Changing the Conversation about Pain

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Maine SUD Learning Community

May 28, 2024

KnowAboutPain
Consultation & Pain Education Products

Comments from elizabeth

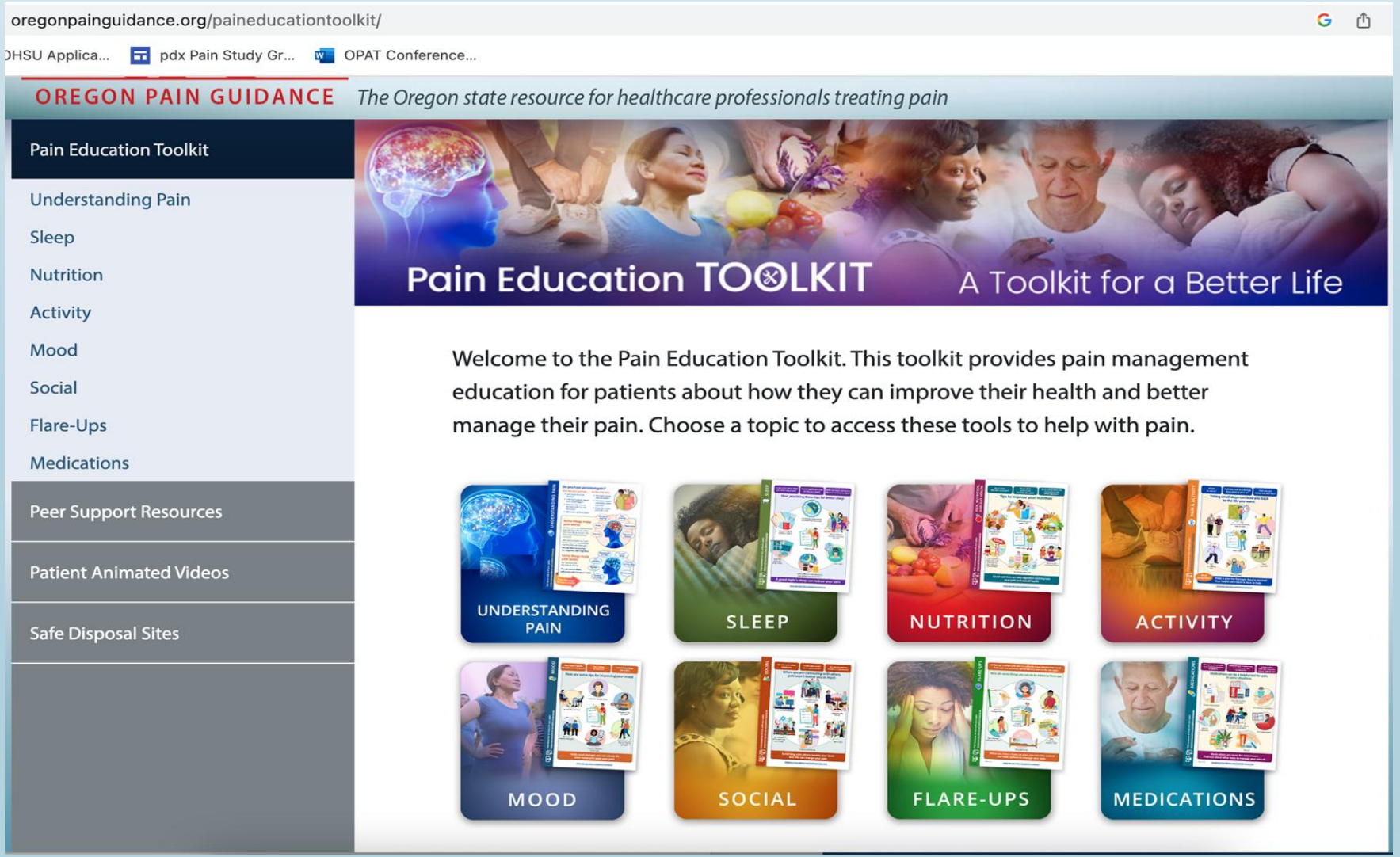
What are some challenges in talking with patients and clients about pain?

Objectives

- Review contemporary pain science and learn phrasing for patient education
- Identify role of pain science and pain education in patient care and opioid deprescribing
- Explore the 8 domains covered in the Oregon Pain Education Toolkit
- Demonstrate applications of Oregon Pain Education Toolkit in clinical settings in behavioral health, primary care, PT
- Explore pain education opportunities

Oregon Pain Education Toolkit

https://www.oregonpainguidance.org/paineducationtoolkit/



Janet’s Story

What are her thoughts and fears?

Janet's thoughts

"I have failed my family"

"I am alone."

"Medication is the only thing that helps me."

