# THE PAIN MAKES ME FEEL ALIVE:

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\*\*The information presented here does not represent the views of the Department of Veterans Affairs or the United States Government.

### Today's Mission

#### Objectives:

- Create an interdisciplinary treatment for chronic pain using ACT as the core treatment.
- 2. Apply the Matrix model of ACT for rehabilitation in chronic pain.
- Describe how the 6 core ACT processes are useful across the intake, treatment, and follow up process.

#### Plan:

- Describe the problem of Chronic Pain
- Tell the story of development of the ACT for Pain program structure
- Present preliminary program outcomes
- Review the Matrix in relation to the 6 core ACT processes
- Role Plays and/or Experiential Exercises

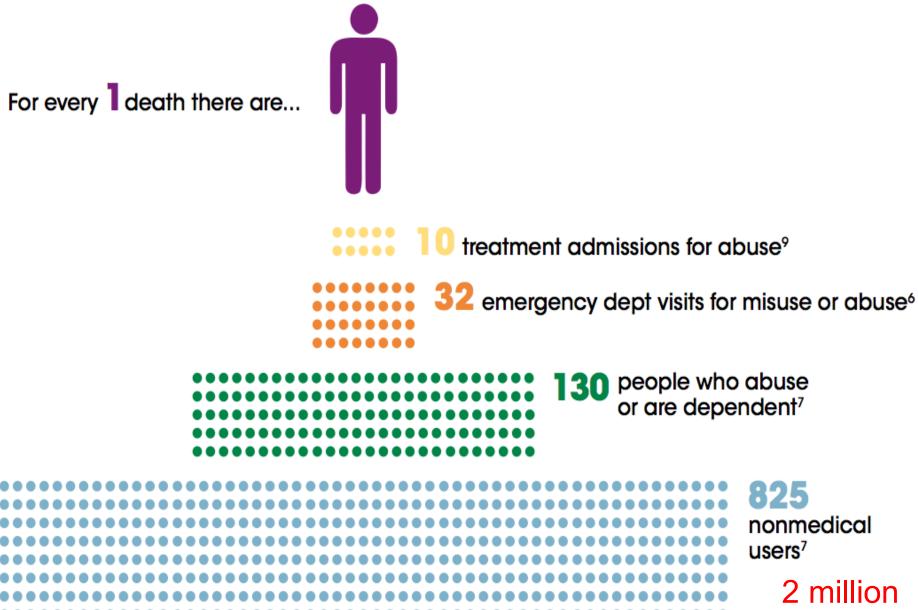
#### Problem of Chronic Pain

- >40,000 Veterans with Chronic Pain visits in New England in 2013.
  - Greater than obesity
  - < 2300 Veterans diagnosed with or treated for Chronic Pain</li>
     Syndrome in 2013
    - Pain lasting more than 3 months
    - Focus on pain and/or failed treatments of pain
    - Sleep disturbance
    - Depression
    - Decreased social functioning
- In Modern Medicine the #1 treatment for chronic pain has been long acting opioids
  - Since the introduction of Oxycontin in 1990s
  - But recently, problems have been noted

### Issues with Opioids

- Respiratory Depression
- Cognitive Disorders
- Mood Disorders
  - Apathy
- Sleep Disorders
  - Insomnia
  - OSA
- Induction of:
  - Fibromyalgia-like syndrome
  - Chronic Headaches
  - Physical Dependence

- Hyperalgesia
- Immune Dysfunction
- Endocrine Dysfunction
  - Hypogonadism
    - Low Testosterone
  - Osteoporosis
- GI Dysfunction
  - Nausea
  - Constipation



