Whole Health for Pain and Suffering
Day 1 Morning

• Course Overview
• New Perspectives on Pain and Suffering
• Chronic Pain: Starting with ME
• Mindful Awareness

Welcome!

1. Course Overview
This course was created by:

Veterans Health Administration
Office of Patient Centered Care & Cultural Transformation (OPCC&CT)

Pacific Institute for Research and Evaluation (PIRE)

University of Wisconsin-Madison
Family Medicine and Community Health Integrative Health

Module 1

• Course Origins
• Course Structure and Goals
• Course Materials
• Setting Intentions
• Community Agreements and Introductions
• Whole Health in the VA: A Review

Course Origins

• Created by OPCC&CT
• Whole Health training began in 2013
• 340+ Whole Health courses
• Over 30,000 VHA employees have trained in Whole Health
• Tied with Comprehensive Addiction and Recovery Act
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Comprehensive Addiction and Recovery Act (CARA) 2016

- Section 931 – Expansion of Research and Education on and Delivery of Complementary and Integrative Health to Veterans
- H.R. 4063, as reported, establishes a Commission to examine the evidence-based therapy treatment model used by VA for treating mental health conditions of Veterans and the potential benefits of incorporating complementary and integrative health as standard practice throughout the Department.
- Section 932 – Pilot Program on Integration of Complementary and Integrative Health and Related Issues for Veterans and Family Members of Veterans
- The provision requires that the Secretary, informed by the Commission's findings, commence a pilot program to assess the feasibility and advisability of using wellness-based programs to complement pain management and related health care services.

For Our 2 Days Together

- 14 modules with themes for each half day
  - Beginning at the Center of the Circle of Health
  - Walking the Green Circles, Self-Care, Self-Management
  - Integrative Health: Expanding Possibilities
  - Whole Health in Your Practice: Moving Your Team Forward
- Interludes to highlight local resources

About This Course

What are we trying to accomplish?
1. Untangle the web of chronic pain
2. Use the Whole Health model to individualize the pain and suffering experience
3. Gain exposure to non-pharmacologic approaches to pain care using Whole Health
4. Develop a common language in caring for Veterans with chronic pain and suffering
5. Network: employ the wisdom of the group
Course Materials

Your Workbook

Passport to Whole Health

19 chapters of tips and resources
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To Access Course Slides

You can even do it on your phone!

Whole Health course materials under “Courses” on the Whole Health Library Website

https://wholehealth.wisc.edu
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Setting Intentions

♥ GOOD: Understand the concepts of Whole Health and Complementary & Integrative Health for Pain and Suffering
★ BETTER: ...learn skills to use right away
★ EVEN BETTER: ...implement Whole Health approaches on your team at a team, facility, and/or system level
★ BEST: ...apply them to your own life!

About This Course

What are YOU trying to accomplish?
1. Are you hoping to learn what Whole Health means?
2. Are you trying to experience some of the self-care approaches that are mentioned in Whole Health?
3. Do you find it difficult to sit with a patient that is suffering?
4. Are you an expert in this field? How can we build better bridges? Are there aspects of the Whole Health Approach that you could do better? How can you lead the way at your site?

Community Agreements

- Be Present
- Be Curious
- Be Silent (sometimes)
- Be respectfully
- Be Healthy
- Be Honestly
- Be Respectful
- Be Culture
Introductions

1. Name
2. Role in the VA
3. What is one thing you are hoping to take away from this course?
4. An interest, hobby, or favorite past time

~20 seconds!

The VA health care system is changing.
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Deficit Model
What's the matter?
What's wrong?

