PROMOTING SELF-MANAGEMENT STRATEGIES FOR FOR PATIENTS EXPERIENCING CHRONIC PAIN NUR 540: BEHAVIORAL HEALTH IN PRIMARY CARE APRIL 29, 2019 4:00 – 5:30 PM PAMELA STITZLEIN DAVIES, MS, ARNP, ACHPN, RN-BC, FAANP UNIVERSITY WASHINGTON DEPARTMENT OF NEUROLOGY

pdavies@uw.edu

Objective

- □ Discuss the importance of clinicians utilizing selfmanagement skills to optimize the quality of life for patients experiencing chronic pain, with a focus on the primary care setting
- Describe strategies that promote alignment of goals for the patient and clinician
- □ List key areas to emphasize when educating patients with chronic pain in self-management skills

Chronic Pain Self-Management

Self-management for Chronic Pain

- □ Patient engagement is a crucial component in successful long-term management of chronic pain
- □ The National Pain Strategy calls for a multimodal and interdisciplinary care approach
- □ But, multi-disciplinary approaches are usually not available in the primary care setting, nor covered by insurance
- Will focus on brief interventions that clinicians can use in primary care

Mckaey 2018 National Pain Strategy. Sullivan 2018

OVERVIEW Optimizing Self-Management For the Clinician Listen and be present, be compassionate and kind Take care of yourself Strategies Motivational Interviewing □ Instill hope - provide "Positive Parting Expectations" Be clear on what you "own" - The patient has to do the work Encourage engagement and activation, deactivation is endemic Patients get stuck, encourage them to keep moving forward For the Patient Optimize sleep first

- Activity Pacing avoid the "boom and bust" cycle
- Identify important life values
- Exercise is medicine!
- Deep breathing Planning for Pain Flares

For the Clinician

Listen and be present Be compassionate and kind Take care of yourself

Listen and Be Present

- □ Take a couple of minutes to let the patient talk
- □ Focus on what they are saying
- □ Reflective listening
 - Reflect and restate positive things they attempted
- □ They need *know* that they have been *heard*

Compassion and Kindness

- Many patients in chronic pain are self-loathing and feel like failures
- □ Endeavor to be a compassionate, kind and accepting presence
- Research shows that greater clinician empathy improves the patient outcomes in alcoholism, change talk

Compassion

"The secret of care for the patient is in caring for the patient"

Peabody 1927

Be clear on what you "own"

- ☐ The patient has to do the work
- □ Don't "own" their pain!
- > KEY POINT
 - "Never work harder than your patient to help reduce their pain!"

Lastly, Take Care of Yourself!

Take Care of Yourself!

- Practice what you preach!
 - Deep breathing
 - Mindfulness
 - Body work
 - Yoga, Tai Chi, dance
 - Aerobic exercise
 - Have dedicated "down time" to relax and restore

What works for you? - Create Compassion within yourself? - Set limits? - Care for yourself?

Strategies That Work

- · Motivational Interviewing
- · Instill hope
- · Provide "Positive Parting Expectations"
- Be clear on what you "own" The patient has to do the work
- Patients get stuck, encourage them to keep moving forward
- · Deactivation is endemic
- Encourage engagement and activation

Motivational Interviewing

Motivational Interviewing

- "MI is a collaborative conversational style for strengthen a person's own motivation and commitment to change."
- □ Engage, Focus, Evoke, Plan
- Approach of guiding, coaching
- □ A collaborative "dance", not forced behavior

Motivational Interviewing, 3e, 2013

Motivational Interviewing

- MI is helpful to address the <u>ambivalence</u> experienced by many with chronic pain
- ☐ Ambivalence = "stuck"
- □ People are more likely to be persuaded by what THEY hear themselves say
 - An excessively directive approach leads to opposition
 - Try to get the patient to state what they should do, rather than telling them

Motivational Interviewing, 3e, 2013

3 Questions to find a Path Forward 0-10 scale

- ☐ How **important** is it for you to
- □ How confident are you in your ability to
- Can we set a <u>Specific Goal</u> for you to try before our next chat?