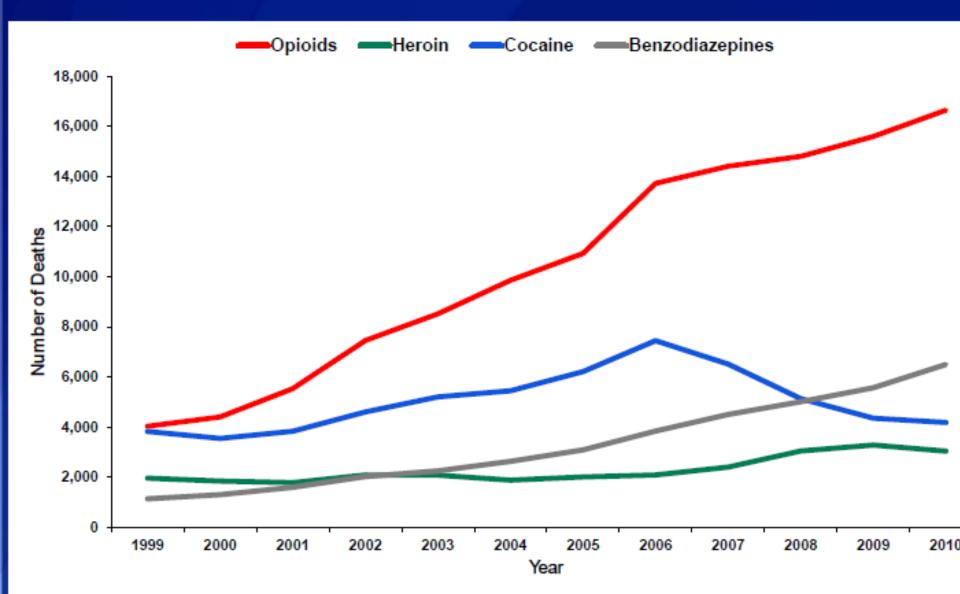
2 million

new

Policy Impact – Prescription Painkiller Overdoses – CDC 2011

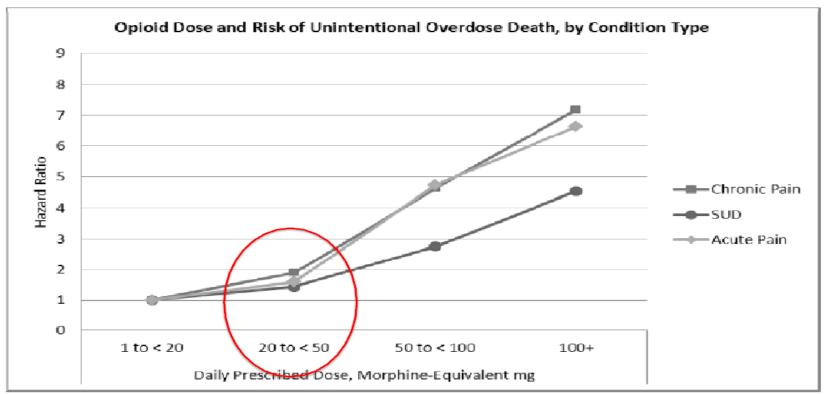
users in 2010

#### Drug Overdose Deaths by Major Drug Type, United States, 1999–2010



## Opioid dose in relation to OD rate

#### Risk of Opioid Overdose Among VA Patients, Prescribed Opioid Dose



From Bohnert, Valenstein, Bair et al., 2011 JAMA

"The problem of prescription painkiller overdoses has reached epidemic proportions. The annual number of overdose deaths from these drugs now exceeds deaths from heroin and cocaine combined. This is a public health crisis and measures must be taken now to reduce the death toll."

Linda C. Degutis, DrPH, MSN

Director of CDC's National Center for Injury

Prevention and Control

### Togus VA 2010

- Pain Clinic Consisted of:
  - Nurse Practitioner
  - Part-timeInterventionalAnesthesiologist
  - Registered Nurse

- Typical Patient
  - History of multiple injuries\*
  - Multiple interventions
  - Comorbidities
    - PTSD, Depression,
       Substance abuse,
    - Obesity, diabetes,COPD/OSA
  - Cycle of MultipleProviders / Clinics /Specialties
  - Polypharmacy



#### Ideas for Alternatives

- 2011 The Office of Rural Health Grant Initiatives
- ACT for Pain via Telehealth Idea by Kevin Polk, Ph.D.
  - ACT the Matrix (Polk & Shorendorff, 2014)
  - Useful for "workshops" and brief therapy (Hayes, et al., 2004; etc.)