Find It, Fix It

Productivity

Veterans Health Administration

- Largest integrated healthcare system in the world
- Over 65% of all US-trained physicians trained in VA’s
  - Large numbers of other health professions trainees also
- Innovation, Pilots and Research
- Infrastructure
  - Office of Patient Centered Care & Cultural Transformation (OPCCT)
  - Coding/Documentaion
  - Reimbursement
And it will keep happening! VISNs have designated flagship sites for 2018

Whole Health Flagship and Design Sites

Original Centers of Innovation and Design Sites

Established Centers of Innovation
- Birmingham VA Medical Center
- VA Greater Los Angeles Healthcare System
- VA North Texas Health Care System
- VA New Jersey Health Care System
- Washington DC VA Medical Center

Emerging Centers of Innovation
- Orlando VA Medical Center
- Southeast Louisiana Veterans Health Care System
- VA Eastern Colorado Health Care System
- VA Southern Nevada Health Care System

2016 Whole Health Design Site
- VA Boston Health Care System
- Gulf Coast Veterans Health Care System
- VA North Texas Health Care System
- VA Plano CBOC
- Washington DC VA Medical Center

2017 Whole Health Design Site
- Baltimore VA Medical Center
- Central Alabama Health Care System
- Durham VA Medical Center
- VA Greater Los Angeles Healthcare System
- VA Hudson Valley Health Care System
- Iowa City VA Health Care System
- Minneapolis VA Health Care System
- VA Portland Health Care System
- Southeast Louisiana Veterans Health Care System
- VA San Francisco Health Care System
- VA St. Louis Health Care System
- Tomah VA Medical Center
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Whole Health Flagship Sites

- VISN 1: VA Boston Health Care System
- VISN 2: VA New Jersey Health Care System (East Orange)
- VISN 4: Erie VA Medical Center
- VISN 5: Buckeye VA Medical Center
- VISN 6: W. G. (Bill) Hefner VA Medical Center (Salisbury)
- VISN 7: Atlanta VA Medical Center
- VISN 8: Tampa VA Medical Center
- VISN 9: Tennessee Valley Health Care System
- VISN 11: Alaska E. Lurie VA Medical Center (Saginaw)

- VISN 10: Tomah VA Medical Center
- VISN 12: St. Louis VA Health Care System
- VISN 13: Central Arkansas Veterans Healthcare System (Little Rock)
- VISN 14: South Texas Health Care System (San Antonio)
- VISN 15: Salt Lake City VA Medical Center
- VISN 16: VA Portland Health Care System
- VISN 17: Palo Alto VA Medical Center
- VISN 18: Tucson VA Medical Center
- VISN 19: VA Nebraska-Western Iowa Health Care System (Omaha)

Whole Health Learning Collaborative 2 Sites

- VISN 1: Manchester, NH; White River Junction, VT
- VISN 2: Western New York; New York Harbor HCS
- VISN 4: Butler, PA; Lebanon, PA
- VISN 5: Clarksburg, WV; Huntington, WV
- VISN 6: Asheville, NC; Fayetteville, NC
- VISN 7: Birmingham, AL; Columbus, SC
- VISN 8: Bay Pines, FL; Orlando, FL
- VISN 9: Louisville, KY; Mountain Home, TN
- VISN 10: Indianapolis, Northern Indiana HCS

- VISN 12: Madison, WI; Jesse Brown VAMC (Chicago)
- VISN 13: Peoria, IL; Marion, IL
- VISN 14: Fayetteville, AR; Gulf Coast HCS
- VISN 15: Dallas, TX; Temple, TX
- VISN 16: Shreveport, LA; Beaumont, TX
- VISN 17: Portland, OR; Puget Sound, WA
- VISN 18: Reno, NV; San Francisco, CA
- VISN 19: Philadelphia, PA; Long Beach, CA
- VISN 20: St. Cloud, MN; Central Iowa HCS
And there will likely be more year after year...

The VA health care system is leading the change towards a better approach to pain care

Time to Pause and Create

- You have the answers
- This is time to put them into action
2. New Perspectives on Pain and Suffering

Pain and Suffering: A Serious Problem

- Pain affects more people than diabetes, heart disease, and cancer combined
  - 100 million in U.S. have chronic pain
  - 1.5 billion worldwide
- Higher rate in Veterans
  - Sample of 2,597 Afghanistan Veterans
    - 44% had chronic pain
    - 15% used opioids
  - 26% and 4% in civilian population
- Costs U.S. over $600 billion yearly


Publications.mcgill.ca
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Pain Versus Suffering

• Pain is a signal
• Suffering is the response to the signal

What happens if we focus on suffering, in addition to pain?

The Unfortunate Reality...