"I need to take it easy because of my pain, it's not safe for me to do very much."

"My pain is terrible and it will never

get better."

"My MRI means I will always have pain."

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And in reality

Prior Beliefs about Pain: Pain = Tissue Damage

Does this explain pain?

Asymptomatic people can have degenerative findings

Table 2

Age-specific prevalence estimates of degenerative spine imaging findings in asymptomatic patients[a]

	Age (yr)						
Imaging Finding	**20**	**30**	**40**	**50**	**60**	**70**	**80**
Disk degeneration	37%	52%	68%	80%	88%	93%	96%
Disk signal loss	17%	33%	54%	73%	86%	94%	97%
Disk height loss	24%	34%	45%	56%	67%	76%	84%
Disk bulge	30%	40%	50%	60%	69%	77%	84%
Disk protrusion	29%	31%	33%	36%	38%	40%	43%
Annular fissure	19%	20%	22%	23%	25%	27%	29%
Facet degeneration	4%	9%	18%	32%	50%	69%	83%
Spondylolisthesis	3%	5%	8%	14%	23%	35%	50%

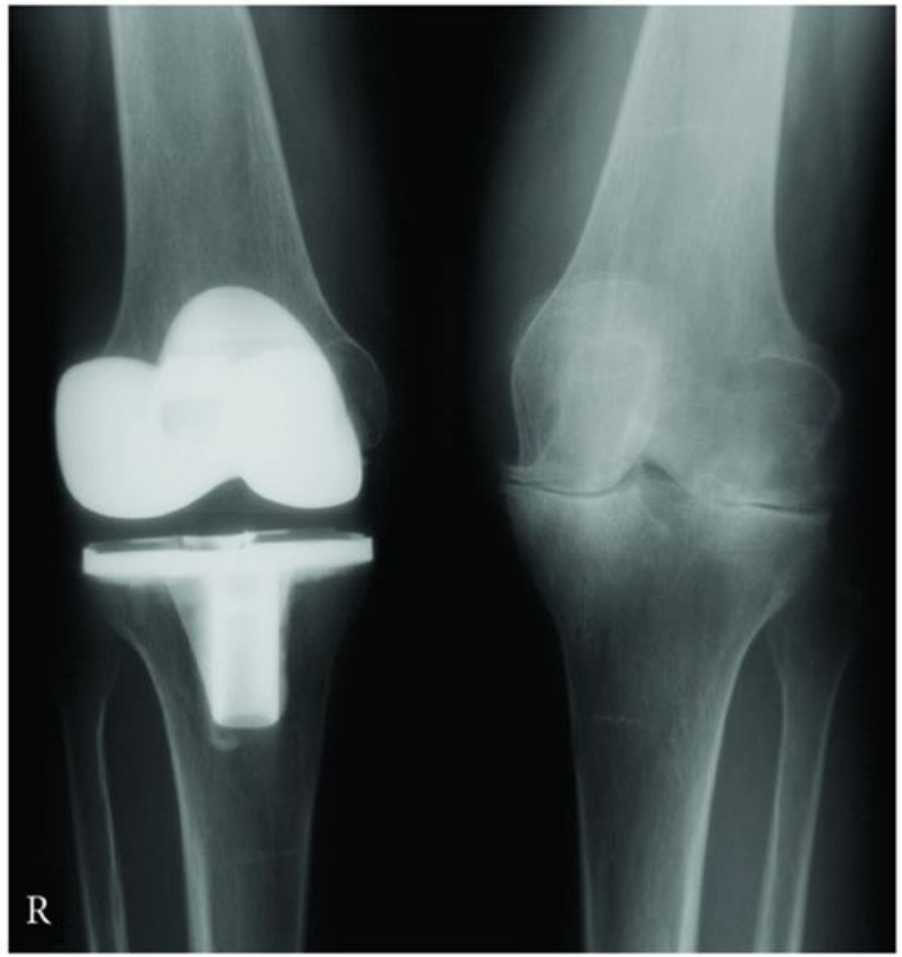
[a]Prevalence rates estimated with a generalized linear mixed-effects model for the age-specific prevalence estimate (binomial outcome) clustering on study and adjusting for the midpoint of each reported age interval of the study.

