



Off Script:
Why You Should Write for Behavioral Medicine

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Titles & Affiliations

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Disclosures

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- Consulting Fee (e.g., Advisory Board): Karuna Labs (previous/2019, not current)

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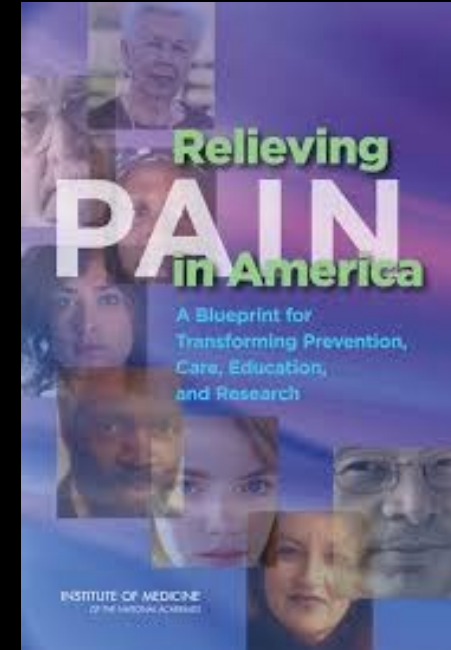
None

Learning Objectives

- Describe the biopsychosocial approach to whole person pain care
- Summarize the findings regarding behavioral options and interdisciplinary pain programs using a survey conducted across the VA system
- Cite peer-reviewed research on the VA's behavioral pain management primary treatment and its accredited pain rehabilitation programs

Public Health Crisis: Pain

- Human and financial toll of pain
 - 100 million = More Americans than diabetes, heart disease, and cancer combined
 - \$635 billion annually
 - Significant quality of life reduction for many who suffer



Global Burden of Disease

Leading Causes of Disability



Global Burden of Disease Study, 2017.

http://www.healthdata.org/sites/default/files/files/policy_report/2019/GBD_2017_Booklet.pdf

Bidirectionality

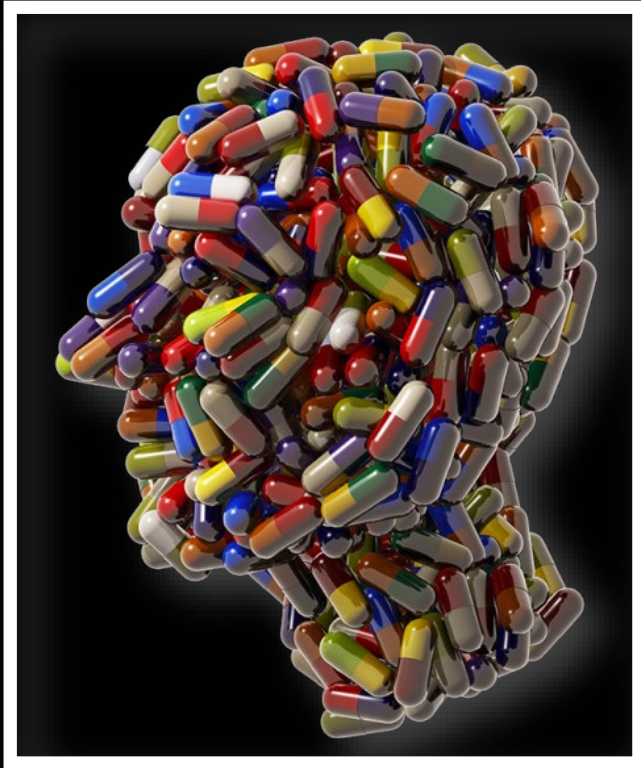
- Pain & mental health problems share common neural pathways & risk factors
- Bidirectional relationships affect treatment engagement & outcomes



What We Know

- Pain is an unpleasant physical *and* emotional experience per IASP
- Pain impacts and is impacted by various factors
- Pain is an EXPERIENCE
- Biggest predictor of pain outcomes = psychosocial factors