• Pain and suffering are a serious problem
• They are complex
• Treating them is also complex
• The “conventional” approach has limitations
• Opioids, in particular, are problematic

Increases in Drug and Opioid Overdose Deaths — United States, 2000–2014

January 1, 2016 / 64(50):1378-82
Pain is Complex

- It travels in a pack with other problems
  - Depression
  - Addiction
  - Fatigue
  - Obesity
  - Isolation
  - Depressive disorder
  - Anxiety
  - Fatigue
  - Insomnia
  - Obesity
  - Inactivity
  - Isolation
  - Medication problems
  - Stalled-out personal growth

- It changes us at the cellular level
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Treatment is Also Complex

- Chronic and acute pain are different
- Low correspondence between symptoms and imaging (40-60%)
- Neuroplasticity and new-found mechanisms
- Many risk factors – not just demographics
  - Psychosocial
  - Mood and coping skills
  - Diet and neurotransmitters
  - Informed by past experiences

Abnormal MRI in Asymptomatic Adults

Opioids Are Problematic: Some Numbers

- 1.9 million Americans initiated into prescription opioid use yearly
- 12.5 million Americans abusing opioids in 2012 (from 4.9 million, 1992)
- 259 million - number of Americans and number of opioid prescriptions in 2012
- 165,000 - US deaths from prescription opioid OD's, 1999-2014
- 83% - percentage of world’s population without access to opioids
History of the Opioid Crisis

1970s: Percocet and Vicodin are introduced, but physicians are wary of prescribing them because of their addictive qualities.

1980: Letter to the New England Journal by Dr. Hershel Jick and Jane Porter said the risk of addiction was less than one percent, based on an analysis of nearly 12,000 hospital patients who were given opioid painkillers. That letter was widely — and incorrectly — cited as evidence that opioids were safe.

1995: The American Pain Society promotes “Pain Is the Fifth Vital Sign,” urging doctors to monitor pain along with pulse, breathing, blood pressure, and temperature. Purdue Pharma is one of 28 corporate donors.

1996: Purdue Pharma debuts OxyContin with an aggressive marketing campaign.

1997: Purdue’s advertising campaign is widely lauded by the business community. Arthur Sackler, whose family owns Purdue Pharma, is posthumously inducted into the Medical Advertising Hall of Fame for “bringing the full power of advertising and promotion to pharmaceutical marketing.”
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### History of the Opioid Crisis

**1998:** Purdue distributes 15,000 copies of "I Got My Life Back," a promotional video featuring a doctor saying opioids "do not have serious medical side effects" and "should be used much more than they are." It also offers new patients a free first OxyContin prescription.

**OxyContin Patient in Purdue Pharma's "I Got My Life Back" Milwaukee Journal Sentinel**

**2001:** The Joint Commission promotes the now familiar 0-10 pain scale and begins judging hospitals based on patient satisfaction with pain treatment. The commission and Purdue team up on a guide for doctors and patients that says, "There is no evidence that addiction is a significant issue when persons are given opioids for pain control."

**History of the Opioid Crisis**

**2009:** The Joint Commission removes the requirement to assess all patients for pain. By now, the United States is consuming the vast majority of the world’s opioid painkillers: 99 percent of all hydrocodone and 81 percent of all oxycodone.

**2010:** Cheap, strong Mexican heroin makes its way to American rural and suburban areas. Annual OxyContin sales exceed $3 billion.

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Sharonmunday70.wordpress.com
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Why Opioids are Problematic

• Mu receptors-analgesia-upregulation creates dependency
• Central acting-dopamine-sense of well being can lead to addiction
• NMDA receptors possible site of opiate hyperalgesia
• Perfect storm for patients with chronic pain and associated co-morbidities

Danish Health & Morbidity Survey of 10,066 people
Assessed chronic opioid use for non-cancer pain
Chronic opioid therapy did not meet any of the KEY outcome opioid treatment goals:
• Pain relief
• Improved quality of life
• Improved functional capacity