3 Questions to find a Path Forward

0-10 scale

- □ How **important** is it for you to
 - □ Sleep better, get more exercise?
 - If low, ask what needs to happen to increase importance?
 - □ A high importance level indicates readiness to change

3 Questions to find a Path Forward 0-10 scale

- ☐ How confident are you in your ability to
 - Avoid the 'boom and bust cycle', reduce pain flares?
 - □ If low, provide knowledge, resources, support
 - □ If high, ready to change

3 Questions to find a Path Forward

0-10 scale

- Can we set a <u>Specific Goal</u> for you to try before our next chat?
 - What steps will you take to achieve it?
 - SMART:
 - Specific
 - Measurable
 - Achievable
 - Realistic
 - Timely

Instill Hope

Instill Hope

□ Do

- Explain that it is possible to learn strategies to cope with chronic pain
- □ Instill hope that they can get their life back
- Don't
 - ■Promise that they will be pain free
 - Promise miracle cures from any drug therapy

"Positive Parting Expectations"

Provide "Positive Parting Expectations"

- "I'm confident that you'll find some success with this, you can tell me about it next time we talk."
- "Next time we talk, I expect you'll be telling me that your sleep is better from starting these new sleep habits."

"Research Shows...."

"Research shows that people who exercise regularly have more energy, sleep better, have less pain, and lose weight!"

Share Positive Results of Others

"I had a patient who had similar concerns about starting an antidepressant for pain management, but found it really helped his pain a lot, because he slept so much better; and his wife said he seemed to have less pain and definitely was less irritable and easier to live with."

Activation

Deactivation is endemic

- □ Deactivation is endemic in chronic pain patients
- Focus on activation
- □ START SMALL and BUILD SLOWLY
- Examples
 - □ Walk 3 times a week for 5 minutes
 - □ Do the dishes once a week
 - Go to a ballgame with buddies once a month
 - □ Watch a sunset twice a month

Getting Un-Stuck

□ Patients get "stuck" easily and need encouragement to keep moving forward

What have you tried? -Motivational interviewing -Positive parting expectations -"Research shows..."

For the Patient

Optimize Sleep Activity Pacing Identify Important Life Values Exercise is medicine! Deep breathing Planning for Pain Flares



What do you think is the MOST Important Strategy to Start with in Chronic Pain Mngt?

Optimize Sleep
Activity Pacing
Identify Important Life Values
Exercise is medicine!
Deep breathing
Planning for Pain Flares

The MOST Important Strategy to start with in Chronic Pain Management:

Optimize Sleep

Activity Pacing Identify Important Life Values Exercise is medicine! Deep breathing Planning for Pain Flares



Optimize Sleep - Top 3 Strategies

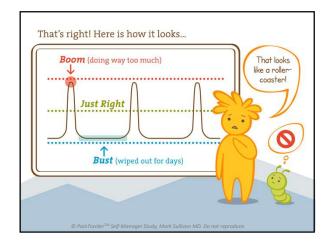
- □ Get up at the same time every day
 - Even on weekends and holidays
- ☐ Use the bed only for **sleep and intimacy**
- Avoid or limit naps
 - □ Set an alarm for 20-30 minutes

Optimize Sleep – Additional Tips

- □ No electronics in the bedroom!
- □ Develop a bedtime routine
- Turn down the lights in the evening, avoid computer
- In the evening, avoid watching the news, scary movies, or reading page-turner novels

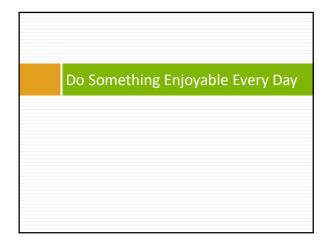
Activity Pacing

Avoid the "Boom & Bust Cycle"



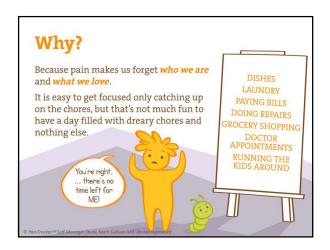
Activity Pacing Avoid the "Boom & Bust Cycle"

- □ 1 day of "boom" (too much work/activity) leads to 3 days of "bust" (can't get out of bed)
- □ Discipline of stopping before passing that line of exhaustion
- □ Plan ahead for busy/active days
 - □ Family wedding and reception
 - □ Reduce commitments 1-2 days before and after