What We See



- Biomedical remains the prevailing force with limited integration
- Behavioral principles often introduced too late, after all medical options have “failed”
- “Find it, Fix it” – not a realistic framework for persistent pain

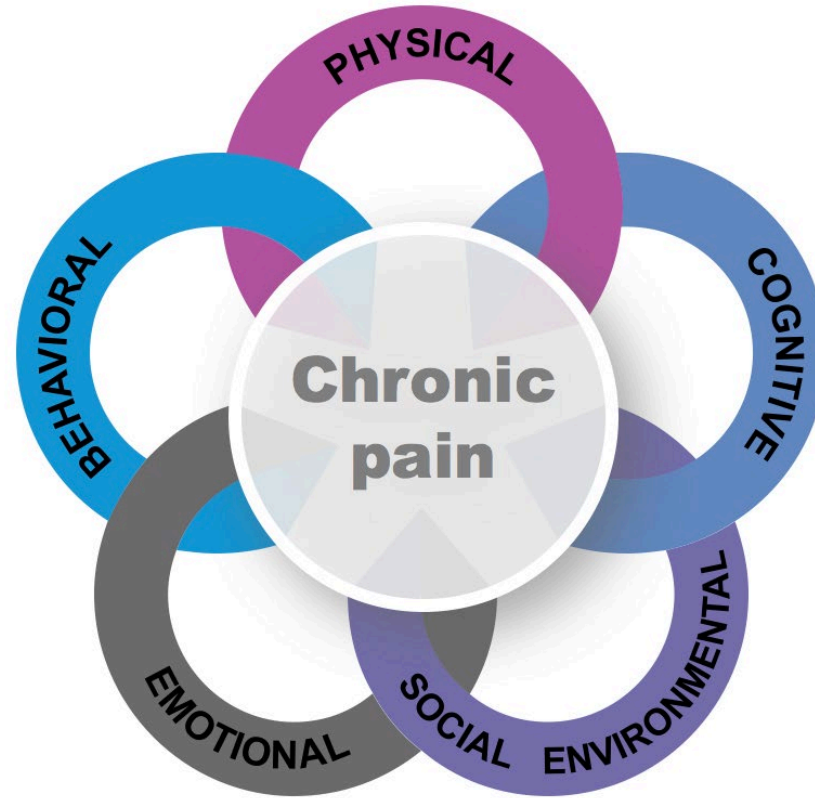
What We Need

➤ Cultural Transformation

- Focusing only on biomedical aspects of care is insufficient
 - Complex problem needs comprehensive solutions
 - Team-based care that includes behavioral medicine as part of the prescription



Biopsychosocial, Whole Person Care



Momentum

- Opioid issues have increased interest in non-pharmacological treatment approaches
- Opportunity to discuss the biopsychosocial elements of the pain experience
- Patients and providers benefit from behavioral medicine
- Not “alternative” – first line, evidence-based



Behavioral and Interdisciplinary Pain Care in VHA

Background

VA has done well in implementing behavioral and interdisciplinary approaches for pain



**VA
Stepped
Pain Care**

Tertiary, Interdisciplinary Pain Centers

Advanced Diagnostics and Interventions,
CARF-Accredited Pain Rehabilitation,
Integrated Pain and Substance Use Treatment

**STEP
3**

Secondary, Consultation

Interdisciplinary Pain Management Teams/Pain Clinics,
Rehabilitation Medicine and Therapies, Behavioral Pain
Management, Mental Health and SUD Programs

**STEP
2**

Primary, Patient Aligned Care Team (PACT)

Assessment/Management of Common Conditions, Mental Health
Integration (PCMHI), Assessment and Treatment of OUD,
Pain Schools, Complementary Integrative Health Modalities

**STEP
1**

Foundational, Self-Management

Nutrition/Weight Management, Smoking Cessation, Education and
Skills, Stretching and Conditioning, Ice and Heat, Sleep Hygiene,
Meaningful Activities, Family and Social Support