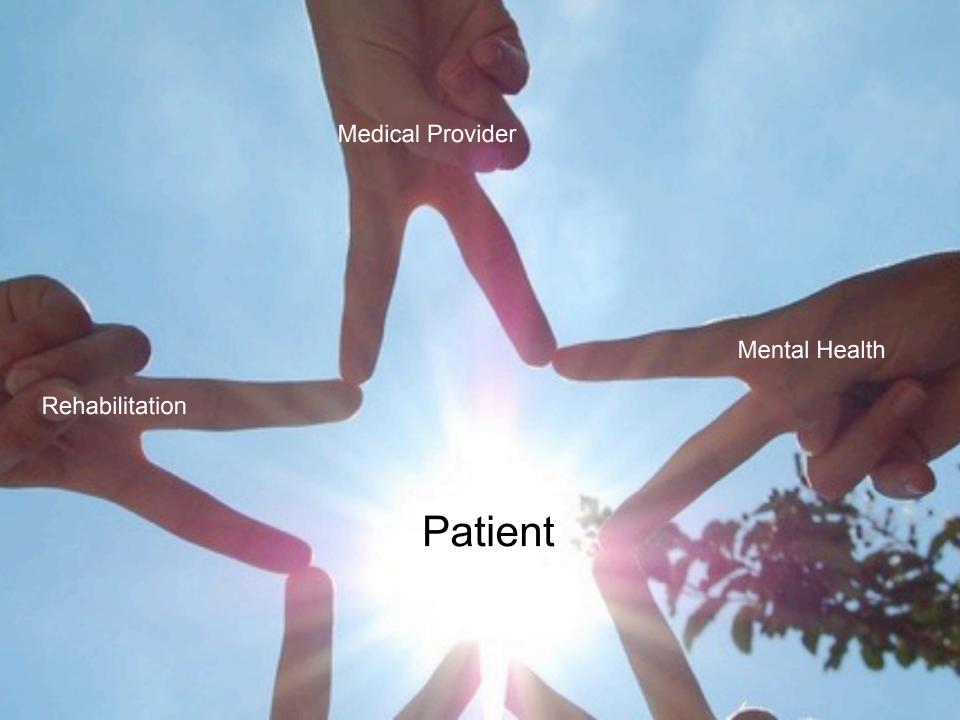
#### ACT for Pain FY 11-12

- Hired Staff
  - Psychologist
  - Social Worker
- Started:
  - Workshops
  - Individual Therapy
  - 8-10 Session MH ACT Groups
  - IOP

#### ACT for Pain FY13

- Developed the Interdisciplinary Intensive Outpatient Program
  - 5-day with Lodging available
  - 8 MH ACT Groups
  - 3 Recreation Therapy Groups
    - Introduction to Gentle Yoga
    - Introduction to Aquatherapy
    - Leisure Education
  - Physical Therapy
    - Group
    - Individual Assessment/Treatment Planning

	9 Mon	10 Tue	11 Wed	12 Thu	13 Fri
6 am					
7 am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8 am			Walk	Walk	Walk
9 am	Codisciplinary Assessmen	Choosing What to Matter About: Values	Intro to Gentle Yoga	Putting it All Together: The BUS	PostTreatment Assesment
LO am	t	Walking Education			Follow-up Planning
11 am		Intro to Recreation	Problem Solving Using AC T	Peer Support	Sharing What We Learned
		Exploring the Mind: Hooks		Introduction to Occupatio nal Therapy	Graduation
Noon	Lunch	Lunch	Lunch	Lunch	Graduation
1 pm	Welcome & Orientation	Acceptance & Willingness	Exploring the Self	Physical Therapy for Chro nic Pain	
2 pm	Pre-Treatment Assessme nt	Change into Swimwear	Leisure Education (Recrea tion Therapy)	Action Planning	
3 pm		The Aquatic Experience			
	Uncovering the System		Medication Education	Gentle Yoga	
4 pm			Walk	Walk	
5 pm	Dinner	Dinner	Dinner	Dinner	
		Walk	Mindfulness Practice	Mindfulness Practice	
6 pm		Mindfulness Practice	Alanon Meeting		
7 pm			AA Meeting		



