CCNC Opioid SPARC ECHO

Efficacy of Chronic Pain Support Groups in Relapse Prevention Therapy

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Objectives

At the end of the session, participants will be able to:

- Quantify the burden of chronic pain
- Describe evidence base that supports group therapy for pain patients with OUD
- Explain the function of pain support groups
- Identify internet resources for chronic pain support groups
Burden

- In 2016, CDC reported an estimated 20.4% (50.0 million) of U.S. adults had chronic pain and 8.0% of U.S. adults (19.6 million) had high-impact chronic pain.

- Higher prevalence of both chronic pain and high-impact chronic pain reported among women, older adults, previously but not currently employed adults, adults living in poverty, adults with public health insurance, and rural residents.

- These findings could be used to target pain management interventions.

Chronic Pain Support Groups

- Chronic pain support groups provide information and strategies for patients to effectively manage chronic pain.
- While learning new skills each individual can gain a sense of hope from knowing that others have been able to manage their chronic pain.
- There are a variety of types of support groups including in-person, phone, and internet options.

Wahholtz et al. Substance Abuse and Rehabilitation 2011:2 145-162
American Chronic Pain Association

- ACPA Group Therapy builds on coping skills for the following:
  - Focus on abilities
  - Confidential group sessions (no judgement)
  - Use relaxation techniques
  - Use stretching exercises
  - Goal Setting
Global Relapse Prevention Therapy

- Use three strategies: coping skills training, cognitive therapy, & lifestyle modification
- Providing clients with behavioral coping skills training and cognitive strategies to effectively cope with high-risk situations and relapses is vital to the success of any relapse prevention program

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Group Therapy

- Mindfulness Based Interventions
- Motivational Interviewing
- Cognitive Behavioral Therapy
- Therapeutic Interactive Voice Response
- Behavioral Shaping
- Chronic Pain Self Management Program
Mindfulness Based Interventions (MBIs)

- Mindfulness meditation is steeped in centuries of Buddhist practice and philosophy. In the late 20th century, these practices were incorporated into western interventions to treat physical and mental illnesses.

- Jon Kabat-Zinn and colleagues first introduced mindfulness meditative practices to treat chronic pain and developed a program named Mindfulness-Based Stress Reduction.

- MBIs are structured as 8-week group therapy programs.
Clinical Vignette for Mindfulness

- Consider a an opioid-misusing chronic pain patient who used opioids to self-medicate depression and loneliness. After using mindfulness skills to successfully titrate off opioids with the help of her PCP, she began exercise therapy which she found helped with her pain and social isolation.

- One day she has a fall, which landed her in the emergency room with a broken ankle. Without knowing the patient’s opioid misuse history, the attending physician unwittingly prescribes an opioid medication and advises the patient to wait several weeks before resuming physical activity.
POLL: What Happens Next??

- A. Patient fills the opioid prescription.
- B. Patient uses mindfulness techniques.
- C. Patient uses a non-opioid prescription & attend exercise class for social support.
- D. Patient relapse.
- E. B & C  Answer
As a result of the self-awareness cultivated through daily mindfulness practice, the patient may recognize the cravings that arise as she holds the prescription slip in her hand. To prevent relapse, she might use mindfulness skills to deconstruct the experience of craving and contemplate the consequences of relapse versus maintaining abstinence. As the cravings abates, she may choose not to fill the prescription, use non-opioid pain reliever, and attend the exercise therapy class for social support even if she cannot participate physically in the exercise.
Motivational Interviewing

- Motivational interviewing has been described as a counselling style (Rollnick & Miller, 1995)
- Transtheoretical Stages Of Change (Prochaska and DiClemente)
- Assess the patient’s readiness to contemplate the negative effects of opioid use on their lives in addition to their willingness to engage in other forms of therapy to manage chronic pain
Five Principles of Motivational Interviewing

- Express empathy through reflective listening
- Develop discrepancy between clients’ goals or values, and their current behavior
- Avoid argument and direct confrontation
- Adjust to client resistance rather than opposing it directly
- Support self-efficacy and optimism

Cognitive Behavioral Therapy

- Using goal-focused integrated CBT, pain management, and opioid misuse treatment focus on patient goals that link across the both issues
- Evidence describes CBT as a valuable addition to chronic pain management
- Benefits include low cost, minimal side effects, and demonstrated clinical efficacy in reducing chronic pain

Therapeutic Interactive Voice Response

- A telephone-based, automated maintenance enhancement program to reduce pain and relapse into pain behavior following group Cognitive Behavioral Therapy (CBT)
- Study specifically targets chronic musculoskeletal pain
- Individuals interact with a computer through the telephone using a touch-tone keypad
Therapeutic Interactive Voice Response

- Four Components:
  - Daily self-monitoring Questionnaire
  - Didactic review of skills
  - Guided behavioral Rehearsal of pain coping skills
  - Monthly therapist feedback message
Behavioral Shaping

- Used hand in hand with CBT assessment of functioning
- Behavioral shaping can be used as a basis for helping patients resume a healthy lifestyle
- One of the most established treatments for chronic pain
- Supports a proactive patient
- Goal setting (weekly/monthly)
- Monitored in provider office by clinician
- Encouragement/reward
- Patient focus shifts to external stimuli and not on pain

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Chronic Pain Self-Management Class

- Stanford University Model Chronic Pain Self-Management Program
- Program is 1 day a week, for 6 weeks
- Each session is 2-1/2 hours
Summary

- Chronic pain affects an estimated 50 million in the U.S. with considerable population subgroup variation.
- Chronic pain support groups provide information and strategies for patients to effectively manage their chronic pain.
- There are a variety of evidence-based types of support groups that facilitate behavior change and decrease the possibility of relapse.
Resources

- American Academy of Pain Medicine (www.painmed.org)
- American Chronic Pain Association (www.theacpa.org)
- American Pain Foundation (www.chronicpainanonymously.org)
- Chronic Pain Support (www.chronicpainsupport.org/support.html)
- National Chronic Pain Outreach Association (www.chronicpain.org)
- National Chronic Pain Society (www.ncps-cpr.org/supportgroups)
- National Pain Foundation (www.nationalpainfoundation.org/community.php)
Thanks