



Minimizing Pills and Maximizing Skills: Achieving Successful Opioid Cessation in Chronic Pain

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Disclosures

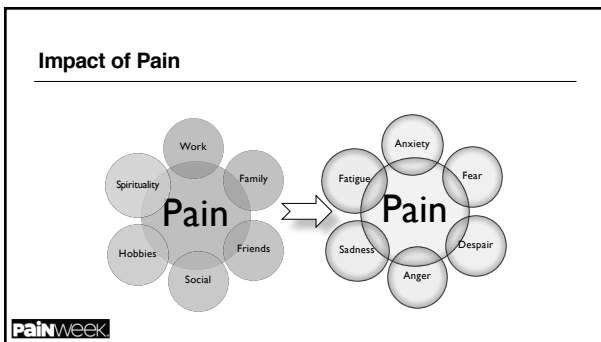
- Nothing to disclose

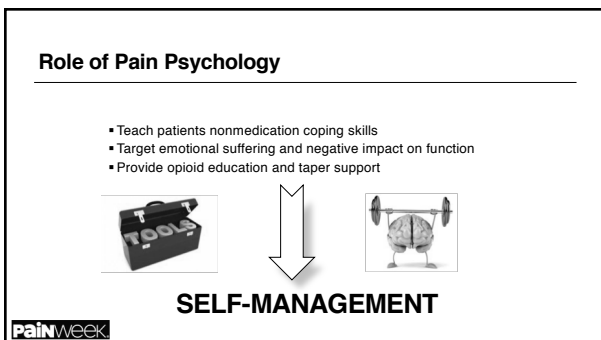


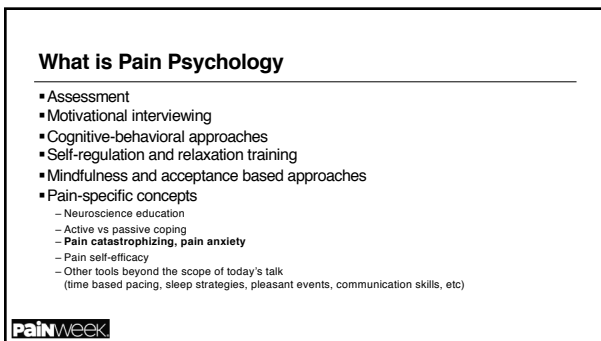
Learning Objectives

- Recognize the core concepts of motivational interviewing (MI), understand the evidence-based applicability of MI to opioid tapering, and to identify opportunities for further training.
- Develop an interdisciplinary approach to opioid tapering by incorporating pain psychology principles into patient education, and referring patients to appropriate specialists to optimize outcomes.
- Construct an interdisciplinary approach to opioid tapering with knowledge of existing alternative resources when an interdisciplinary team is not readily available.









Talking Points for Patients

- All pain has a psychological component
- Seeing a psychologist does not mean pain is not real
- Nervous system: physical ← psychological pain
- Psychosocial factors are strong predictors of pain outcomes
- Pain psychologists focus on function and quality of life


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Long-Term Opiate Use

- Disrupted sleep quality
- Decreased sex hormones
- Addiction
- Death from overdose
- Reduces pain threshold
- **Mood disturbances**

Since 1999, sales of prescription opioids in the U.S. have quadrupled.

4x

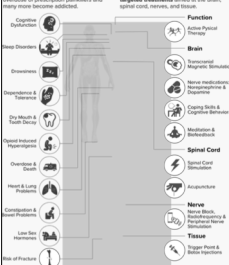


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Opioid Alternatives

Opioids are not the solution

Limitations: All available in the US die from overdose if prescription guidelines and many other measures applied.



