

Innovations in Care Pain Solutions Program at CODAC

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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

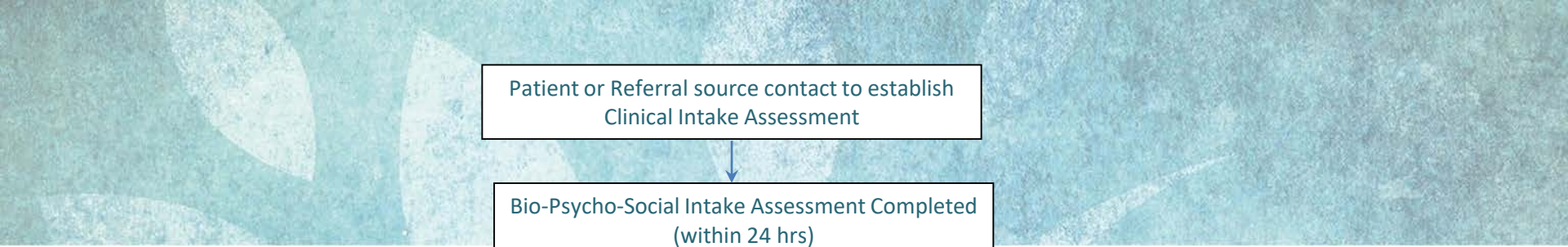
Session 6 to 13 – Start Psychoeducational Pain Group – Facilitated by
Counselor / Dr. Sparadeo. 8 sessions

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)

Referral to a higher level of care

Medical Intake Assessment (within 24 hrs)

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

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

Group Therapy Curriculum

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

Group Therapy Curriculum

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

Group Therapy Curriculum

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

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