- W. Brinjikji, et al,AJNR Am J Neuroradiol 2015 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4464797/#

Examples of Pain vs. Harm

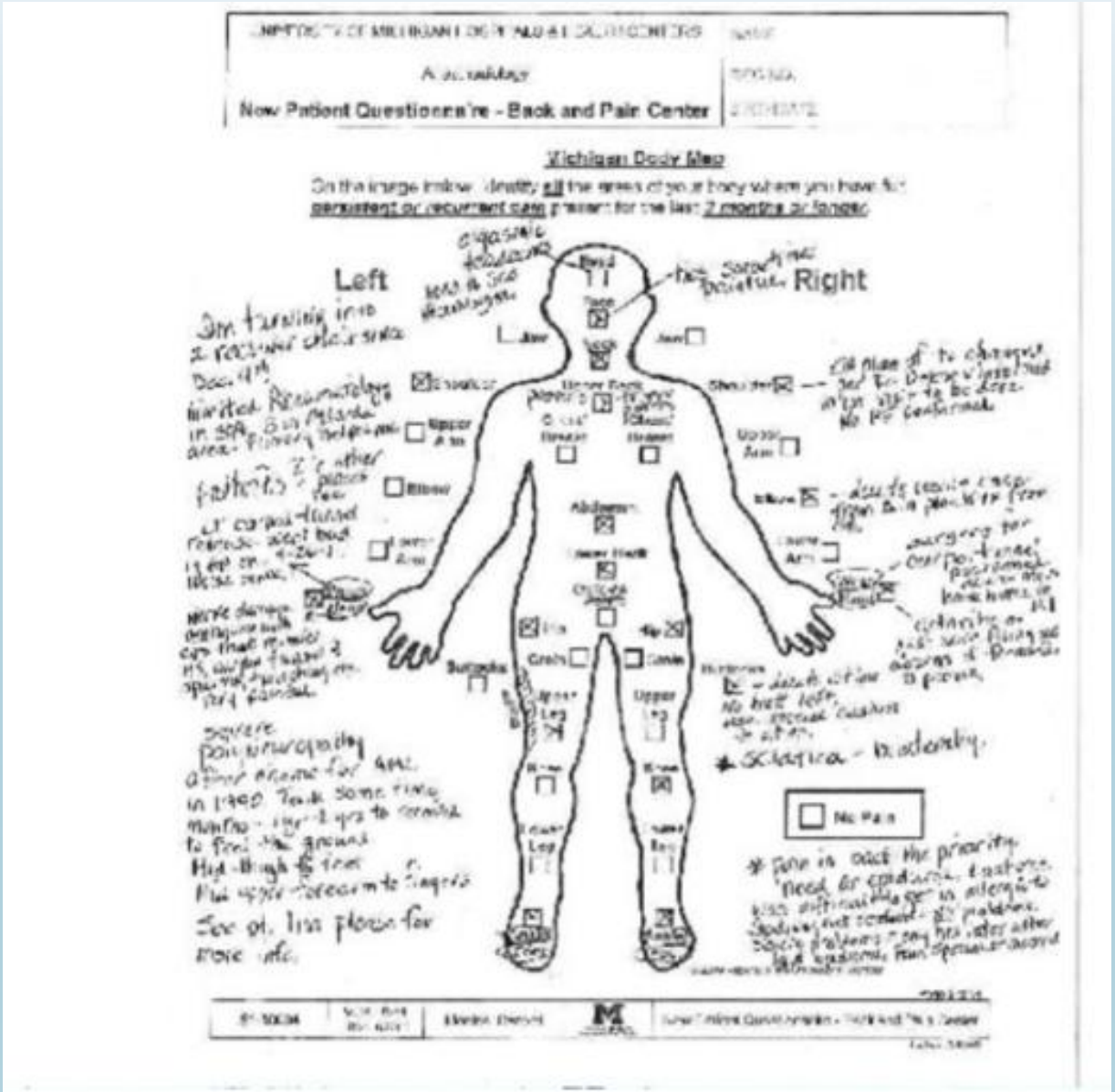
Do Not Duplicate without Permission

Examples of Pain vs. Harm



Pain could be short term and feel pin point specific

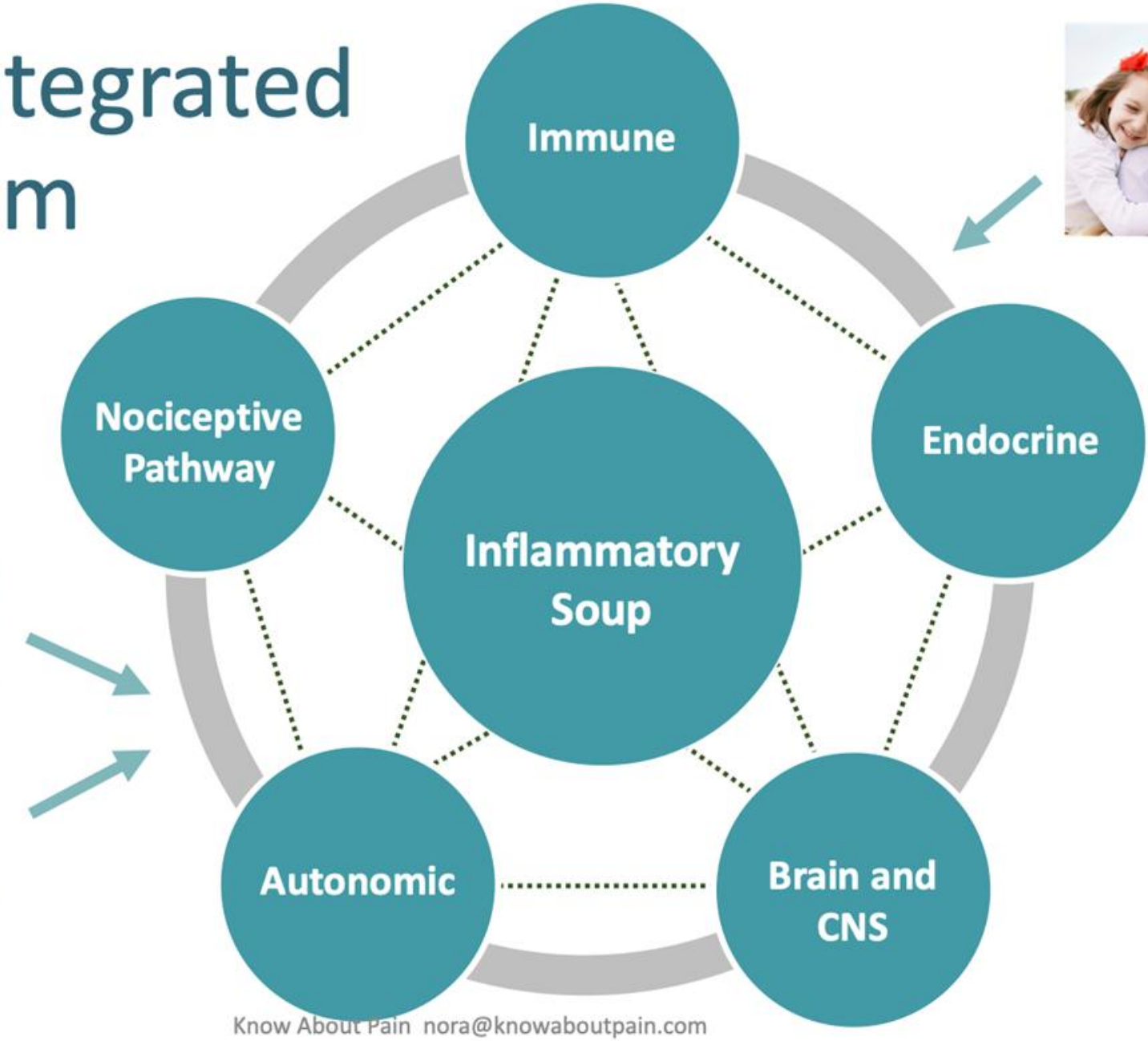
Or long lasting and global



Permission of Dan Clauw, MD

But it’s always complex

Pain: An Integrated Supersystem



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A mismatch

Fixing the Mismatch: Creating a Common Understanding of Pain

- Improves patient empowerment
- Supports comprehensive care
- Helps make medication just one part of the care plan