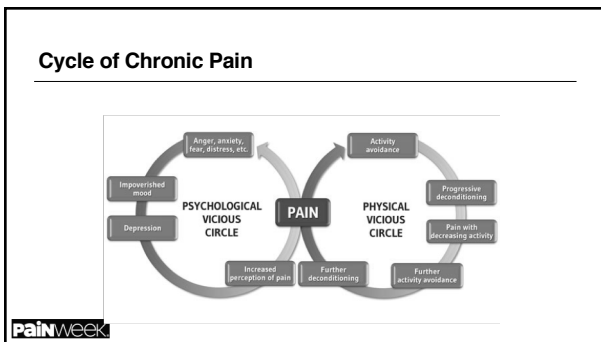
- Opioid Dependence
- Sleep Disturbance
- Drowsiness
- Overdose & Death
- Dry Mouth & Throat Issues
- Constipation & Bowel Issues
- Overdose & Death
- Heart & Lung Problems
- Complications of Breast Feeding
- Low Sex Hormones
- Risk of Fracture

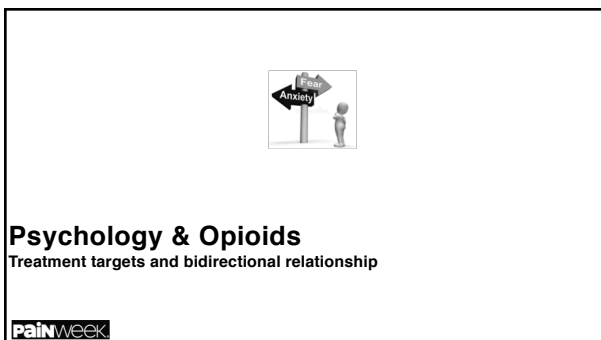
Treating pain at the source

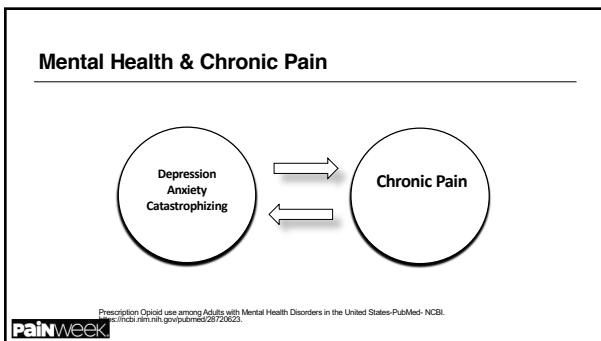
Advantages: Can help you find correct targeted treatments aimed at the brain, spinal cord, nerves, and tissue.

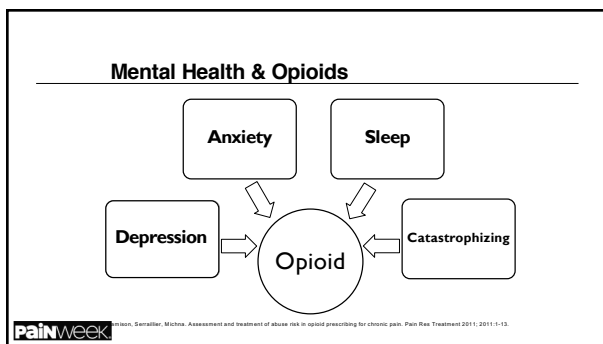
- Function:** Reduce physical pain
- Brain:** Neurological, Magnetic Stimulation
- Nerve:** Nerve medications, Neuromodulation & Stimulation
- Spinal Cord:** Spinal Cord Stimulation
- Nerve:** Nerve Block, Neuromodulation & Regenerative Therapy
- Tissue:** Regenerative Therapy & Tissue Regeneration