**Foundational
Step**

Across the Continuum

■ STEP ONE

- Primary Care Mental Health Integration (PCMHI); Mental Health Clinics
- Brief Cognitive Behavioral Therapy for Chronic Pain
- Multidisciplinary pain schools/coordinated pain education

■ STEP TWO

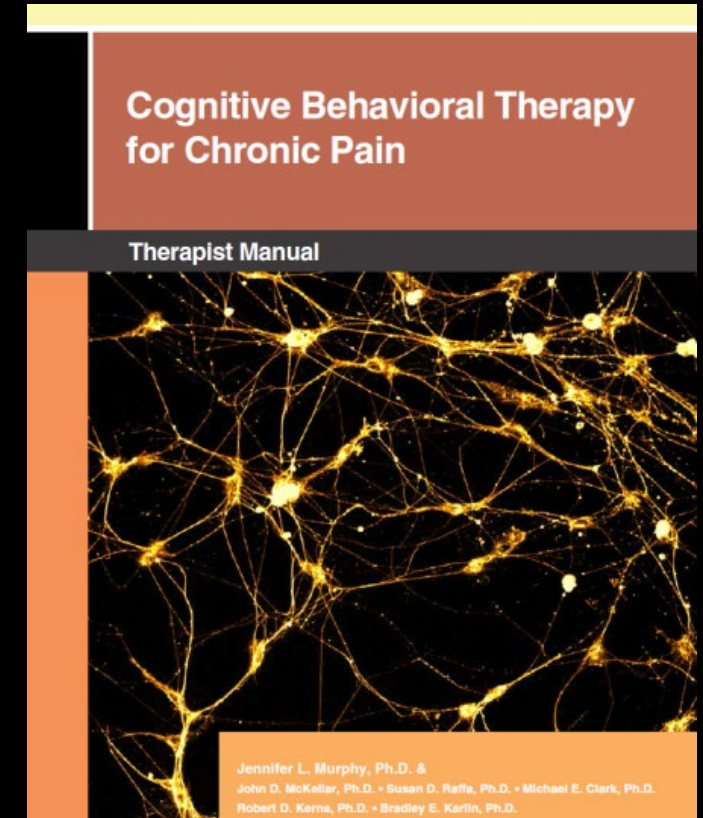
- Pain Psychologists/Clinicians often in Pain/Specialty Clinics/Teams
- Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), Acceptance and Commitment Therapy (ACT), Mindfulness Based Stress Reduction MBSR)

■ STEP THREE

- Coordinated interdisciplinary pain rehabilitation programs

VA Cognitive Behavioral Therapy for Chronic Pain

- Part of VA Evidence Based Psychotherapy (EBP) initiative
- Have trained over 1000 clinicians since started in 2012
- Network of behavioral pain experts:
 - 20 VISN Trainers serving their regions
 - 60 Consultants reviewing sessions, providing feedback
- Easily delivered via virtual platform



Murphy JL, et al (2014)

VA CBT-CP Evidence

ORIGINAL ARTICLE

National Dissemination of Cognitive-Behavioral Therapy for Chronic Pain in Veterans

Therapist and Patient-level Outcomes

Michael O. Stewart, PhD, Bradley E. Karlin, PhD,*†
Jennifer L. Murphy, PhD,‡§ Susan D. Raffa, PhD,*|| Sarah A. Miller, PhD,*
John McKellar, PhD,¶ and Robert D. Kerns, PhD#***

- 79% (117) of Veterans completed
 - Significant improvements in pain catastrophizing, pain interference, quality of life, and other domains, as well as on therapeutic alliance
- 85% (60) of therapists completed
 - Therapists reported a high level of confidence in implementing protocol, and continued implementation



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Psychological Services

<http://dx.doi.org/10.1037/ser0000506>

Cognitive Behavioral Therapy for Chronic Pain in Veterans: Evidence for Clinical Effectiveness in a Model Program

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Matthew J. Cordova

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Martinez, California, and Palo Alto University

Eric A. Dedert

Durham Veterans Affairs Health Care System, Durham, North Carolina, and Department of Veterans Affairs Mid-Atlantic Mental
Illness Research, Education, and Clinical Center, Durham, North Carolina