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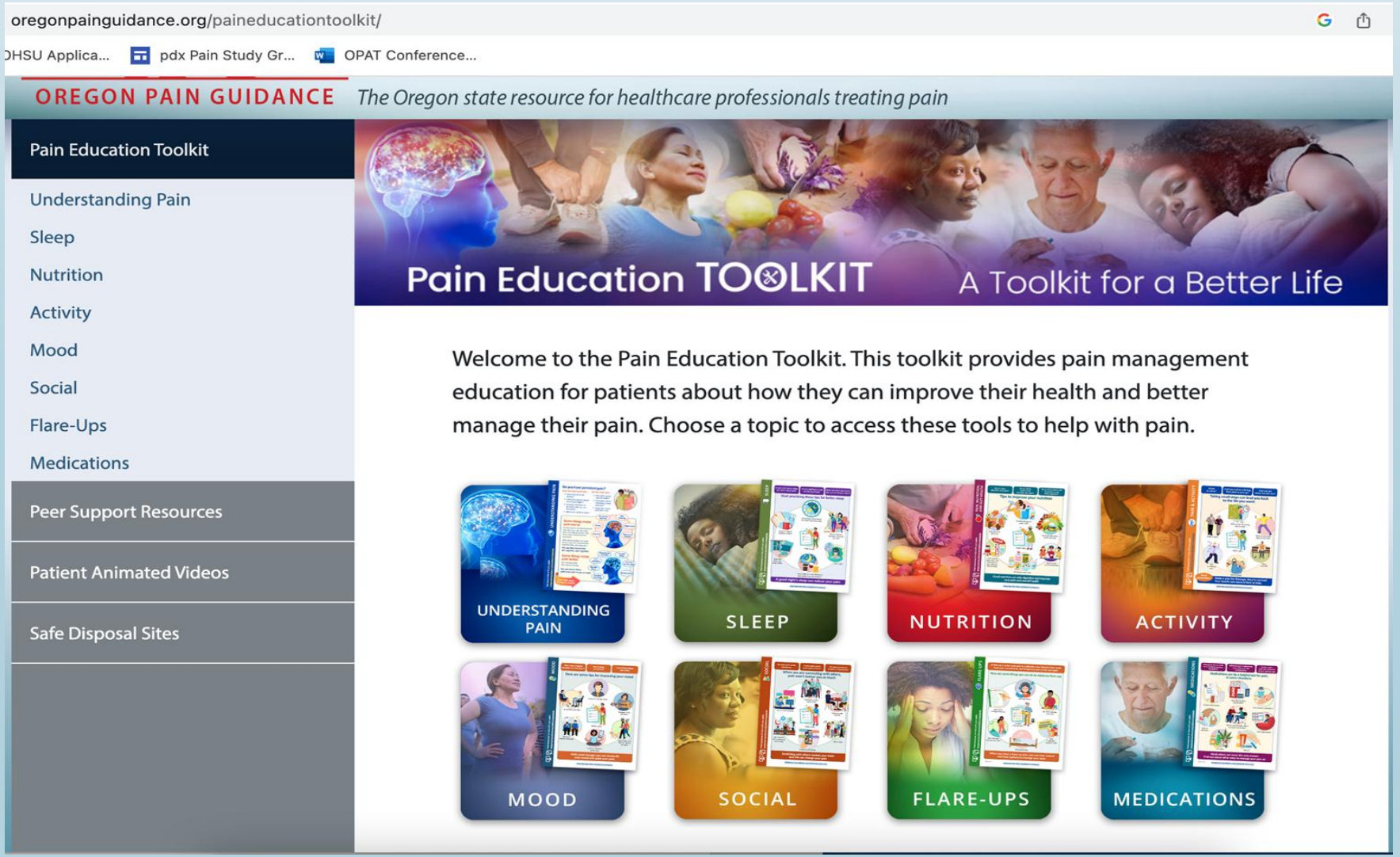
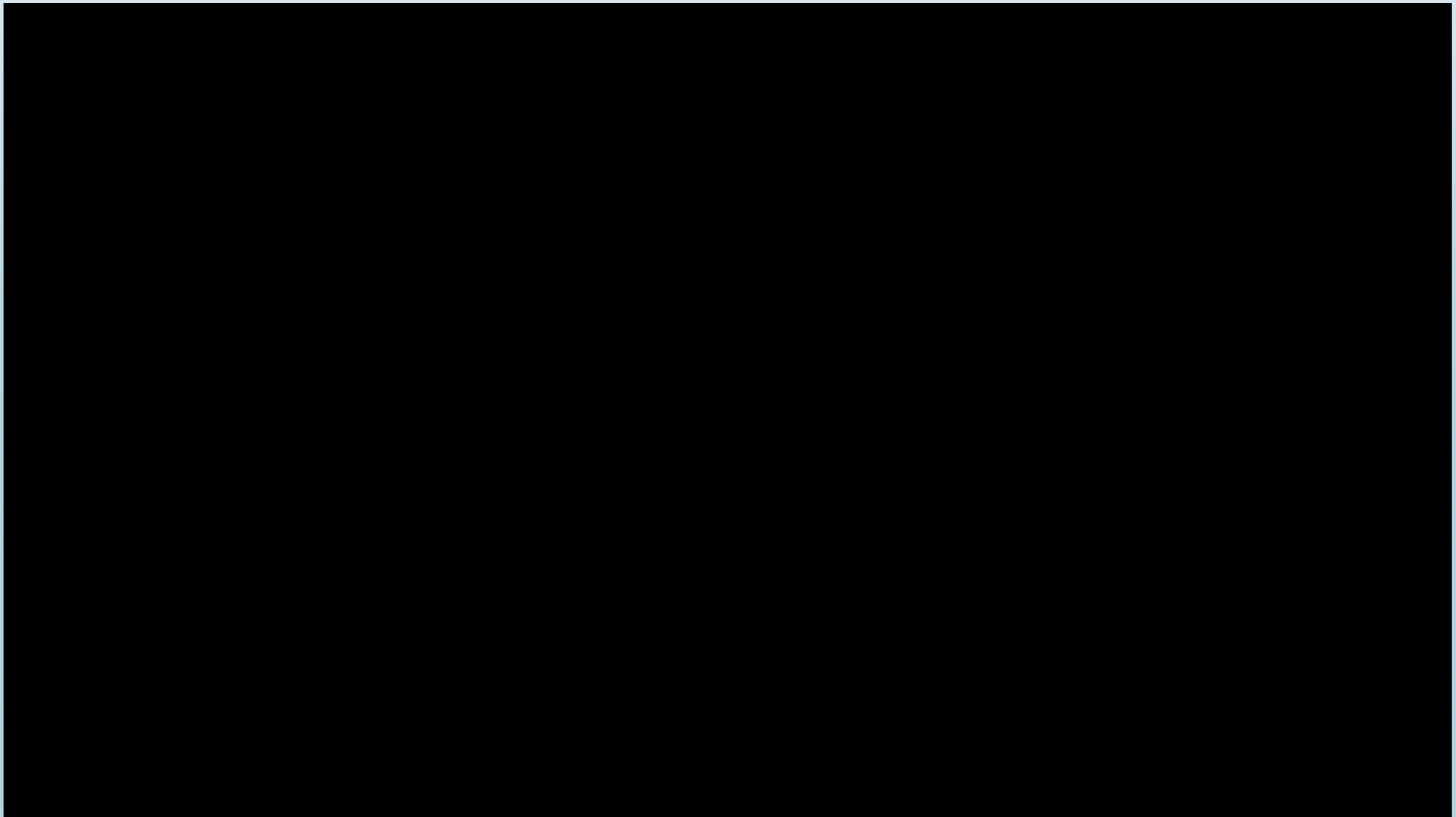