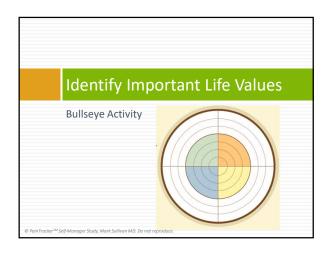






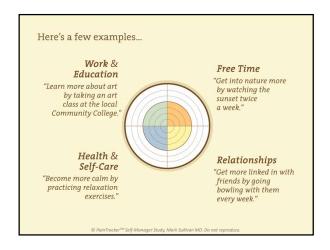






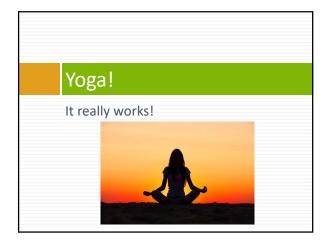
Identify Important Life Values

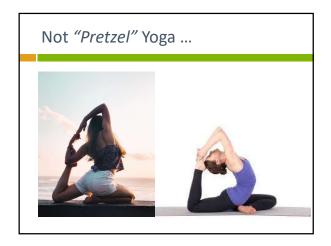
- □ Chronic pain and suffering can make us lose track of who we are
- □ Focus on what are the **top life values that give us purpose and drive**
- Loop that in as motivation to begin small steps towards change

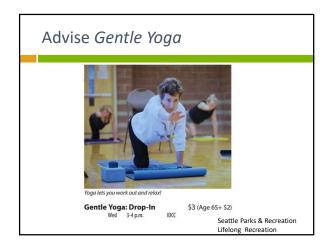


Deep Breathing & Relaxation

□ Take 3 deep slow breaths twice a day
□ Reminder / Triggers
□ Alarm clock
□ Bathroom break
□ Extra stress

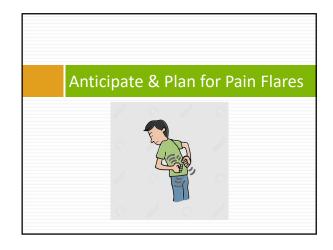






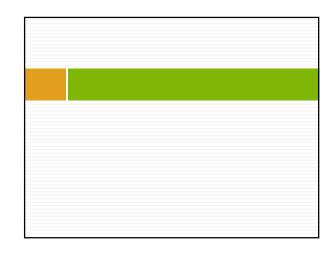


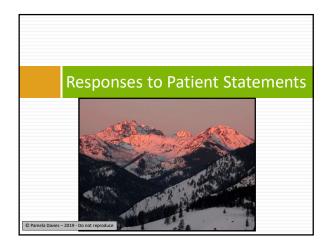


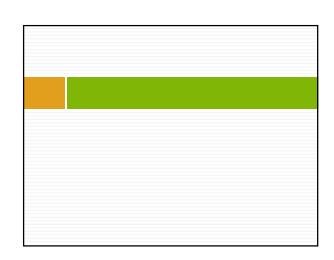


Anticipate and Plan for Pain Flares Pain Flares will happen – plan for them Develop a strategy to get through the flare Call a friend Engage in a healthy distracting activity Gently analyze precedent events Physical, emotional, other Medications Work out a plan with provider regarding taking extra medication doses

What have you seen work? - Sleep - Exercise - Pain Flare plans - Activity Pacing - Enjoyable activity - Demela Davies - 2019 - Do not reproduce







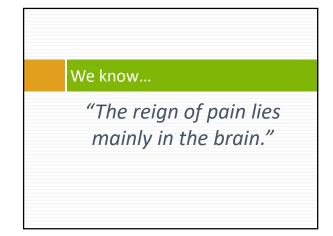
The #1 Patient Query

"So, you're just saying that the pain is all in my head?"

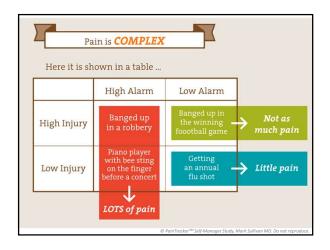
"Are you are saying that the pain is all in my head?"