- 1507 (85%) of Veterans completed 5 or more sessions
- Significant changes across pre-treatment, mid-treatment, and treatment conclusion on all outcomes
- Medium-to-large effect sizes ($d > 0.60$) for worst pain intensity, pain interference, and physical quality of life

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- **Large effect size** (Cohen's $d = 0.78$) for pain catastrophizing
 - Risk factor for disability and distress in those with chronic pain
- Medium to large effect size for depression
 - BDI-II, (Cohen's $d = 0.66$)
 - PHQ-9, (Cohen's $d = 0.70$)

VA: Where Are We?



VA

U.S. Department
of Veterans Affairs

- Healthcare Analysis and Information Group (HAIG)
 - Pain Management Survey
 - Conducted last in 2019, report in late 2020
 - Previous studies were in 2014, 2010
- Comprehensive information about pain care from inpatient to palliative
- Responses provided by all VA “parent” facilities (N=141)
 - Facility Pain Points of Contact (POCs) in collaboration with pain teams

HAIG: VA CBT for Chronic Pain



- 92% reported that they provide the VA's CBT-CP treatment
- 76% provided CBT-CP in both individual and group formats
- 94% said wait time was less than 30 days
- Of the facilities reporting CBT-CP services, the primary access points for CBT-CP were, in order of frequency:
 - 82% accessed in Mental Health
 - 59% accessed in Primary Care
 - 55% accessed in Pain Medicine/Specialty Care

HAIG: Pain-Focused Behavioral Health Options

- Other options for pain provided at regular frequency:
 - Acceptance and Commitment Therapy (ACT)
 - Mindfulness Based Stress Reduction (MBSR)
- Eighty-three percent of respondents reported their facilities offered behavioral approaches to pain management using virtual technology in both individual and group settings:
 - 47% of facilities reported delivery of CBT-CP virtually
 - 23% of facilities reported teaching meditational techniques in pain management virtually
 - 23% of facilities reported running virtual pain schools

Interdisciplinary Pain Rehabilitation Programs

- Behavioral principles are foundation for interdisciplinary pain rehabilitation programs
- VHA Directive 2009-053 mandated at least 1 CARF-accredited pain program per VISN (Veterans Integrated Service Network)
 - Founded in 1966, CARF is an independent, nonprofit accreditor of health and human services in multiple areas of rehabilitation including pain

What Makes IPRPs Different?

- Cohesive team from multiple disciplines who are focused on functional restoration for those with pain
- Team communicates regularly and values input of all disciplines
- Provides truly coordinated care with shared philosophy and treatment goals
- ***“The great success of the program was due to the interaction between the various disciplines of the team rather than to any specific intervention that was applied.”*** (2005)
 - John Loeser, MD – Neurosurgeon, founding member of IASP, APS, and AAPM; Director of the Multidisciplinary Pain Center at the University of Washington from 1983 to 1997

Location of CARF Programs by VISN

VISN	Network Name	CARF Program Location
1	VA New England Healthcare System	Togus, ME
2	New York/New Jersey VA Healthcare Network	NY Harbor/NYC, NY
4	VA Healthcare –VISN 4	Pittsburgh, PA
5	VA Capitol Health Care Network	Washington DC (designated to pursue)
6	VA Mid-Atlantic Health Care Network	
7	VA Southeast Network	Columbia, SC & Birmingham, AL
8	VA Sunshine Healthcare Network	Tampa, FL & San Juan, PR
9	VA MidSouth Healthcare Network	
10	VA Healthcare System	Cleveland, OH
12	VA Great Lakes Health Care System	Chicago, IL
15	VA Heartland Network	St. Louis, MO
16	South Central VA Health Care Network	New Orleans, LA
17	VA Heart of Texas Healthcare Network	Dallas, TX
19	Rocky Mountain Network	Oklahoma City, OK
20	VA Northwest Health Network	Puget Sound, WA
21	Sierra Pacific Network	San Francisco, CA
22	Desert Pacific Healthcare Network	Los Angeles, CA & Albuquerque, NM
23	VA Midwest Health Care Network	Minneapolis, MN