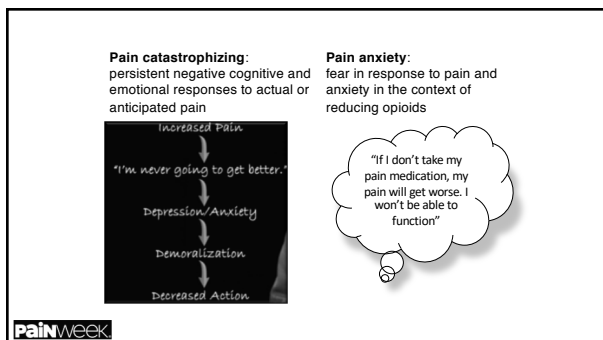
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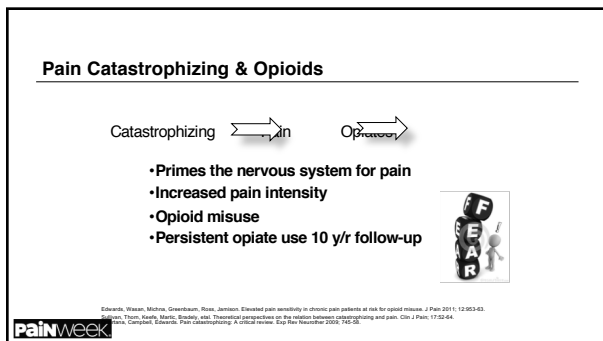










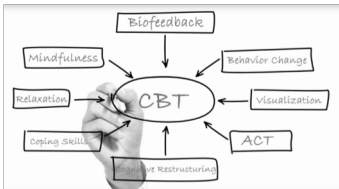




Evidence Based Therapies
Treatments for opioid tapering

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Treatments



Wagner P, Ahmad S, Ang K, Wisdenor N. Clinical Implications of Tapering Chronic Opioids in a Veterans Population. Pain Med. 2015;16(10):1975-1981. Human BMJ. 2015;350:h1111-1112. doi:10.1136/bmj.h1111. PMID: 26000000. [http://dx.doi.org/10.1136/bmj.h1111].

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What is Motivational Interviewing (MI)

- **Client-centered**, collaborative, goal-oriented style of communication
- Elicits behavior change by helping patients explore and resolve **ambivalence** within an atmosphere of **acceptance** and **compassion**
- **Goal:** facilitate internally motivated choices

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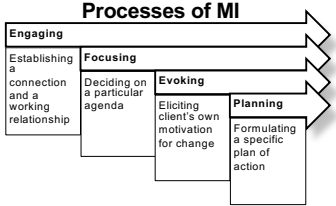
Human Motivation

- People generally resist being coerced
- Everybody is motivated for something
- The point is not **whether** they're motivated or not, but **what** they're motivated for
- Motivation for change is:
 - Malleable
 - Fluctuates over time and across situation
 - A product of interaction between people, not within one person



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Processes of MI




- Engaging**
Establishing a connection and a working relationship
- Focusing**
Deciding on a particular agenda
- Evoking**
Eliciting client's own motivation for change
- Planning**
Formulating a specific plan of action

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Motivational Interviewing

Tools

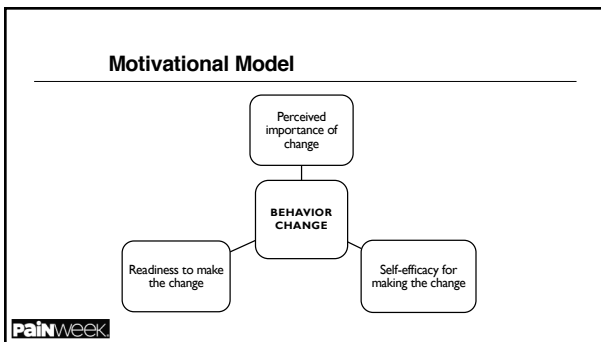
- Open questions
- Affirmations
- Reflections
- Summary



Change Talk

- Desire—"I want to..."
- Ability—"I can..."
- Reasons—"I would probably feel better if..."
- Need—"I have to..."
- Commitment—"I will..."
- Activation—"I'm ready to..."
- Taking steps—"This week I started..."

