

>Welcome!



Mute

Minimize Interruptions

Please make sure to mute yourself when you aren't speaking.



Chat

Go Ahead, Speak Up!

Use the Zoom chat to ask questions and participate in activities.



Naming

Add Your Organization

Represent your team and add your organization's name to your name.



Tech Issues

Here to Help

Chat Host privately if are having issues and need tech assistance.

While we wait, please rename yourself.



Addiction Treatment Starts Here Behavioral Health Staff Forum Session #3

“MAT for Persons with Chronic Pain”

February 3, 2022 | 10am–11am (PT)



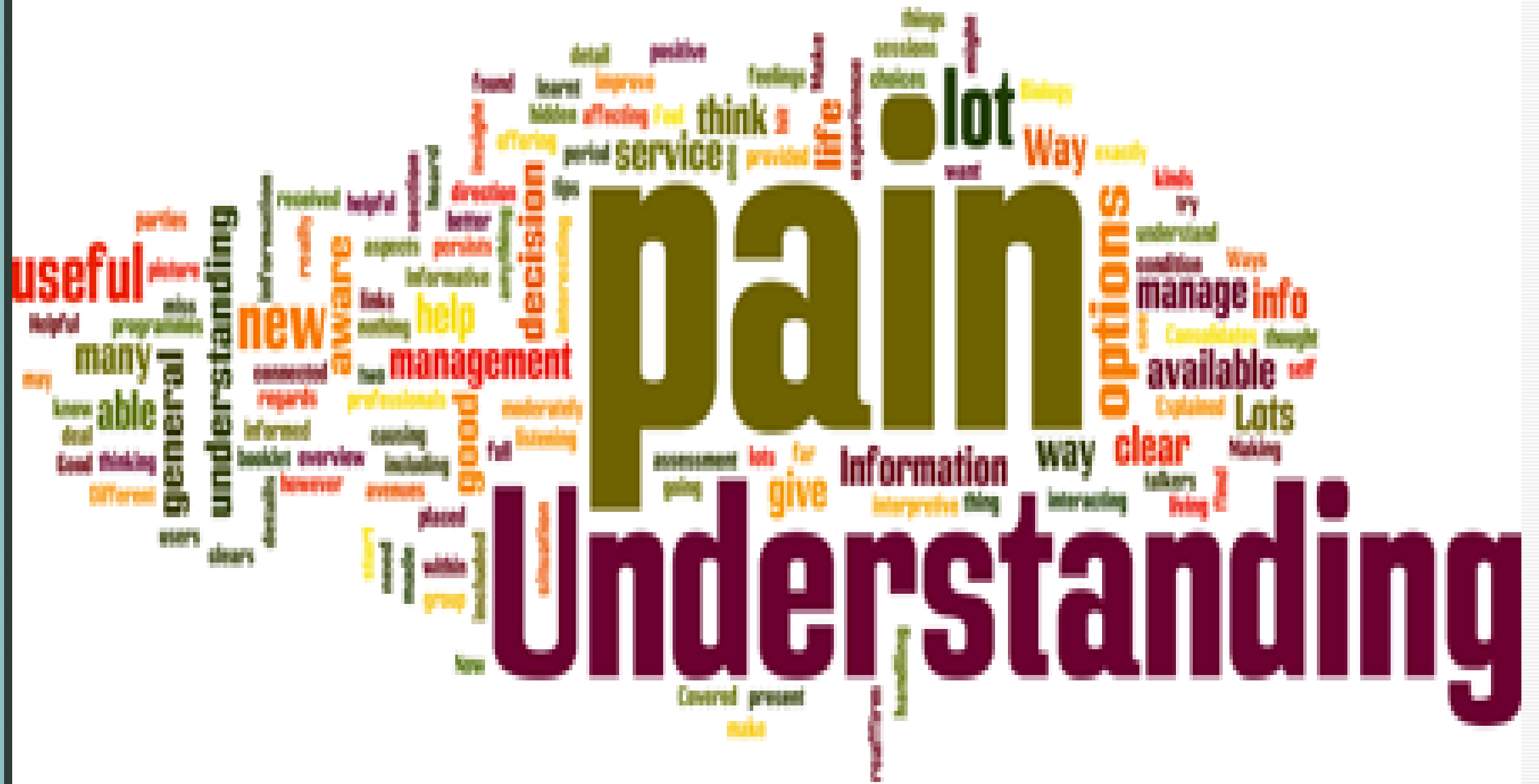
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What is Pain?