Efficacy of Medications for Back Pain

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Pain Findings</th>
<th>Function Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
<td>No evidence</td>
<td>No evidence</td>
</tr>
<tr>
<td>NSAIDs</td>
<td>Small to Moderate</td>
<td>None to Small</td>
</tr>
<tr>
<td>Opioids</td>
<td>Small (strong ones)</td>
<td>Tramadol Moderate</td>
</tr>
<tr>
<td>Muscle Relaxants</td>
<td>Limited data</td>
<td>Limited data</td>
</tr>
<tr>
<td>Anti-Depressants</td>
<td>No</td>
<td>Limited data</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>No at 10-14 days</td>
<td>Limited data</td>
</tr>
<tr>
<td>Systemic Steroids</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Anti-Seizure Meds</td>
<td>Limited Data</td>
<td>Limited Data</td>
</tr>
</tbody>
</table>

"Several systemic medications for low back pain are associated with small to moderate, primarily short-term effects on pain. New evidence suggests that acetaminophen is ineffective for acute low back pain..."
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**Other Medications Also Raise Concerns**

- Acetaminophen taken by ¼ of US adults weekly
  - 2015 study: Blunts reactions to positive and negative emotional stimuli
  - 2016: Seems to reduce empathy response to pain in others
  - Prenatal exposure associated with neurodevelopmental and behavioral disorders

**NSAIDS: COX1 and COX 2 inhibitors**

- 20-30% adults take daily
- 20,000 deaths and 100,000 hospitalizations per year¹
- ^ risk GI bleed-only 1/5 have warning²
- ^ cardiovascular risk stroke and MI³
- ^ progression of osteoarthritis⁴
- ^ leaky gut with ^ inflammation (pain)⁵

3. JAMA, 2006;296:1633–1644

We are often told what not to do.
But what do we do instead?
What Else Might Help?

What happens if we re-frame “pain?”

- A ‘verb’
- Not so much a disease as a state
- A disorder of The Whole Person

How do you define Whole Health?

Defining Whole Health

- Personalized, Proactive, Patient-Driven Care
- An approach to health care that empowers and equips people to take charge of their health and well-being and to live their life to the fullest.
- The Whole Health System includes conventional treatment, but also focuses on self-empowerment, self-healing, and self-care.
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Components of Proactive Health and Well-Being

“Circle of Health”

P. 111

- Holism: People are more than a body part or a list of medical problems.
- Self Healing: Mobilizing the innate capacity to heal, and
- Mindful Awareness: Self-awareness leads to better health, and

All aspects of my life are interconnected and impact my health.
There are approaches that can strengthen – or weaken – my capacity to heal and stay well.

Paying more attention to my body and mind helps me make better decisions in my self care.

Physical
Meaning and Purpose
Life Story
Mind
Past Traumas
Culture
Values
Emotions
Socioeconomic Factors
Relationships
Whole Health System

Pathway

• Peers
  Don’t walk behind me; I may not lead. Don’t walk in front of me; I may not follow. Just walk beside me and be my friend.

  -Albert Camus

Well-Being Programs

• Skill-Building Classes
• Health Coaching
• Complementary/Integrative Health therapies
Whole Health Clinical Care

• Personal Health Planning
• Integration with other parts of system

Ten Reasons to Practice Whole Health

1. You get to know your patients better.
2. Your work feels more fulfilling.
3. It helps cultivate mindful awareness.
4. You are reminded of the “Power of You.”
5. It makes your patients more satisfied with their care.
6. It is more empowering for patients.
7. Patients do better.
8. It works well for teams.
9. It has the potential to save resources.
10. It saves time.

The Elevator Speech Exercise

• Draft out a 30-second elevator speech using the form on page 9
• Can use suggested elements or add your own
• Give your speech to a partner, and listen to your partner’s speech
• Offer constructive feedback
• We will invite volunteers to share
Three Key Whole Health Websites

1. VA Whole Health Website

• External: OPCC&CT resources for Veterans & family
  https://www.va.gov/WHOLEHEALTH/
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Three Key Whole Health Websites:

2. OPCC&CT SharePoint
   - Internal – OPCC&CT SharePoint
     https://dvagov.sharepoint.com/sites/VHAOPCC/Pages/Default.aspx
   - Education Hub on SharePoint
     https://dvagov.sharepoint.com/sites/VHAOPCC/Education/SitePages/Home.aspx?AjaxDelta=1&isStartPlt1=1565725923678