The Resurrection of Interdisciplinary Pain Rehabilitation: Outcomes Across a Veterans Affairs Collaborative

Jennifer L. Murphy, PhD,^{*,†} Sarah A. Palyo, PhD,^{‡,§} Zachary S. Schmidt, PhD,[¶] Lauren N. Hollrah, PsyD,^{||} Evangelia Banou, PhD,^{*} Cynthia P. Van Keuren, PsyD,^{||||} and Irina A. Strigo, PhD^{‡,§}

- 6 programs participated across 5 sites
 - Albuquerque, Cleveland, Puget Sound, San Francisco, Tampa
- 931 Veterans enrolled with 84.1% completing full treatment
- Positive outcomes despite varying structure and resources

		ABQ	CLE	PS	SF	TPA-IN	TPA-OUT
Program time commitment	Length of program	5 wk	12 wk*	8 wk	12 wk	3 wk	8 wk
	Days per week	2 d/wk	1 d/wk	2 d/wk	3 d/wk	5 d/wk	2 d/wk
	Hours per day	7 h/d	6 h/d	4 h/d	3.5 h/d	8.5 h/d	5 h/d
	Total treatment hours	70 h	72 h	64 h	126 h	127.5 h	80 h
Time points for outcomes collection	Pretreatment	✓	✓	✓	✓	✓	✓
	Midtreatment				✓		
	Posttreatment	✓	✓	✓	✓	✓	✓
	One month posttreatment		✓			✓	✓
	Three months posttreatment	✓	✓	✓			
	Six months posttreatment	✓	✓	✓	✓	✓	✓
	Twelve months posttreatment	✓	✓	✓		✓	✓
Sample program components	Behavioral therapy	✓	✓	✓	✓	✓	✓
	Medication management	✓	✓	✓	✓	✓	✓
	Physical therapy	✓	✓	✓	✓	✓	✓
	Neuroscience education	✓		✓	✓	✓	✓
	Occupational therapy	✓	✓		✓	✓	✓
	Yoga and/or tai chi	✓		✓		✓	

ABQ = Albuquerque; CLE = Cleveland; PS = Puget Sound; SF = San Francisco; TPA = Tampa, IN = inpatient; OUT = outpatient.
Description of each program's respective time commitments and time points for outcomes collection.
*Flexible discharge time frame.

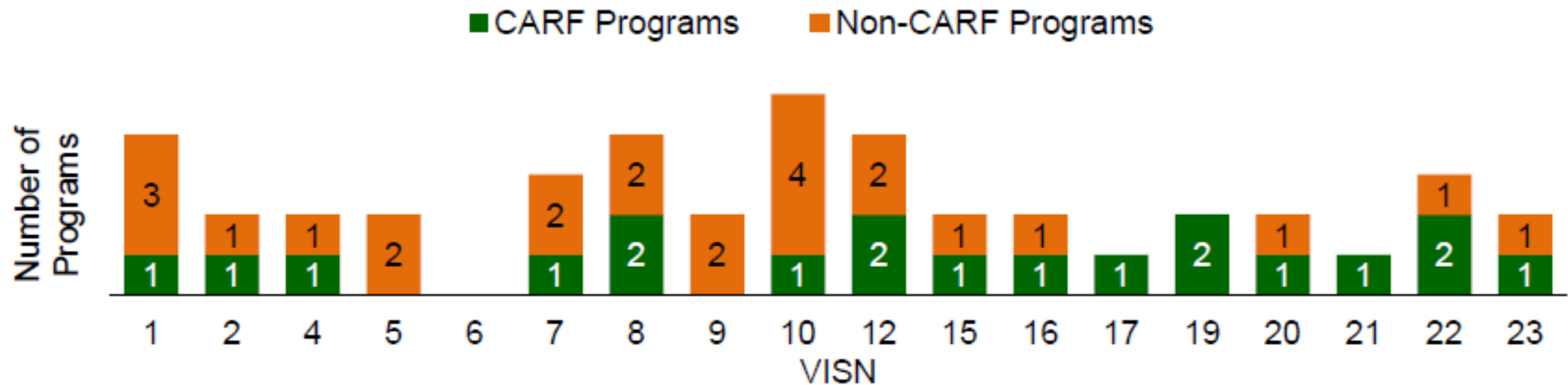
- Medium to large effect sizes
- Average reductions:
 - 22% (range, 12–28%) in pain-related domains of functioning (e.g., mobility)
 - 31% (range, 22–40%) in pain catastrophizing
 - 16% (range, 9–24%) in sleep difficulties