Cause? Effect? Consequence? Cue?



Before treatment...

1

Resetting
expectations

- living with NOT living without

2

Normalizing
discomfort

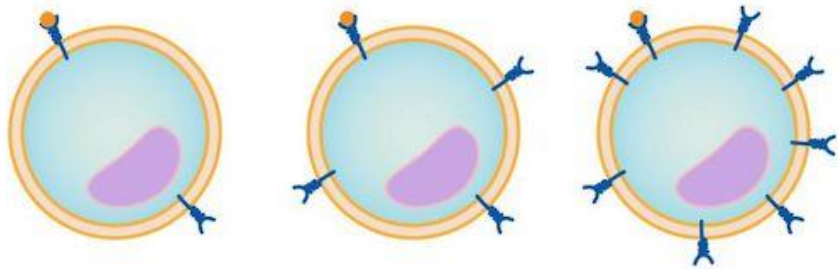
- asking new questions

Resetting expectations

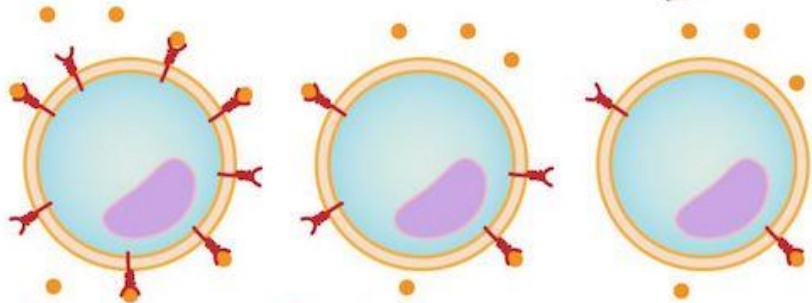
- Improved functioning & quality of life NOT elimination of pain
- Pain is natural and unavoidable.
- The most common response to pain is the desire to get rid or resolve it.
 - This response/desire is in line with the addiction process and associated thinking/behaviors.