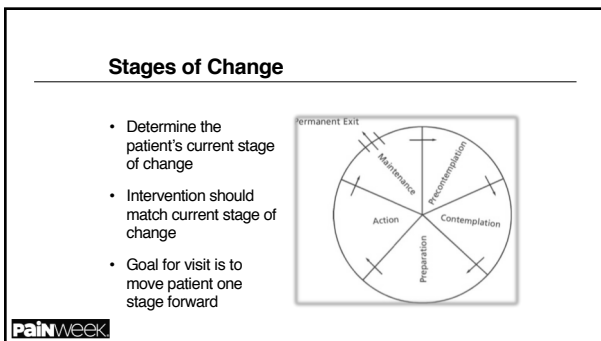
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MI-Based Interventions

- **Eliciting:**
 - History related to pain, opioid therapy, and related difficulties
 - Change talk related to tapering
- **Education:** Dose-related health risks, opioid-induced hyperalgesia
- **Identifying:** Barriers to tapering, problem-solving ways to overcome these, and commitment to change

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Precontemplative • Opioid use is not a problem for me.

Contemplative • I do have side effects from opioids like constipation and drowsiness, but nothing else helps my pain.

Preparation • I know opioids are not a good long-term solution, and I am looking for something else that works to manage my pain.

Action • Active engagement with strategies to reduce opioid use, such as following tapering schedule and learning alternative coping strategies like distraction and relaxation

Maintenance • I am using other medications and tools to manage pain instead of opioids.

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Tipping the Balance

Clinician's tasks:

- Explore both positive and negative prospects of life with and without the proposed changes
- Help patient understand discrepancy between current behavior and long-term goals

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MI Example

Next Step:
Assess the stage of change

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MI Example

Assessment: Pre-contemplation

- Our goal: move to contemplation stage

Pros/Cons: Illicit from patient, provide psychoeducation if patient is open to it

How does behavior fit with long term goals?



MI Example (OARS)

- **Open-ended questions:** *What are some of the benefits of Norco? What are the drawbacks?*
- **Affirmations:** *Living with pain is difficult, and you've tried several ways of coping with it.*
- **Reflective listening:** *You've tried not taking Norco but then you have more pain, and feel nauseous too.*
- **Summary:** *Norco takes the edge off, but you still have pain. When you run out early, you know it's painful and you feel sick. There are some risks to long term opioid use, but nothing you've tried has been as effective. You've tried PT and a few other medications, but there are some medications you haven't tried yet.*




MI Example

- Patient moved from **pre-contemplative to contemplative stage**
- Can take several sessions
- Include psychoeducation when appropriate
- Provide tools (stress management, ACT, CBT, mindfulness, self regulation, etc)
- Ongoing assessment of stage of change and barriers to success including depression, anxiety, fear, and/or trauma history



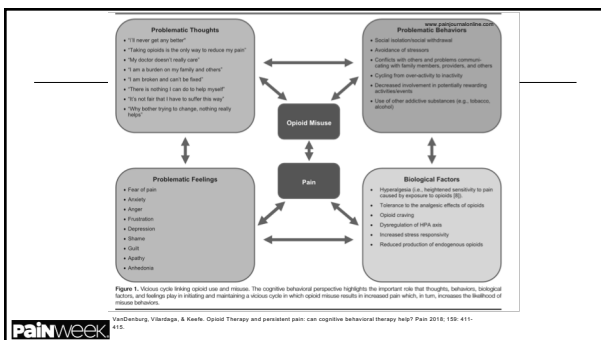
Responding to Relapse

- Normalize relapse process
- Praise accomplishments
- Discuss what can be learned from relapse
- Reframe relapse as being one step closer to maintenance
- **Relapse prevention plan**
 - Review original motivations for tapering
 - Identify potential triggers for relapse
 - Plan in advance how you will cope
 - Identify support systems for returning to taper

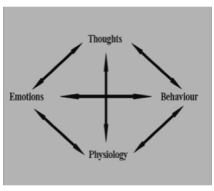


“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”

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Cognitive Behavioral Therapy



- Evidence-based
- Symptom-focused
- Time-limited
- Validated and widely used
- Employs collaborative approach
- Targets **unhelpful beliefs and behaviors**
- Increases self-efficacy and coping skills
- Gradual and cumulative benefits

Hofmann, S. G., et al. (2012). The Efficacy of Cognitive Behavioral Therapy: A Review of Meta-analyses. *Cognit Ther Res*, 36(5), 492-506.