HAIG: Interdisciplinary Pain Rehabilitation Programs

- 32% (42/141) of facilities reported having an interdisciplinary pain rehabilitation program (CARF-accredited or non-accredited)
- As of 2021, there are 20 CARF accredited pain rehabilitation programs
- CARF accredited facilities were present in 15 of the 18 VHA VISNs
 - Barriers to CARF pursual included lack of adequate staffing and admin support
- 76% of facilities with an interdisciplinary pain rehabilitation program, either accredited or non-accredited, reported having a CBT-CP treatment component within the program

Step Three: Tertiary Level, Pain Rehabilitation

Figure 9. CARF and Non-CARF Accredited Interdisciplinary Pain Rehabilitation Programs by VISN



Interdisciplinary Pain Programs

➤ Themes

- Expanding inclusion
 - Many pain programs exist in VA that are not CARF-accredited, providing excellent care to hundreds of Veterans
 - All invited to join the national Interdisciplinary Pain Programs Leadership Committee
- Adapting to change
 - Teams have adjusted to virtual delivery of interdisciplinary pain care
 - Tech considerations, communication across disciplines and patients in context of care, obtaining measures, CARF surveys/standards, etc.

Many Paths

- Exemplary options for interdisciplinary care:

- CARF Pain Programs

- Pain University

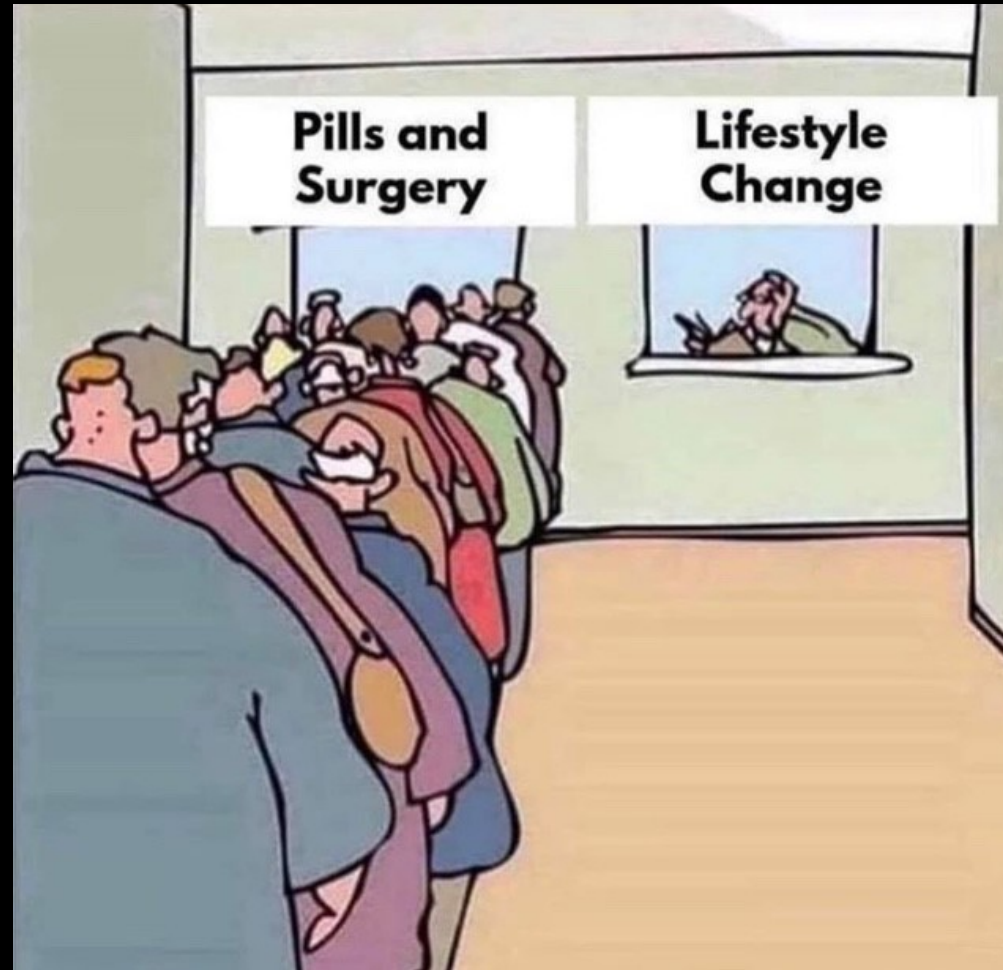
- Empower Veterans Program

- Brief Interdisciplinary Pain Rehabilitation Program