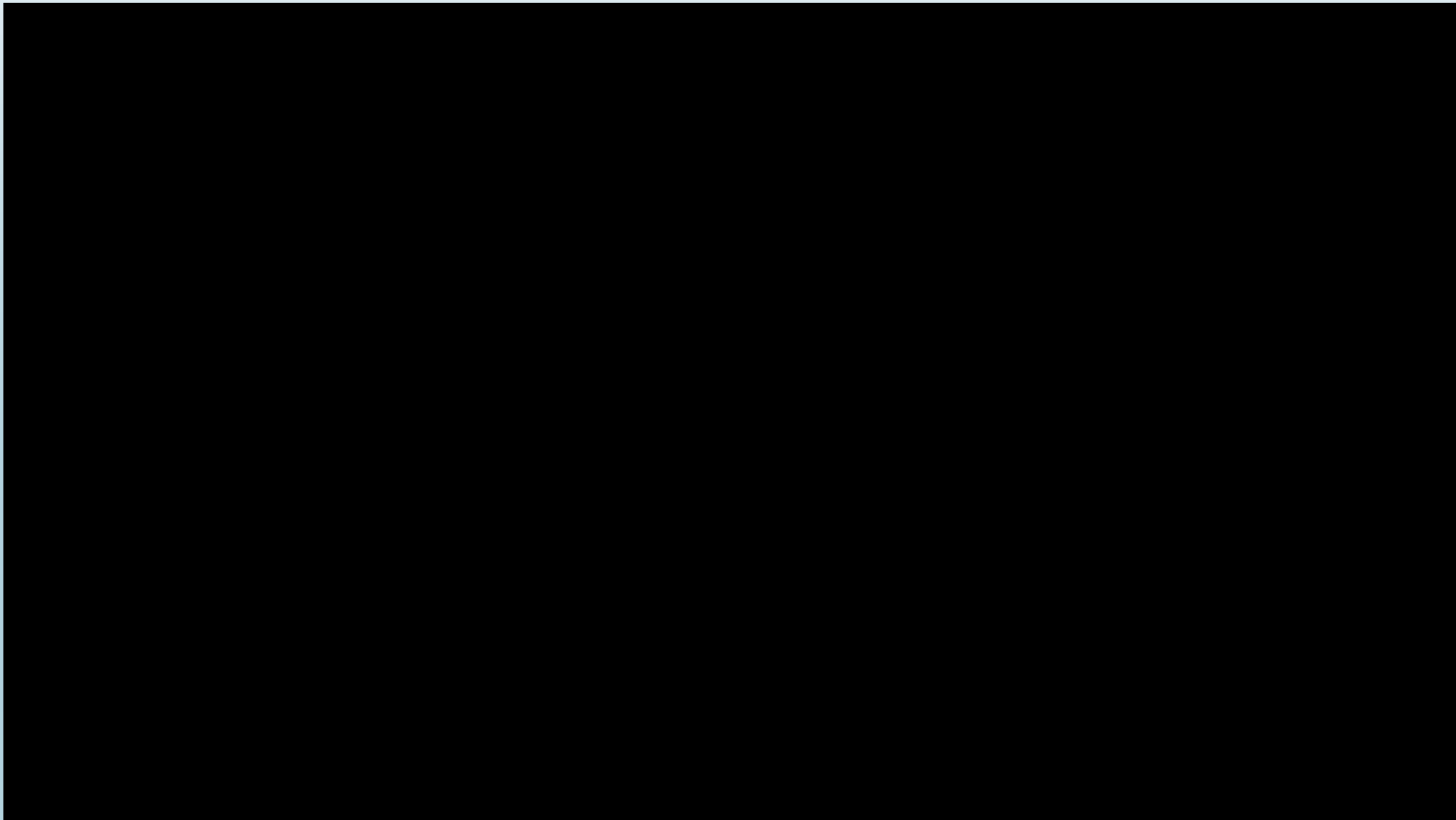
Oregon Pain Commission clinician module “Changing the Conversation about Pain”