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Automatic Negative Thoughts

ANTs

- Very common
- Occur automatically
- Often happen at night
- Often inaccurate and always unhelpful
- Increase hyperarousal → increase pain



CBT Techniques

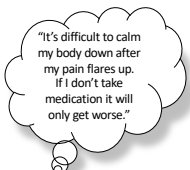
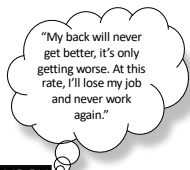
Technique	Technical overview	Technical target	Reference
Cognitive restructuring	Help patients identify and challenge dysfunctional thoughts that may trigger opioid use and explore those thoughts with more adaptive coping thoughts.	Functional thoughts that may trigger opioid use (e.g., "Using opioid medication is the only way to reduce my pain?")	25
Contingency management	Help patients explore alternative (e.g., activities that have rewards related when abstinence is demonstrated) behavioral and medication when patients when opioid use is detected.	Identifying effective rewards that may trigger opioid use (e.g., analgesic effects)	26,27
Relapse prevention	Help patients understand, anticipate, prevent, and cope with relapse episodes (e.g., failure to obtain the expected dose).	Preventable opioid use following a period of improvement or after the initiation of decreased use.	22
Skill training	Train patients in cognitive and behavioral strategies to address their needs in terms of: (a) coping, for example, learning interpersonal skills (e.g., communication skills and emotion regulation), emotion regulation skills (e.g., distress tolerance), and/or increasing skills (e.g., behavior activation to enhance involvement in pleasant and meaningful goals involving increased social interaction).	Doing well (skills), including interpersonal abilities, stress management, activity level, and pain coping skills.	20,24
Mindfulness	Foster non-judgmental, non-reactive awareness of the present moment, including thoughts, feelings, and body sensations.	Awareness, mindful patterns of reacting to experiences and events that contribute to stress of opioids.	4,28
Acceptance	Encourage patients' willingness to experience (but not be dominated by) thoughts, feelings, and sensations that may or may not be helpful for opioid use, and increase engagement in valued activities.	Thoughts, feelings, and sensations that may trigger opioid misuse.	13,29
Behavioral monitoring	Identify patients' triggers for possibility of relapse and confidence in their ability to make such changes in opioid use.	Anticipation about need to or desire to change/ reduce opioid use, lack of self-efficacy beliefs about ability to change.	3



Unhelpful Thoughts

Pain catastrophizing:
persistent negative cognitive and emotional responses to actual or anticipated pain

Pain anxiety:
fear in response to pain and anxiety about experiencing pain



Common Unhelpful Thinking Styles

All or nothing thinking: Everything is either black and white, or good or bad. (Photo perfects have faded. When it rains it pours.)

Over generalizing: Making a conclusion about one thing based on one instance. (Having a bad day at work means you're going to have a bad week at work.)

Mental filter: Only paying attention to one part of a picture. (Focusing on failures but ignoring successes.)

Magnification & minimization: Exaggerating the good and minimizing the bad. (Thinking the good of a situation is insignificant and the bad is a disaster.)

Jumping to conclusions: There are two types of jumping to conclusions: mind-reading (assuming you know what others are thinking or feeling) and fortune-telling (assuming you know what will happen in the future).

Emotional reasoning: Assuming that because we feel a certain way, it must be true. (Feeling sad because we look sad.)

Labeling: Putting labels on ourselves or others. (I'm a failure because I made a mistake. They're all just idiots.)

Personalization: Blaming yourself for things that are not your fault. (Thinking you're responsible for a friend's problems because you didn't see them sooner.)

Should/Must: Using words such as "should," "must," or "ought" to describe how you or others should behave. (You should be happy. I must be successful. They ought to be kinder to other students.)

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Catch It, Check It, Change It

3 C's to Improve Negative Feelings

We know that our feelings (both emotional and physical) are related to our thoughts. When you feel strong, negative emotions, you can try to reduce it by catching the associated thought, identifying unhelpful thoughts (if any), and replacing it with a more balanced thought.

Catch it: Identify the thought

Check it: Is it accurate? / Is it helpful?

