

Integration of behavioral approaches to pain management within an outpatient substance abuse clinic

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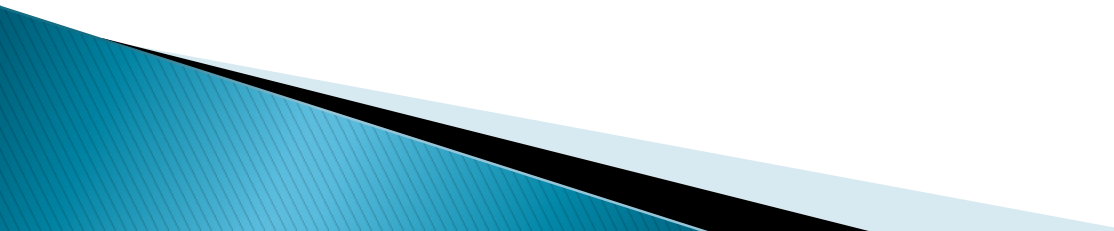
Overview

- ▶ Who we (CODAC) are, and our mission of integrating treatment
 - ▶ **Alternative Approaches to Pain Management:**
 - ▶ Acupuncture
 - ▶ Mindfulness
 - ▶ Massage

**CODAC: Outpatient Behavioral Healthcare
including Medication Assisted Treatment to
approximately 2000 individuals and their
families in Rhode Island**



To provide the highest standard of care, comprehensive resources, and compassionate services for the prevention and treatment of , and recovery from, the impact of substance abuse and other related behaviors.

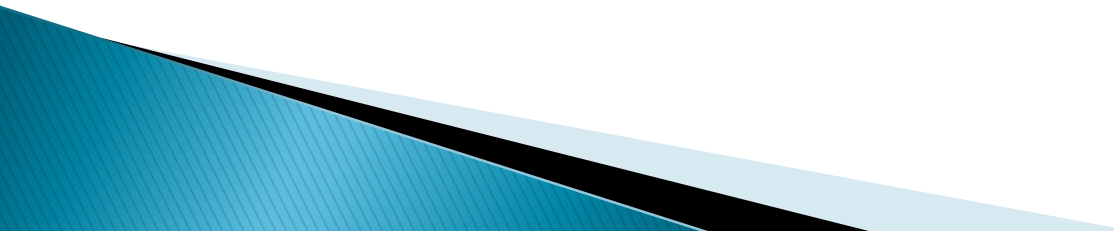
- ▶ First accredited Opioid Treatment Program in the nation
 - ▶ One of the first to embed an Opioid Treatment Program within a Community Mental Health Center in the nation
 - ▶ The first designated Center of Excellence in RI
 - ▶ The first OTP to become tobacco free in RI
 - ▶ The first OTP to provide psychiatric care in RI
 - ▶ Demonstrating commitment to our mission since inception
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Medication Assisted Treatment providing:

methadone
buprenorphine products
naltrexone products

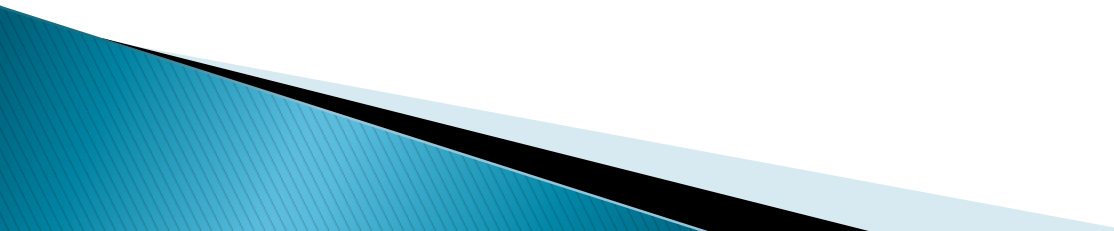
Outpatient Behavioral Healthcare providing:

Substance abuse treatment
Psychiatric treatment
Other behavioral/mental health
treatment



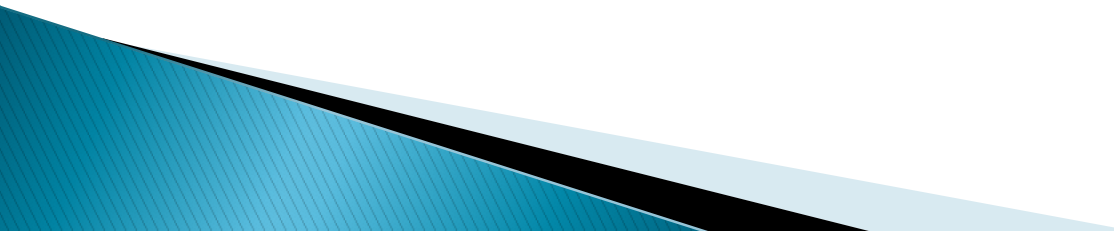
Many of our Medication Assisted Patients come to us after being prescribed opiates for pain