OPCC&CT SharePoint Hub
   - Access for:
     - WH Education Courses (includes descriptions and access information)
     - Community of Practice Calls (CEUs provided)
     - Videos
     - Contact info for your OPCC&CT Field Implementation Team (FIT) team
     - Whole Health Library website (can access 3rd key site through hub)

Three Key Whole Health Websites

3. Whole Health Library Website
   - External: https://wholehealth.wisc.edu/
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Whole Health Library Website

- Over 200 different Whole Health topic overviews and tools
- Course materials (brochures, workbooks, PPTs) for all the OPCC&CT clinical courses
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Time to Pause and Create

• You have the answers
• This is time to put them into action
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Take a Break!

3. Chronic Pain: 
Starting with Me

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Module 3

Part 1:
• Clinician in the Center

Part 2:
• Veteran in the Center

You > Pills

A Key Point

• Your presence, in and of itself, is an important nonspecific variable.
• Use all of these elements to enhance what you can do:
  – Relationship
  – Empathy
  – Listening
  – Insight
  – Expectation
  – Values
  – Empowerment
What Is a “Good Back Consult?”

- Patients emphasized the importance of:
  - An explanation of what was being done and found
  - Understandable information on the cause
  - Receiving reassurance
  - Discussing psychosocial issues
  - Discussing what can be done

- Most important part of “Good Back Consult”
  The specialist took the patient seriously

**Conclusion:** The findings may represent an important potential for enhancing clinical communication with patients.

Practitioner Effects

For Depression: Good Therapist + Placebo > Poor Therapist + Imipramine

Empathy

Definition:
- A clinician can resonate with the:
  - Situation
  - Perspective
  - Feelings of another person
- They can verify
- They can act on this understanding
Empathy Research

2013 systematic review
• 7 studies
• Over 3,000 patients and 225 physicians
• Conclusions

“There is a relationship between empathy in patient–physician communication and patient satisfaction and adherence, patients’ anxiety and distress, better diagnostic and clinical outcomes, and strengthening of patients’ enablement.”

Video: Empathy

Brene Brown on Empathy
https://youtu.be/1Evwgu369Jw

We have two ears and one mouth so we can listen twice as much as we speak. — Epictetus

• 1984 study: The average doc interrupts after 18 seconds
• 2002: 23 seconds
• How long will patients talk with no interruption?
  — Mean: 92 seconds
  — Median: 59 seconds
  — In all 335 sessions, the info was rated as ‘useful.’
"Positive expectations (i.e., expectations for decreased pain) produce a reduction in perceived pain (28.4%) that rivals the effects of a clearly analgesic dose of morphine (0.08 mg/kg, an ~25% reduction in pain)."


"Hedonic Flip" – Pain is Relative

- 16 people
- fMRI and dermal conductance measured
- The burn their forearms
- 2 situations
  - Control: Start warm, go to moderate pain
  - Intervention: Start intense, go to moderate pain
- It was all relative – the moderate pain lit up the brain in different ways based on whether it was better or worse than the previous stimulation

“Difficult” Patients

- Patients who are
  - Complex
  - In chronic pain
  - Have psychosocial issues
  - Abuse substances
  - Have unmet expectations
  - High users of medical resources
- Being seen by clinicians who are
  - Working long hours
  - Stressed
  - Have psychosocial issues

“BREATHE OUT”
A Mindful Awareness Approach

- University of Wisconsin study
- 57 clinicians, 112 visits
- Team huddled to id. difficult patients
- Answered a pre- and post-visit questionnaire
- Self-reflective process
- Findings:
  - BREATHE OUT Protocol increased clinician satisfaction with difficult patient visits
  - Physician Satisfaction Scale
  - Helped attending docs and residents alike

Let’s Practice!
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“BREATHE OUT”
A Mindful Awareness Approach

1. List at least one bias/assumption you have about the patient
2. Reflect on why you identify this patient as difficult
3. List one thing you’d like to accomplish today
4. Think about one question you’d like to express today that would enable you to explore your assumptions
5. Take 3 deep breaths before you enter the room