Change it: Review cognitive distortion list / Identify more balanced thought

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CBT for Pain Example

BEFORE

Thought: "The whole day's distraction that my pain's gone up"

Behaviors: cancel work early and cancel dinner plans with friends

Feelings (emotional or physical): Angry, worried, hopeless, increased muscle tension

AFTER

Thought: "I can take a break and see how I feel. I've had headaches that didn't last very long..."

Behaviors: did a distraction exercise at work, keep dinner plans with friends

Feelings (emotional or physical): slightly worried, confident, decreased muscle tension

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CBT Strategies

- Self regulation strategies
- Goal setting
- Exercise
- Socialization
- Pleasant activities
- Time based pacing
- Distraction
- Communication training
- Sleep hygiene or CBT-I
- Coping prevention plan

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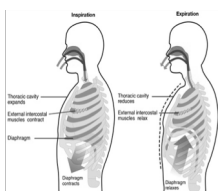
Physiological Stress Response

- Stress can be a clear **pain trigger**
- Some patients **cope with stress** by taking opioids
- Stress affects **sleep and mood**
- Pain is a stressor and acts as an ALARM, and activating our "fight or flight" response can worsen pain
- Pain and stress affect similar areas in the brain
- **Reducing our stress response** can help prevent, alleviate, and cope with pain, anxiety associated with pain and medication tapering

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Diaphragmatic Breathing

- Gateway to ANS
- HARM alarm system
- Pain, anxiety, stress, cravings
- Practice daily practice
– (5-10 min, BID)



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Self-Regulation



- Progressive muscle relaxation
- Diaphragmatic breathing
- Guided Imagery
- Body scan
- Meditation
- Mindfulness
- Prayer
- Acupuncture
- Biofeedback
- Stretching
- Foam rolling
- Tai Chi
- Yoga
- Feldenkrais

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Tool Box for Opioid Tapering

- Neuroscience and opioid education
- Self regulation strategies
- Goal setting
- Cognitive restructuring
- Behavioral activation
- Pleasant activities
- Time based pacing
- Communication training
- Sleep hygiene or CBT-I
- Coping prevention plan
- Values based living, defusion and mindfulness

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Resources

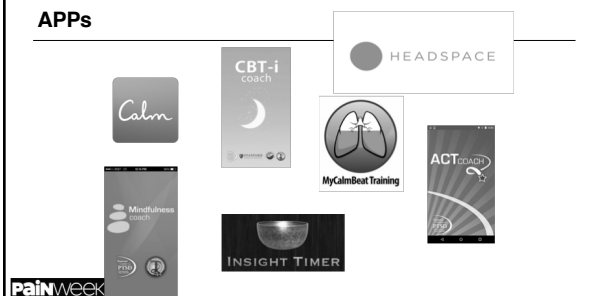
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Resources

- Search the national Substance Abuse and Mental Health Services Administration (SAMHSA) **Opioid Treatment Program Directory**: <http://dpl2.samhsa.gov/treatment/directory.aspx>
- **Buprenorphine** prescribers: <https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>
- Additional **MI** training: <http://www.motivationalinterviewing.org/>
- Mindfulness Based Stress Reduction: palousemindfulness.com
- Find an MBSR instructor/program near you: <http://www.umassmed.edu/cfm/stress-reduction/find-an-mbsr-program/>
- Retrain Pain Foundation: <https://www.retrainpain.org/>



APPS



Self-Help Books



Summary of Strategies

MI

- ✓ Assess stage of change
- ✓ OARS
- ✓ Pros/Cons
- ✓ Change talk
- ✓ Support active coping
- ✓ Ongoing re-assessment of stages of change
- ✓ Reframe relapse

Tapering Strategies

- ✓ Psychoeducation about long term opioid use and provide alternatives
- ✓ Tapering schedule
- ✓ Medication and behavioral management of withdrawal and cravings
- ✓ Relaxation training
- ✓ Cognitive-behavioral approaches
- ✓ Mindfulness and acceptance-based approaches