Examples:

- ▶ Patient with chronic back pain, prescribed methadone by the doctor and then the methadone was stopped
 - ▶ Patient was in a car accident, was prescribed pain medication and then used heroin on the street due to becoming addicted
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Intergrative Treatment

Recovery and whole health/wellness supports:

- ▶ Health home model of services
 - ▶ Nutrition
 - ▶ Tobacco cessation
 - ▶ Mindfulness/stress reduction
 - ▶ Acupuncture
 - ▶ Peer Recovery Support
- 

Acupuncture

We have worked with Providence Community Acupuncture to provide free weekly acupuncture at some sites

In May 2016 a bill was passed to allow counselors with an LCDP and a specific training to provide ear acupuncture in five specific points to our patients

Research

Acupuncture for Chronic Pain Individual Patient Data Meta-analysis

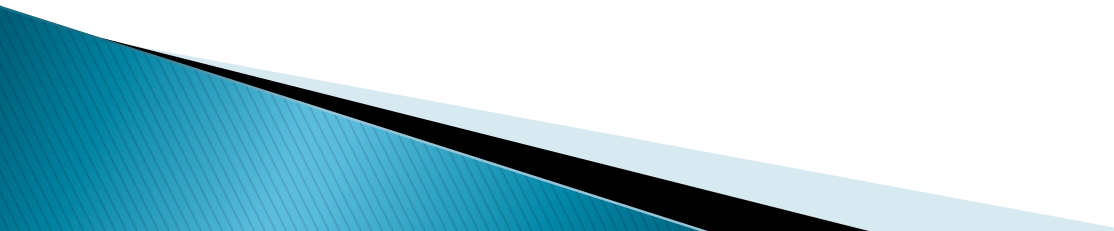
[Andrew J. Vickers, DPhil](#); [Angel M. Cronin, MS](#); [Alexandra C. Maschino, BS](#); et al

They conducted a systematic review to identify randomized controlled trials(RCTs) of acupuncture for chronic pain

Conclusion:

- ▶ In an analysis of patient-level data from 29 high-quality RCTs, including 17 922 patients, we found statistically significant differences between both acupuncture vs sham and acupuncture vs no-acupuncture control for all pain types studied. After excluding an outlying set of studies, meta-analytic effect sizes were similar across pain conditions.

More Data

- ▶ A 2008 Systemic review of studies on acupuncture for low back pain found strong evidence that combining acupuncture with usual care helps more than usual care alone.
 - ▶ A large German study with more than 14,000 participants evaluated adding acupuncture to usual care for neck pain. The researcher found that participants reported greater pain relief than those who didn't receive it.
 - ▶ A Major 2012 analysis of data on participants in acupuncture studies found that actual acupuncture was more helpful for osteoarthritis pain than simulated acupuncture or no acupuncture.
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Mindfulness

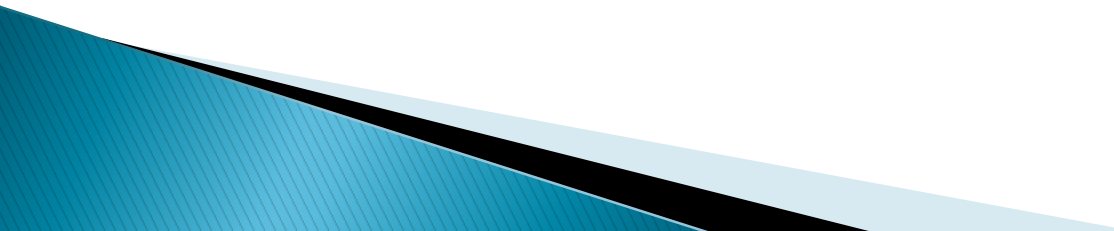
- ▶ Clinicians are taught this practice as part of their training
- ▶ CODAC encourages a mindfulness exercise before groups and individual sessions.

Mindfulness based interventions

Mindfulness–Based Interventions in Context: Past, Present, and Future

Jon Kabat–Zinn, University of Massachusetts
Medical School

Historically, mindfulness has been called “the heart” of Buddhist meditation. It resides at the core of the teachings of the Buddha (Gunaratana, 1992; Hanh, 1999; Nanamoli & Bodhi, 1995), traditionally described by the Sanskrit word *dharma*, which carries the meaning of *lawfulness* as in “the laws of physics” or simply “the way things are,” as in the Chinese notion of *Tao*.



From the perspective of the behavioral sciences,
mindfulness

can be thought of as a “consciousness discipline,”

It should be clear from what has been said that mindfulness, from our point of view, cannot be taught to others in an authentic way without the instructor’s practicing it in his or her own life. Mindfulness meditation is not simply a method that one encounters for a brief time at a professional seminar and then passes on to others for use as needed when they find themselves tense or stressed. It is a way of being that takes ongoing effort to develop and refine, in T. S. Eliot’s apt phrase, “A condition of complete simplicity / (Costing not less than everything)” (Eliot, 1943). It is both the work of a lifetime and, paradoxically, the work of no time at all—because its field is always this present moment in its fullness. This paradox can be understood and embodied only through sustained personal

It should be clear from what has been said that mindfulness, practice over days, weeks, months, and years.