“BREATHE OUT”
A Mindful Awareness Approach

Post-Visit

1. Reflect on the outcome of the encounter (considering the patient’s and your own agenda)
2. Did you learn anything unexpected?
3. List 1 thing you look forward to addressing if you were to run into this patient tomorrow

To Sum Up

- Your presence, in and of itself, is an important nonspecific variable.
- Use all of these elements to enhance what you can do!
  - Relationship
    - Know their story.
  - Empathy
    - Humanize the person.
  - Listening
    - Don’t interrupt. Listen deeply.
  - Insight
    - Take time to reflect.
  - Expectation
    - Consider agendas.
  - Values
    - Explore what really matters.
  - Empowerment
    - Help them drive their care.
Never underestimate the power of your therapeutic presence!

Module 3

Part 1:
• Clinician in the Center

Part 2:
• Veteran in the Center

“Increasingly, chronic pain research points out that what kind of pain (the location or other descriptors...) may not be as important as who is in pain and how that pain is being experienced.”

-Bonakdar RA, Integrative Pain Management
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Elena

- 55 y.o. Army Veteran
- Recent neck and knee pain
- Imaging mild DDD, OA
- PT, OTC’s not helpful
- Started on opioids
  - Pain: helpful
  - Function: not helpful
  - You are very aware of national policies on prescribing
- Worsening depression
- Weight gain

Going More In-Depth: The PHI

- Find a partner
- Take a few minutes to read Elena’s PHI (page 20)
- Discuss with your partner:
  - How helpful was the PHI?
  - How did your understanding of Elena change?
  - How does the PHI guide you to start a plan?

Discussion - PHI

1) How helpful was the PHI?

2) How did your understanding of Elena change?
A Shift in Perspective

From...

What’s the matter with you?

To...

What really matters to you?

The Big Questions

• What REALLY matters to you in your life?
• What do you want your health for?
• What brings you a sense of joy and happiness?
• What gets you up in the morning?

What are the root causes of the pain and suffering?
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Looking at the Circle of Health, what might be the cause of pain and suffering?

Potential Causes – A Circle Perspective
Realms of Health – the inner green circles

- Food & Drink
  - Pro-inflammatory diet
  - Food intolerance
  - Disordered microbiome
  - Missing nutrient (D, Mg)
  - Dehydrated
- Recharge
  - Not enough
  - Poor sleep environment
- Moving the Body
  - Inactive
  - Over-exercising
- Personal Development
  - No outlets, no fun

- Family, Friends & Coworkers
  - Abusive relationship
  - Isolation
- Surroundings
  - Toxins
  - Temperature
  - Ergonomics
- Power of the Mind
  - Stress, muscle tension
  - Addiction
  - Fear of pain
- Spirit & Soul
  - Moral injury
  - Trauma

Root cause?

What can you do about it?

(Now, we can start talking about the plan!)
Looking at the Circle of Health, what could ease Elena’s pain and suffering?

Potential Elements of a Health Plan: Self-Care

- **Food & Drink**
  - Anti-inflammatory diet
  - Elimination diet
  - Probiotics
  - Nutrients, supplements
  - Hydrate
- **Sleep**
  - Sleep Hygiene
- **Moving the Body**
  - Exercise prescription
  - Yoga? Tai Chi?
- **Personal Development**
  - Hobby, creativity, learning

- **Family, Friends & Coworkers**
  - Building connections
  - Support groups
  - Volunteering
- **Surroundings**
  - Altering work or home spaces
  - Tie in nature
- **Power of the Mind**
  - Mind-body techniques
  - Fear of pain
- **Spirit & Soul**
  - Explore forgiveness
  - Explore values, gratitude, aspirations

Shared Goals, SMART Goals
Why Shared Goals Are Important

- We often have goals (agendas) in mind for our patients
- Clinician and patient goals don’t always overlap
- Patients are more likely to have success with goals that they set for themselves (adherence and engagement)
- Ultimately, this personalizes care and centers it on them (is more patient centered)