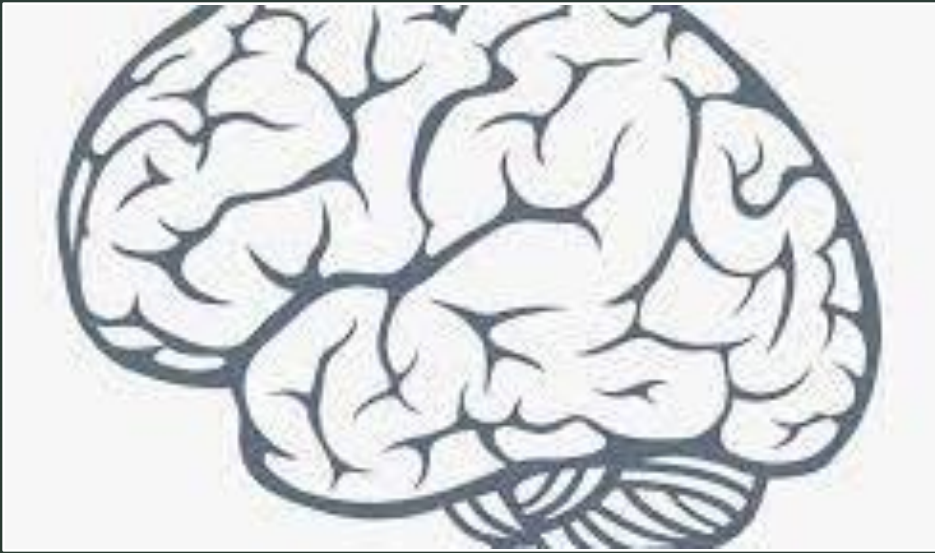
upregulation



time →



downregulation

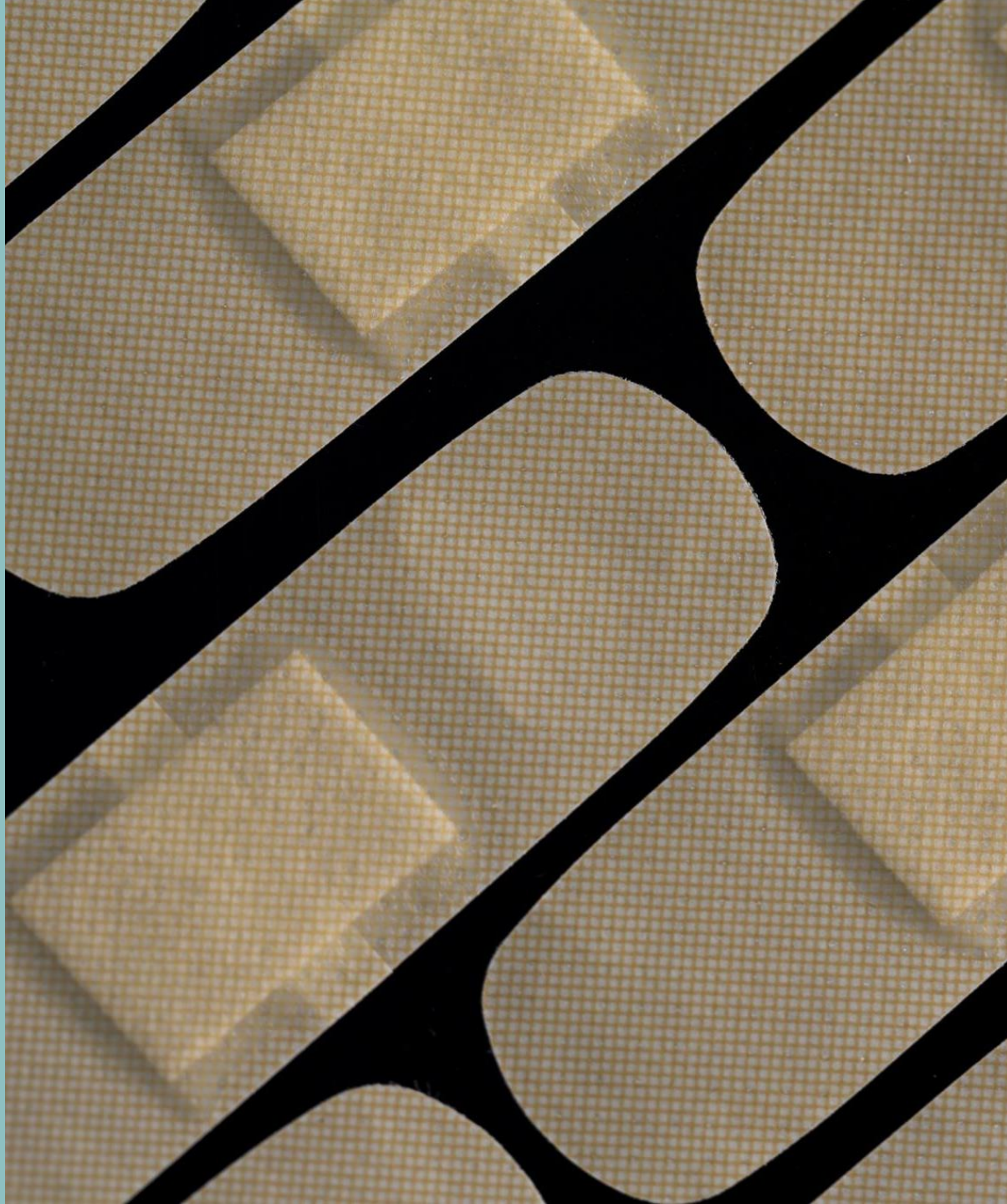


**Normalizing
discomfort**

Normalizing discomfort



- When you experience an ache or pain or discomfort of any kind, what questions do you ask yourself? What are you thinking?
- Active addiction and associated thinking?
- Asking new questions?