Engagement and Future Directions

Biggest Challenge?

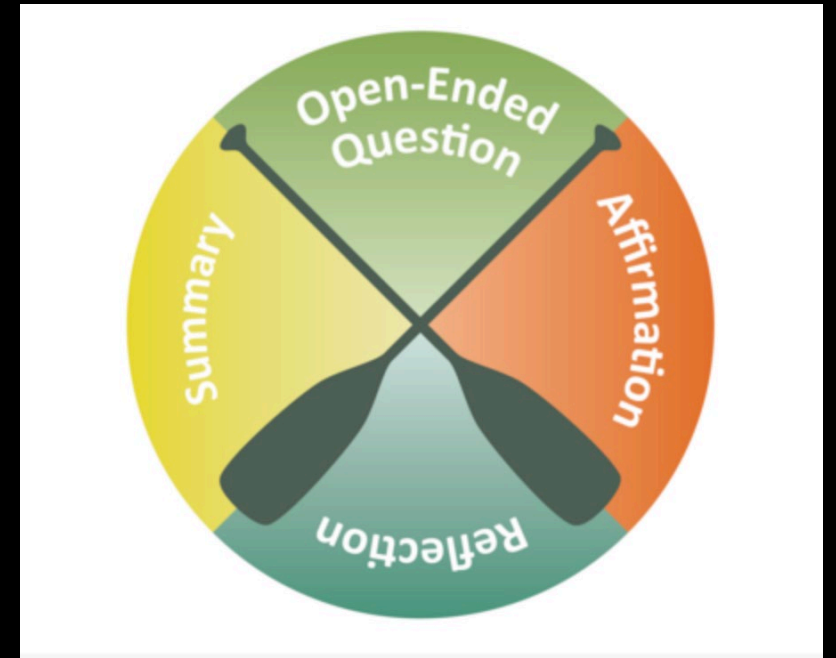


The Patient Experience

- Often feel unheard, voiceless
- **Legitimize:** You believe they are hurting and their pain is real
- **Validate:** Their experience and efforts with pain management
- **Explore:** What would they like to see change?

Increasing Motivation

- Many are ambivalent about change
- Instead of directing with advice and suggestions, listen and help patient sort out true desires
- Help uncover values, own desire to make life better



Goals and Motivation

➤ ASK

- What matters to you?
 - MI = What motivates the patient?
- Areas of your life you'd like to see change – values inform goals
 - Operationalize, focus on function
 - Less pain = What would that look like for you? What would change?
- Start small, build confidence
 - Let's consider a manageable first step that you feel good about to move towards where you want to be*

Collaborative Biopsychosocial Approach

Consulting behavioral health or pain programs may be challenging

Helpful Messages:

- Your pain is real and has many different factors that impact it.
- This referral will be helpful to better understand your pain and your responses to it.
- We work as a team. This will help us to identify the best ways to reduce your suffering.
- As you know, pain is complex. We need various strategies to optimize your pain management.