#### Assessment Instruments

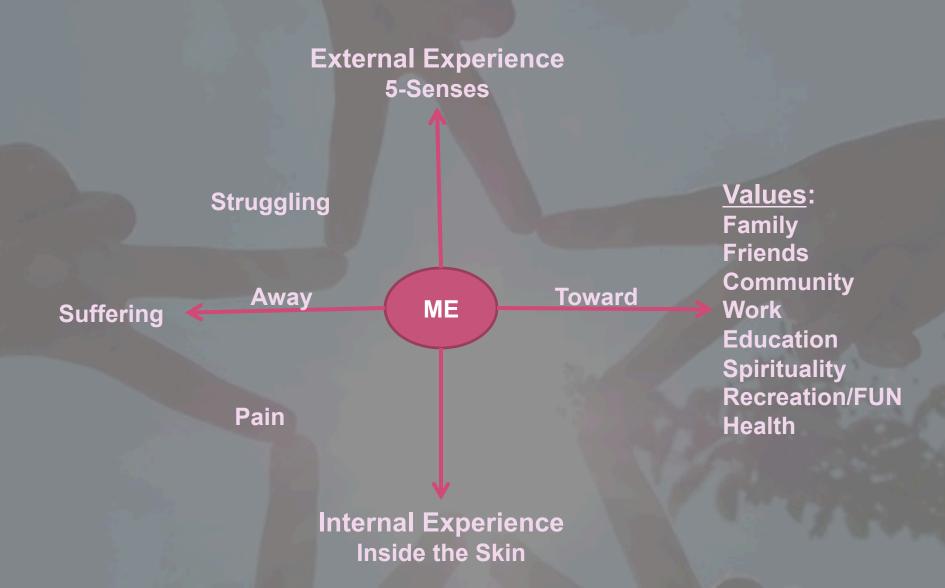
- Pain Intensity
  - **1-10/10**
- Quality of Life
  - Short Form Health Survey (SF-36; Ware & Sherbourne, 1992)
- Depression
  - Patient Health
    Questionnaire 9 (PHQ-9;
    Lowe, Kroenke, Herzog, & Grafe,
    2004)
- PTSD Symptoms
  - PTSD CheckList (PCL)
- Physical Goals
  - OPTIMAL (PT)

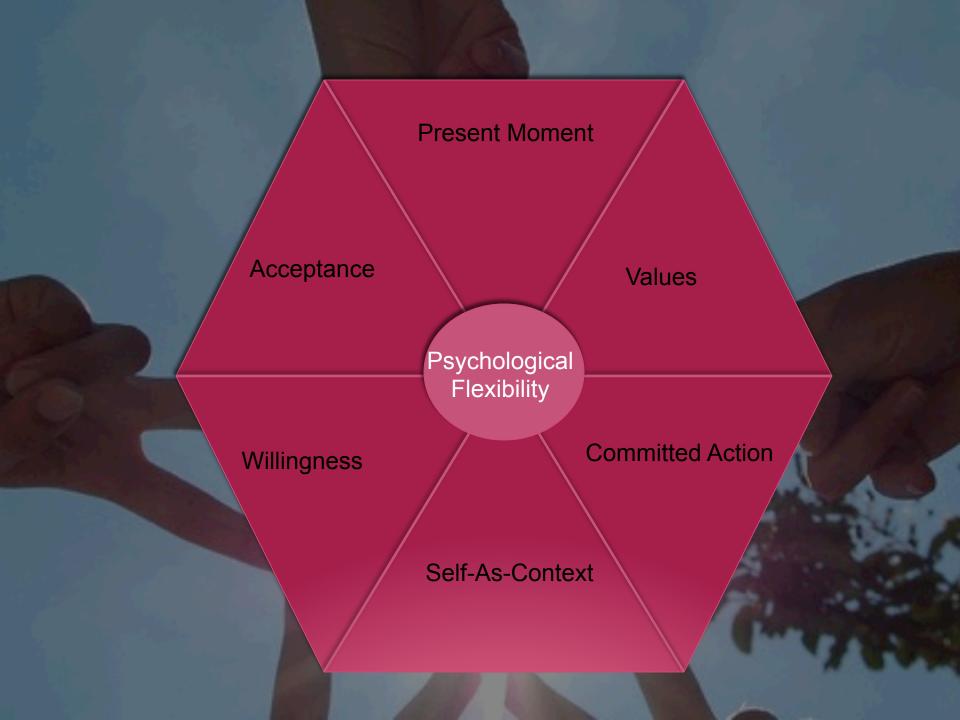
- Values
  - Valued Living
     Questionnaire (VLQ;
     Wilson et al., 2004)
- Acceptance
  - Chronic Pain
     Acceptance
     Questionnaire (CPAQ;
     McCracken, Vowles,& Eccleston,
     2004)

## Data from IOP Participants

	Pre Treatment	Post Treatment	3 Month Follow up	1 Year Follow up
VLQ-I	70	71	79	75
VLQ-C	45	61	51	57
CPAQ				
PHQ-9	14	12	14	12
PCL	48	75		58
Pain		6.3	5.7	6
Reduction in Pain		28%	11%	25%
Change in Medication use		18%	25%	20%
Satisfaction			81%	80%

## How?







#### Experiential Exercises or Role Play

- Role play assessment?
- Mindfulness of body without judgment?
- The Bus exercise?