How to Get to Shared Goals

- Use the PHI and other assessments as a guide
- Consider your patient’s responses to The Big Questions
- Be clear about your agenda. Do you have major concerns that need to be addressed?
  - What does the patient want to do?
  - Support the patient’s choice of a goal
Plan Writing Tips and Tricks

The next 11 modules are about co-creating the plan
- Learning how each layer of the circle may inform decisions that alleviate pain and suffering
- Tools
- Skills
- We’ll discuss key tips for writing them

Elena’s Plan

• It comes down to what she wants to do!
• Build on what matters to her (connections)
• This plan may then be more personalized
• Has clear goals outlined
• Designates her care team
• Includes follow up
• Review Elena’s sample PHP on pages 25 of the manual

Time to Pause and Create

• You have the answers
• This is time to put them into action

Pause

Be Present

Proceed Towards Whole Health
“From the brain alone arise our pleasures, laughter, and jests, as well as our sorrows, pain, and griefs.” —Hippocrates
Mindful Awareness Is...

Noticing and gaining insight into your thoughts, sensations, and feelings as they arise in the present.

"Mindfulness means paying attention in a particular way; on purpose, in the present moment, and [doing so] non-judgmentally."

Jon Kabat-Zinn, PhD
Founding Executive Director of the Center for Mindfulness in Medicine, Health Care, and Society at the University of Massachusetts Medical School

What Mindfulness is NOT

- A relaxation exercise
- Progressive muscle relaxation
- Guided imagery
- The Relaxation Response
- An “intervention”

Mindful Awareness to Ease Suffering

PAIN is inevitable, SUFFERING is optional.

Loeser's model of pain
Mindful Awareness to Ease Suffering

PAIN is inevitable, SUFFERING is optional.

Impermanence

Mindful Awareness:

What does the research tell us so far?
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Mindful Awareness Reaches Your Brain

fMRI

Prefrontal Cortex Activated

People have MORE

- Vigor
- Optimism
- Enthusiasm
- Buoyancy

- Meditators also have a better response (antibody titer) to the flu vaccine

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Right Prefrontal Cortex Less Activated

- People have LESS
  - Anger
  - Fear
  - Anxiety
  - Depression


QUERI Evidence Map for Mindfulness

- 81 systematic reviews, up to Feb 2014
- Y axis = size of the literature
- X axis = efficacy
- Size of circle = number of reviews
- Color represents the type of mindfulness studied:
  - Green = a mix
  - Pink is Mindfulness Based Stress Reduction (MBSR)
  - Purple is Mindfulness Based Cognitive Therapy (MBCT)
  - Blue is a combo of MBSR and MBCT
  - Yellow is for “unique interventions”


Highlights

- Remember, mindfulness is not a ‘therapy’ per se
- Especially responsive:
  - Chronic stress
  - Depression
  - Somatization
  - Cancer related depression and anxiety
  - Pain
  - Anxiety
  - Psychosis

Photo credit: mangloard via Foter.com
Mindful Awareness and Veteran Mental Health

- MBSR program at VA Greater Los Angeles HCS
- Naturalistic population – “Take all comers”
- Includes Veterans with active substance use disorders, suicidal ideation, active psychosis, and severe personality disorders as well as homelessness
- $n = 78$
- Significant reduction in anxiety, depression and suicidal ideation with improvement in Mental Health Composite scores


<table>
<thead>
<tr>
<th></th>
<th>Baseline (Mean[SD])</th>
<th>Post-test (Mean[SD])</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mindfulness</td>
<td>120.71 (20.84)</td>
<td>131.44 (28.48)</td>
<td>5.64</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Depression</td>
<td>11.85 (6.13)</td>
<td>8.13 (4.78)</td>
<td>-7.11</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Anxiety (GAD7)</td>
<td>10.06 (5.46)</td>
<td>6.67 (4.44)</td>
<td>-6.06</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Mental Health</td>
<td>36.81 (9.66)</td>
<td>43.94 (8.76)</td>
<td>7.72</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Physical Health</td>
<td>48.35 (11.63)</td>
<td>45.81 (11.36)</td>
<td>-1.78</td>
<td>0.08</td>
</tr>
<tr>
<td>Suicidal Ideation (PHQ9)</td>
<td>19/24 (24.05%)</td>
<td>10/12 (12.66%)</td>
<td>$X^2 = 4.26$</td>
<td>&lt;0.05</td>
</tr>
</tbody>
</table>