Managing Acute Pain



Managing Chronic Pain

Improved engagement
in healthcare

PT/OT

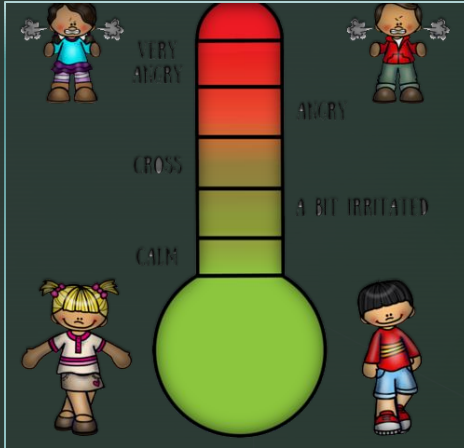
Improved management
of chronic conditions

Alternative therapies



Chronic Pain: BH Interventions

- **Assess the following:**
 - Health behaviors
 - Physical activity, avoidance behaviors, medication adherence
 - Emotional & cognitive factors
 - Stress/anxiety, trauma history, depression, hopelessness, patterns in & triggers to pain intensity, current vs. acceptable level of pain
 - Social & environmental factors
 - Others' responses to pain behaviors, social support



Chronic Pain: BH Interventions

- **Specific interventions**
 - Pleasant activity scheduling
 - Paced activity
 - Anger management
 - Sleep hygiene
 - Values clarification
 - Relaxation training
 - Progressive muscle relaxation
 - Pursed lip breathing
 - Belly breathing
 - Guided imagery
 - Distraction



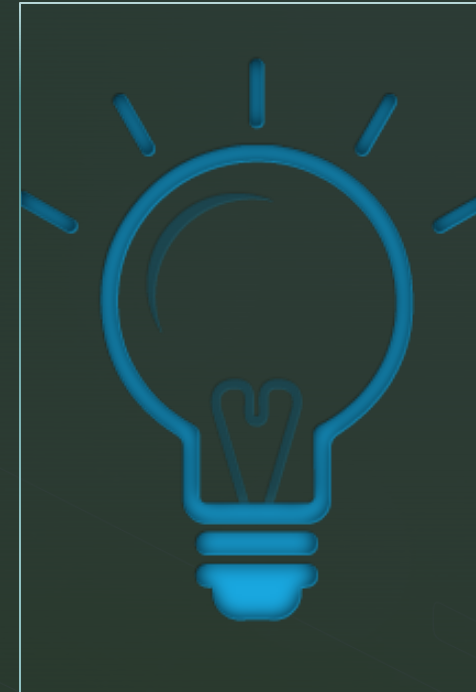
Chronic Pain: BH Interventions

- **Explore goals**
 - Ask questions such as
 - How does the pain limit you?
 - What would you be doing differently if your pain were reduced?
 - What people and things does your pain cause you to avoid?
 - What are your own goals for pain management?
 - What, if anything, do you want to change?



Chronic Pain: BH Interventions

- **Specific interventions**
 - Address comorbid mental health diagnoses (e.g., depression, anxiety)
 - Educate on gate-control theory of pain, mind-body connection, perceived benefits of pain
 - Assess values
 - Monitor changes in pain including exacerbating & alleviating factors
 - Increased access to medical & behavioral health providers via frequently scheduled, regular visits
 - Reinforce plan established with patient & PCP