Share Success Stories

[Pain Management - Cognitive Behavioral Therapy for Chronic Pain \(CBT-CP\) - VHA Pain Management \(va.gov\)](#)

CBT-CP VIDEO

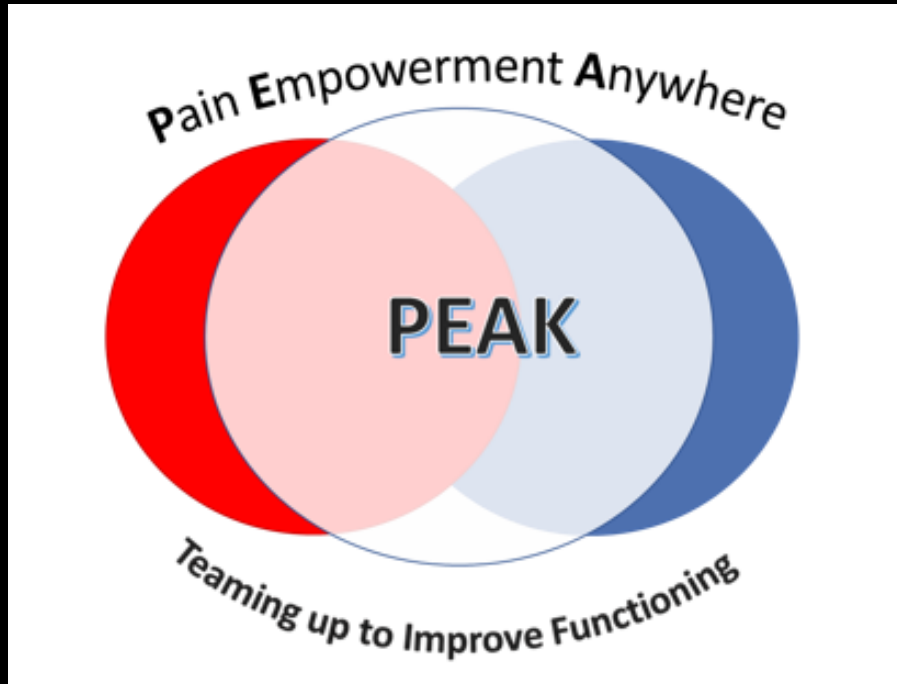


TelePain

- One way to help with motivation/engagement
 - May be patient preference/offer more flexibility
- Behavioral treatment options are easily adaptable for tele-delivery
- Can increase access when local options are not available for more comprehensive pain care
- VA highly focused on ways to increase TelePain services



Virtual Interdisciplinary Pain Rehabilitation Program



- National PEAK Program = 5-week intensive virtual interdisciplinary pain program accepts referrals from across VA
- Immediate access through pain prehabilitation step
- Rooted in gold standard CARF-accredited Tampa inpatient and outpatient chronic pain rehabilitation programs
 - Whole-person, biopsychosocial, active rehabilitation
 - Focus on functional restoration and quality of life gains



Virtual PEAK Program

- Appropriate for the most impaired, highest utilizing Veterans who need the highest level of care
- Increases access across the VA system
 - Closes gap for those who do not have access
 - More flexibility for those with barriers to traditional care
- PEAK team will provide training to other VA facilities/VISNs to facilitate expansion of virtual interdisciplinary team-based care
- Treatment Programs - James A. Haley Veterans' Hospital - Tampa, Florida (va.gov)

Take Home Messages



- Offering biopsychosocial, whole person pain care can positively impact the trajectory of a chronic condition and reduce negative impacts
- Behavioral health and interdisciplinary pain management are evidence-based and critical to optimal pain management
- Use validation and collaborative exploration to determine what is meaningful and motivates each person to engage in treatment

THANK YOU!



Contact Us

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References

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