[OPMC Changing the Conversation About Pain]

Neuroplasticity segment of pain education video



Meaning of xrays/medication



UNDERSTANDING PAIN

Find more ways to help with your pain:
www.oregonpainguidance.org/paineducationtoolkit

1 START HERE
Watch this video on Understanding Pain

www.oregonpainguidance.org/paineducationtoolkit

2 NEXT Choose topics that interest you

Activity
Sleep
Flareups
Nutrition
Mood
Social
Medications

3 THEN
Check out the videos and handouts

4 FINALLY
Make a plan with your health care team

Oregon Health Authority – Public Health Division

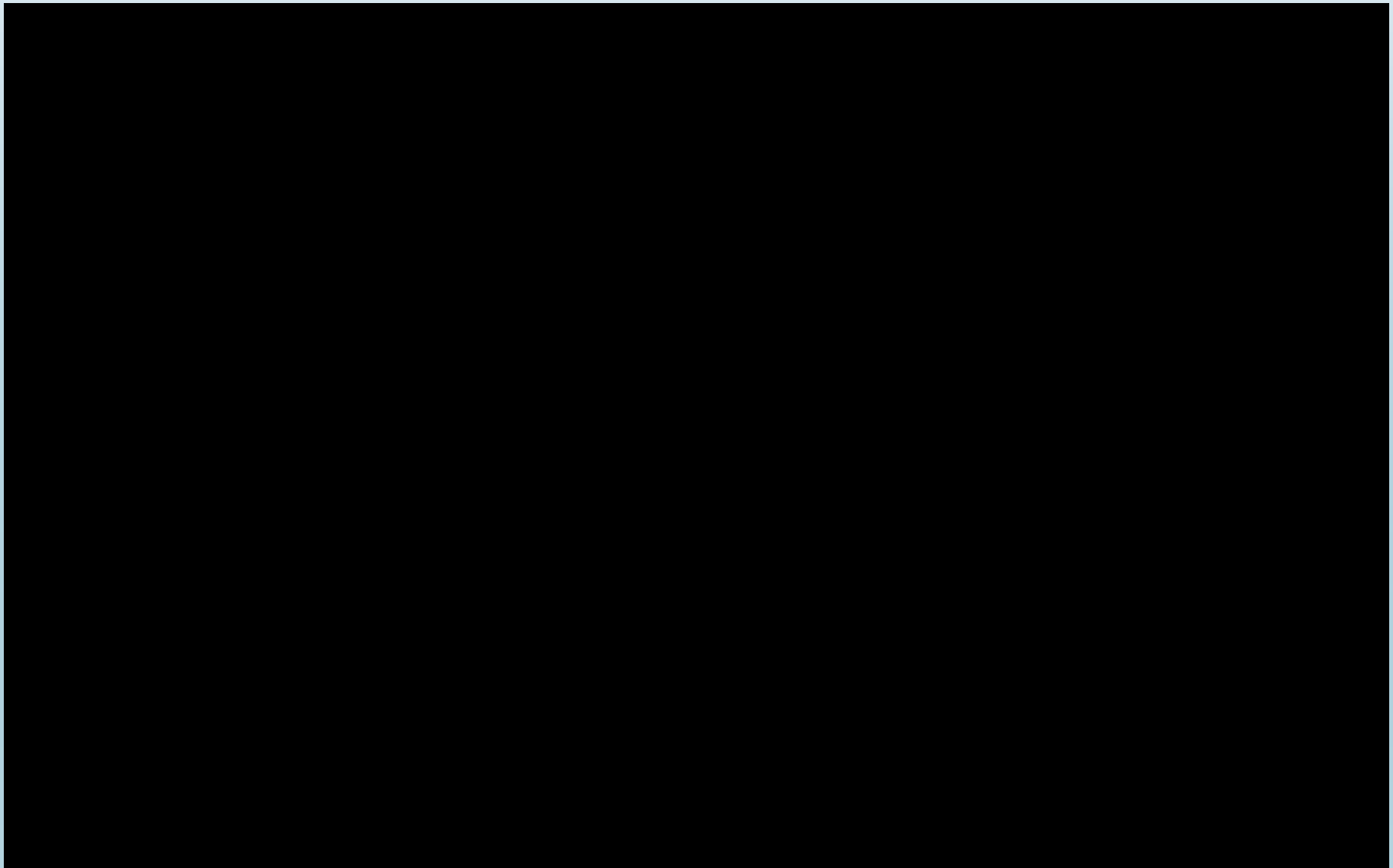
www.oregonpainguidance.org

Helping Mary

Pain Education TOOLKIT
A Toolkit for a Better Life
ACTIVITY

PAIN & ACTIVITY
Find resources to help with your pain:
www.oregonpainguidance.org/painedcationtoolkit/activity
Afraid to move?
Push yourself to a flare-up then want to give up?
Find you are doing less and less?
Taking small steps can lead you back to the life you want:
Break down an activity into its parts
Make it social
my plan
Think about whole body movement
Make a plan
Try something new
Pace yourself
Get prepared
And remember:
Make a plan for flare-ups, they're normal!
Your health care team is here to help.
www.oregonpainguidance.org

Activity and pacing



Key Principles

For patient care, for keeping you healthy

- It's a process not a cure
- Let the patient be the guide
- Focus on small steps
- Focus on function rather than pain
- VEMA-F (Validate/Verify, Educate, Motivate, Activate, Follow-up)
- You're the coach, not the fixer
- Grounding: One hand on the door, two feet on the floor

What might it sound like?

“It’s understandable that you are feeling (upset, anxious, fearful, scared, angry) due to this discussion and your pain is real.”

“Your pain has been managed with prescription opioids for a very long time, it is normal to feel this change is impossible.”

“I hear that you have had many experiences of people not believing your pain is real or worse yet that your pain is “In you head”.

“Making changes can feel scary and upsetting, what concerns you the most?”

Implementations of the toolkit

Physician introduction/validation and followup

Physical Therapy

Group sessions:
MD/BH/PT/OT/Peer

Behavioral Health sessions

When do you have this conversation? Who has the conversation?

1. New onset of acute pain
2. First conversation with someone with chronic pain
3. Person with existing OUD

STEPPING STONES OF PAIN CARE

Helping people return to their life

Validate

"I understand that this has been a long process for you, and I know you are interested in getting back to things in your life that you have been missing"

"I think there may be some things that we can explore together that could make a big difference for you. Would you like to hear more?"