- Actually, ALL pain involves the brain. It is the brain that
 processes and generates our interpretation of pain -- any
 type of pain, no matter the cause or how long the pain
 has been present. Your brain is constantly adjusting the
 amount of pain you feel.
- This does not mean your pain is imaginary, or unreal, or purely psychological in nature.
- ☐ But, the longer the pain lasts, the more parts of the brain are involved.
- For pain treatment to work, we have to treat the whole person: both the brain and the body that hurts.





Know the Importance of
The "Meaning" of Pain
Hugely important
Often deeply hidden (subconscious)



"The sorrow
which has no vent in tears
may make
other organs weep."

Henry Maudsley MD
1835-1918

"I need more testing."

Medical tests can be useful, but they cannot "see" pain, or what causes it.

Medical tests are most helpful to make sure that there is no serious or worsening disease happening in the body.

"My pain has <u>caused</u> my psychological problems, not the other way around!

- Living with chronic pain is discouraging and makes a lot of people feel down and depressed. Insomnia and anxiety are also very common.
- So, even if pain is the cause, it is important to treat psychological problems in order to help you improve. Sometimes we need to "back into" the pain problem by treating the complications of pain first.
- □ Can we give these treatments a try to see if they help your Quality of Life?

"It's really not safe for a person with a condition like mine to be physically active"

- Discussion goal is to distinguish between "Hurt" and "Harm"
 - "We used to think that rest was best when someone developed back pain, but now we know that movement helps, and it is safe."
 - "REST is harmful, movement is GOOD." "You must move to recover."
- "Chronic pain keeps patients from moving. When you start moving again, it is understandable that you might hurt. But you may not be harming yourself. You might be making yourself stronger, like a weightlifter who is sore after a good workout."

"My pain is unique, different, not clearly diagnosed, or resistant to treatment"

- You are unique, and your pain is unique. That's why we ask so many questions about you, to help understand your pain and your life.
- I would like to hear more about why you feel that your pain is not adequately diagnosed.
- Pain and life get all tangled up together. Pain can take over your life and relationships, and then pain becomes more resistant to treatment. We need to work together to get things untangled, so that you can get on with your life.

"I'm afraid the pain is never going to get better"

- Normalize and query: "You are not alone. Many people with chronic pain have this concern. What would be your greatest concern if the pain did not improve?"
- Statements: "Research shows that it <u>is</u> possible to have pain for a long time, but still have a good life." "Most chronic pain problems don't necessarily get worse over time."
- "Patients often think that pain must be reduced or eliminated before their life can be better. But improvement often starts with other things like improved sleep and increased activity. Then the pain may get better later."

Summary

Clinician

- Listen and be presentCompassion & Kind
- □ Take care of vourself
- Dationt

Patient

- OPTIMIZE SLEEP FIRST
 Activity Pacing avoid
- the "boom and bust" cycle
- ID important life values
- EXERCISE IS MEDICINE!
- Deep breathing
- Planning for Pain Flares

Strategies

- Motivational Interviewing
- Instill hope provide "Positive Parting Expectations"
- Define what you "own"
- Pt has to do the work
- Encourage activation
- Keep moving forward

References

□ Sullivan (2018). A controlled pilot trial of PainTracker Self-Manager, a web-based platform combined with patient coaching, to support patients' self-management of chronic pain. *The Journal of Pain*, 19(9), 996-1005.

Patient Resources

- Books
 - □ Hayes S. Get out of your mind and into your life: The new Acceptance & Commitment Therapy
 - Caudill M. Managing pain before it manages you. 2016, 4e.
 - Kabot-Zinn I. Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness. 2013 (rev).

 Bernhard T. How to be sick. A Buddhist-inspired guide for the chronically Ill and their caregivers. 2018. 2e

 2018. 2e

 - Bernhard T. How to live well with chronic pain and illness: A mindful guide. 2015
 - Bernhard T. How to wake up: A Buddhist-inspired guide to navigating joy and sorrow. 2013.
- Apps
 - Headspace. Guided meditation and mindfulness. Headspace.com
- Calm. Meditation techniques for sleep and stress reduction. Calm.com
- American chronic Pain Association. theacpa.org