Studies

Mindfulness Meditation for Chronic Pain: Systematic Review and Meta-analysis

Lara Hilton, MPH¹ & Susanne Hempel, PhD¹ & Brett A. Ewing, MS¹ & Eric Apaydin, MPP¹ & Lea Xenakis, MPA¹ & Sydne Newberry, PhD¹ & Ben Colaiaco, MA¹ & Alicia Ruelaz Maher, MD¹ & Roberta M. Shanman, MS¹ &

Melony E. Sorbero, PhD¹ & Margaret A. Maglione, MPP¹

Concluded: mindfulness meditation was associated with a small effect of improved pain symptoms compared with

treatment as usual, passive controls, and education support groups in a meta-analysis of 30 randomized

controlled trials

Effects of Mindfulness Meditation on Chronic Pain: A Randomized Controlled Trial

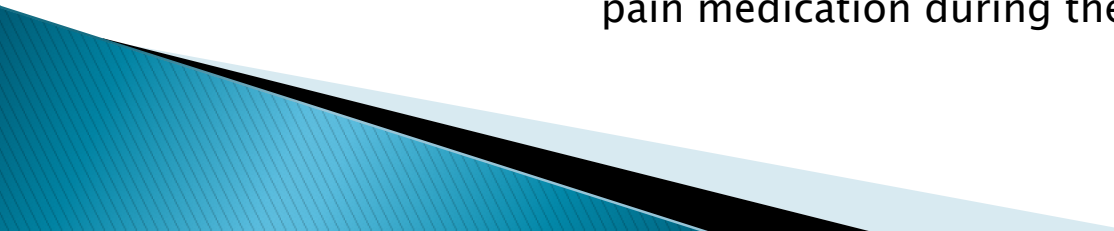
Peter la Cour, PhD* and Marian Petersen, PhD

Concluded: A standardized mindfulness program (MBSR) contributes positively to pain management and can exert clinically relevant effects on several important dimensions in patients with long-lasting

chronic pain.

Conclusion in Previous article

It seems evident from previous studies as well as from the present study that mindfulness does not change measures of physical functioning, that the effects on pain levels are small, and that change is slow. When we study patients with pain, at first it seems obvious that the main outcome should be related to changes in a pain measure. However, we suggest that this be rethought. People with long-lasting pain have often learned to ignore pain in order to function normally. This habit is challenged by MBSR meditation procedures that involve paying increased attention to the body and to the pain. By acknowledging the pain and relating to it in a different way, the patients bring more consciousness to the actual pain condition. Mindfulness is not targeted at minimizing pain but rather at changing the relationship with pain. Thus, the findings of small and slow changes in pain levels in response to treatment make sense from this perspective. Anecdotally, we note that some patients experimented with using less pain medication during the program.



Massage

- ▶ CODAC is in an early relationship with CCRI and their school of massage therapy. We hope to have an Intern as well as a massage therapist conduct some research at our site regarding massage and pain.

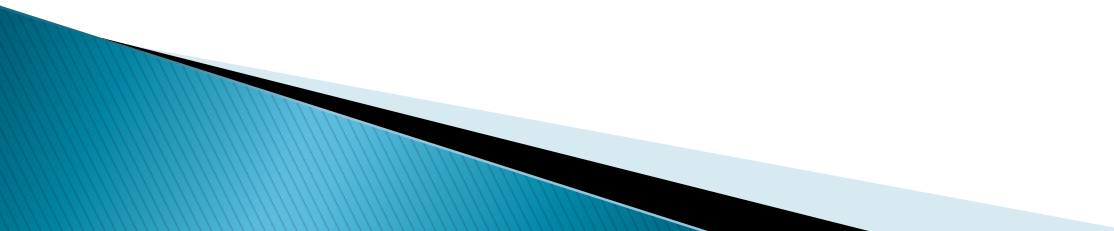
Research

Article in Pain Medicine 2016 :

Massage Therapy for Pain – Call to action

While massage is not a ‘new’ idea or a panacea for pain, the evidence provided here establishes massage therapy as a reasonable partner in the pain provider’s arsenal of therapies.

Massage therapy will not remove the need for medication in pain management and it will not be an appropriate therapy for every pain patient, but it should be considered as a routine complementary (not alternative) part of an individualized, multimodal, and stepped care pain plan for pain management.



Conclusion

There are many alternative therapies with evidence based studies that can be used by therapists to create alternative ways to cope with pain. As it was described in the previous slide, these are not necessarily instead of pain management but complementary.