Verify

"I'd like to understand how pain is affecting your life overall. We can see here that your pain experience is limiting your activity throughout the day, and how much you are enjoying your life. I have a feeling we can make some changes together that can help you get some of that back."

Educate

Introduce the Video:

"There are new things that we know about pain that are helping a lot of folks. I want to understand the whole picture for you."

"If you're willing, I would like to ask you to watch a video about how pain works, and then follow up with you about it."

"You may already know everything in the video, but it will help me to understand your pain better and help us make a plan together. Would that be okay?"

Ask your patient to watch the video with you or at home.

Motivate

Introduce Bulls Eye metaphor:

"People are capable of great things as long as those things are in service to what is important and meaningful to them.

Considering the four domains in this Bulls Eye, what would you value if there were nothing in your way? And what you would like to work towards?

"On a scale of 1 -10 how important is that to you?" *(if less than 7, revise action step)*

"Why is your number X, and not lower?" *(elicits values talk)*

Activate

Shared decision making using handout, short term goals, and communication with team. Identify the focus area:

"You decided that _____ was the most important part of your pain experience to work on right now"

Provide the material in a link, or create a plan for the patient to watch the video:

"Would you be willing to watch this follow-up video and look at the information handout together before the next time we meet? Then we can make a plan together."

Use Motivational Interviewing to facilitate change language and solidify the person's engagement:

"How ready are you to start this process?"

Follow Up

Focus on Function

"I see here from the PEG score that while you are still having some pain, you are doing more in your life. I'm happy for you! It's normal to continue to have some pain or discomfort as you get back to moving. "

"I see that you have targeted _____ in your care plan for pain. I want to make sure we are helping you with that goal. How are things going with it?"

1

2

3

4

5

Validate
Educate
Motivate
Activate
Follow-up*

*Derived from the work of Anthony J. Mariano, PhD, Clinical Psychologist, Pain Service, VA, Puget Sound, Seattle, Washington

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Discussion

- Are there moments when you have conversations about pain?

Thank You

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Oregon Pain Management Commission module:

OPMC Changing the Conversation About Pain

Oregon Pain Education Toolkit:

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