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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>4.21 (2.63)</td>
<td>4.01 (2.74)</td>
<td>-0.73</td>
<td>0.47</td>
</tr>
<tr>
<td>Pain &gt;= 6/10</td>
<td>7.00 (1.00)</td>
<td>6.00 (1.76)</td>
<td>-0.67</td>
<td>&lt;0.05</td>
</tr>
</tbody>
</table>

Drop beneath your mind’s thoughts and observe

Thoughts  Judgment  Emotions

Awareness

I find, by experience, that the mind and the body are more than married, for they are most intimately united, and when one suffers, the other sympathizes.  
-Lord Chesterfield-

Mindful Eating Exercise

- Cranberries
- Cherries
- Blueberries
- Raisins
Reflections from Mindful Eating Exercise

- What did you notice?
  - Thoughts
  - Sensations
  - Emotions

- How does this compare to the way you normally eat?

- How can you use this experience in your daily life?

- How can you use Mindful Eating with Veterans?

Mindful Eating: Benefits of Awareness

- Become aware of the interconnection of earth, living beings, and cultural and spiritual practices and the impact of food choices.
- Choosing to eat food that is both pleasing to you and nourishing to your body by using all your senses to explore, savor and taste.
- Acknowledging responses to food (likes, neutral or dislikes) without judgment.
- Learning to be aware of physical hunger and satiety cues to guide your decision to begin eating and to stop eating.

Mindful Awareness:

How do you cultivate it?
Whole Health for Pain and Suffering
Day 1 Morning

How can your clinical stool or chair become your meditation cushion?

How might you integrate mindful awareness in your daily life?

Mindfulness Practice - Pause, Presence, Proceed: Paying Attention to What Really Matters

Pause
- Stop what you’re doing. Take just a moment. Where is your mind?

Presence
- Gather your attention and sense your body. What is this situation asking of you?

Proceed
- Use mindful speech, action, positive intention. Bring all yourself into the encounter.

Relational Mindfulness

- Partner Practice: Step 1
  - Sit shoulder-to-shoulder facing opposite directions
  - Consider taking three breaths
  - Listen to Elena’s story (page 19)
  - Notice what arises in your awareness as you listen
    - Thoughts
    - Emotions
    - Sensations in your body
Whole Health for Pain and Suffering
Day 1 Morning

Relational Mindfulness

• Partner Practice: Step 2
  – Person with longer hair speaks first
  – Practice Mindful Speaking
  – Practice Mindful Listening
  – Switch roles

Prompt: What body sensations, thoughts, and emotions did you notice in listening to Elena’s story?

Relational Mindfulness

• Large Group Debrief
  – What was it like to speak in this way?
  – What was it like to listen in this way?
  – How might this way of listening/speaking relate to our clinical encounters with people in pain and suffering?

Starting Your Own Practice

• Try a few minutes a day, perhaps with a recording (see Resources, p. 65 in the Passport)

• Join a class, like MBSR, or a meditation group

• Introduce informal practices into your life, including in your clinical work
Mindfulness in Clinical Practice

Auscultation:

“There are not many instances in busy medical environments for a doctor to sit still and silent, with their attention focused solely in one direction, yet this is the cornerstone of mindful practice.”

(Lovell, 2016, Learning to Listen and Mindful Practice)

A Few Ideas for Your Patients

• Upon awakening or before going to sleep (transitions)
  – Mini-Meditation, mindfully observe five breaths
• During the day being aware of
  – How body and mind feel when moving
  – Areas of tightness, release tension on out-breath
  – Unhelpful patterns of thinking and coping
• Waiting in line
  – Notice breathing, posture and connection to ground
• Daily activities
  – Brushing teeth, washing dishes, putting on shoes, driving

Adapted from Segal et al. 2002. New York: Guilford.

Brain Workout or Heart Awakening?
• You have the answers
• This is time to put them into action

Pause

Be Present

Proceed Towards Whole Health

Time to Pause and Create