewing circles, coffee get togethers – remember ANYTHING THAT CALMS THE NERVOUS SYSTEM HELPS CHRONIC PAIN



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