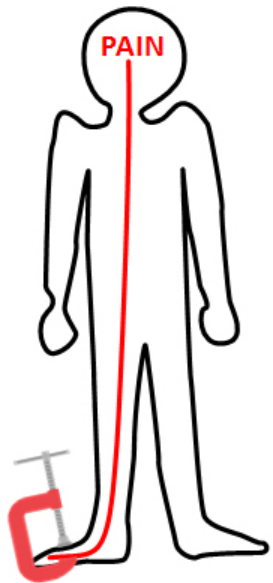


Gate Control Theory

- developed by Ronald Melzack and Patrick Wall (1960s)
- Central and Peripheral Nervous System
 - Basics: Pain originates in some area of your body (for example tissue injury), effecting the nerves in the area of that injury. Pain signals are then then transmitted via your peripheral nervous system to central nervous system (spinal column to brain).
 - Pain IS all in your head, meaning your brain interprets these signals and determines the body (and mind's) response.

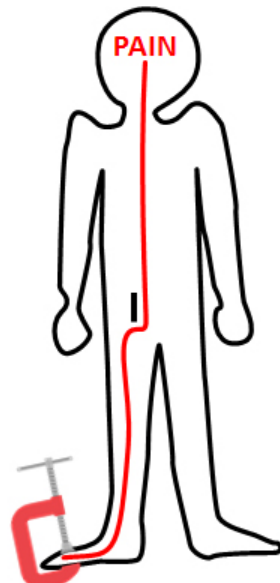
Changing Paradigms

Descartes

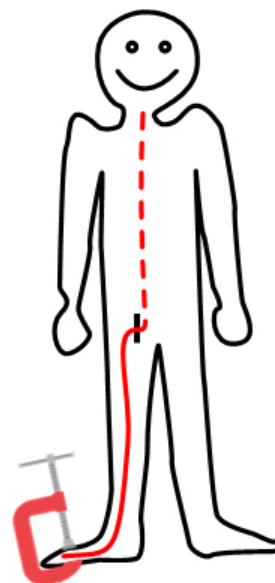


A direct connection

Gate Control Theory

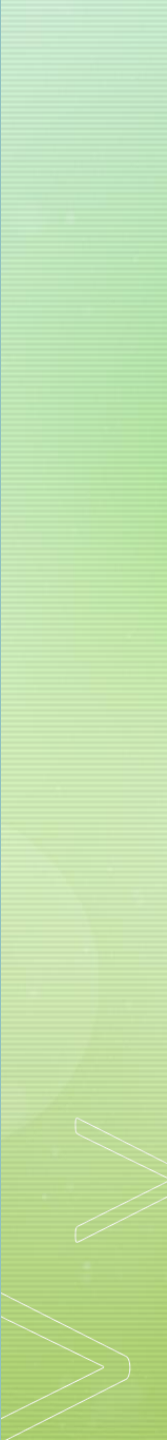


Gate open



Gate closed

- The gate control theory says that prior to reaching the brain these pain messages encounter "nerve gates" in the spinal cord that open or close depending upon a number of factors (possibly including instructions coming down from the brain).
 - When the gates are open, pain messages "get through" more easily and pain can be intense. When the gates close, pain messages are "blocked" or "stopped" from reaching the brain and may not even be experienced.



I Poll

1. On a scale of 1-5, please select the number that best represents your experience with today's session.



- 5 - Excellent
- 4 - Very Good
- 3 - Good
- 2 - Fair
- 1 - Poor

2. Please select the number that best represents your response to the statement:
Today's session was a valuable use of my time.



- 5 - Strongly Agree
- 4 - Agree
- 3 - Neutral
- 2 - Disagree
- 1 - Strongly Disagree

3. I can apply learnings from today's webinar to my MAT work.



- 5 - Strongly Agree
- 4 - Agree
- 3 - Neutral
- 2 - Disagree
- 1 - Strongly Disagree



Coming Up – Session #3

Thursday, March 17, 10-11am PT

Topic: MAT for Persons with Co-morbid
Mood Disorders

For registration information, go here:

<https://www.careinnovations.org/events/atsh-peer-forums-registration/#bhstaff>

Any questions? Email juancarlos@careinnovations.org

THE

END