Innovations in Care
Pain Solutions Program at CODAC

Susan H. Hart, M.D.
Laura Levine, LMHS, LCDCS,
LCDP, CAGS
Pain Solutions

• Strategic approaches to the treatment of chronic pain
• Developed to meet the needs of individuals with chronic pain, pain that has persisted for a long time (over six months)
• Program consists of:
  Biopsychosocial assessment
  Group meetings that focus on patient's relationship with pain
  Individual sessions
  Pain assessment by Dr. Frank Sparadeo
  Body Therapy including therapeutic massage and acupuncture
  Education about chronic pain
  Mental Health Counseling
  Mindfulness exercises
  Psychiatric evaluations and treatment
The program is a minimum of twelve weeks
Referrals

• Patient is assessed for appropriateness for program
• Patient may do both Pain Solutions and Suboxone or only Pain Solutions
• Decisions are made by a team of the clinician, Medical Director, and consulting the referral source
• In some cases we work with the referral source to coordinate the induction (to suboxone) date. Opioid prescriptions may need to be tapered.
• Induction to suboxone may occur at any time in the treatment.
Pain Solutions Program Procedures

Intake – Initial first session - Completed by Counselor
Intake package- includes:
   PHQ-9
   Gambling 4 question
   Pain Solution Intake Form
Welcome to Eleanor Slater Patient Treatment Agreement
Eleanor Slater Screen For Admission – (MAT Only)
Complete – Intake Assessment – Forms / Releases

Session 2 – Individual 1 Hour – Completed by Counselor
   Discuss goals and objective – Develop Treatment Plan
   Discuss groups

Session 3 – Individual – 1 Hour – Completed by Counselor
   Give Pain Assessment Package – Completed by Patient or with assistance from counselor
Pain Solutions Program Procedures

Session 4: Individual – 1 hour – Completed by Counselor

Session 5 - Dr. Assessment – 1 hour or 1.5- Dr. Sparadeo
  Score assessments
  Complete a written assessment
  Meet with patients and go over assessment
  Enter assessment note in the smart system

Session 6 to 13 – Start Psychoeducational Pain Group – Facilitated by Counselor / Dr. Sparadeo. 8 sessions

Support Group Phase 2 – Open/ongoing – Thursday 11 AM to 12 PM-
  Completed by Counselor
  Combination of individual and Support Group
  1 hour sessions
  Open discussion group setting
Patient or Referral source contact to establish Clinical Intake Assessment

Bio-Psycho-Social Intake Assessment Completed (within 24 hrs)

Medical Intake Assessment (within 24 hrs)

MAT not indicated. Recommend general outpatient treatment (GOP) (no medication)

Referral to a higher level of care

Admitted to OUD treatment utilizing Methadone Maintenance, STD, or LTD

Admitted to COE utilizing Buprenorphine

COE, Buprenorphine induction services until patient can be transferred to office based treatment. Patient can continue to receive GOP counseling through CODAC

Referred to treatment utilizing Vivitrol

After (or within) 6 months of COE services

Patient may opt to remain in COE services

Referral to office based provider in the community Patient may continue to receive GOP counseling through CODAC

If patient de-stabilizes, refer back to COE to re-stabilize
INTERGRATIVE TREATMENT

- Recovery and whole health/wellness supports:
  - Health home model of services
  - Nutrition
  - Tobacco cessation
  - Mindfulness/stress reduction
  - Acupuncture
  - Peer Recovery Support
  - Therapeutic Massage
  - Mental Health support including medication
Group Therapy Curriculum

WEEK 1: Beginning the process of taking control of your pain
   Accepting ownership of your pain
   Determining exactly what your problems are
   The importance of tracking your pain levels
   Keeping the pain diary

WEEK 2: Understanding Pain
   The experience of chronic pain
   The experience of addiction
   The process involved in acute and chronic pain
   The role of the spinal cord in pain
   What happens in Chronic Pain?
   You have more control than you think
   The Meanings of Pain
   Cultural influences on attitudes toward pain
Group Therapy Curriculum

WEEK 3: The Mind—Body Connection
- Chronic pain as a form of chronic stress
- The Relaxation Response (RR)
- Using breath to relax and focus your mind
- Chest breathing
- Minimizing distractions and making yourself comfortable
- Using relaxation tapes
- Mind Chatter

WEEK 4: The Mind—Body Connection Continued
- Pacing yourself
- Uptime and downtime
- Dealing with difficulties in changing your activities
- Common problems when beginning to pace yourself
- Time Management
- Listening to your body
- Using your body to change your mood
- Aerobic exercise
- Pleasurable activities
WEEK 5: Nutrition and Pain

Important principles
Basic nutritional requirements
Managing your pain through nutrition
When to eat
What to eat and why
Foods linked to decreases in pain
Foods and ingredients linked to increases in pain
Caffeine
Alcohol
The role of vitamins and minerals in reducing pain
WEEK 6: The Power of the Mind

The role of psychology in chronic pain
Common Psychological labels in chronic pain
Harnessing the power of the mind: Cognitive techniques
Automatic Thoughts or Self-Talk
Irrational and Distorted thoughts
The Nature of “Truth”
Types of cognitive distortions
Emotional reasoning
Labeling
Personalization
“Should” statements
Old “Tapes”
Monitoring Automatic Thoughts and other Responses
WEEK 7: The Effective Use of Imagery and Distraction Techniques
- First person imagery/third person imagery
- Coping imagery
- Mastery Imagery
- Settling on effective distraction techniques

WEEK 8: The Development of Values-Based Activities
- Re-introduce enjoyable activities
- Understand the benefit of enjoyable activities
- Dopamine and joy—Dopamine and pain reduction
Questions?

Call 401-462-3530 for more information

Llevine@codacinc.org