Welcome back!

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
For Today – The Path Ahead

AM—Integrative Health: Expanding Possibilities

PM—Whole Health in Practice: Your Therapeutic Stance

8. Introduction to Complementary and Integrative Health (CIH) Therapies at the VA

Whole Health for Pain and Suffering

PREVENTION & TREATMENT
Complementary and Integrative Health at the VA

Whole Health is inclusive of conventional clinical treatment and prevention, self-care strategies, and complementary practices.

G O O D  M E D I C I N E
Whole Health for Pain and Suffering
Day 2 Morning

Checking in with Yourself about CIH

Where are you on the spectrum?

2015 HAIG Report
Complementary and Integrative Health

FY 2015 VHA COMPLEMENTARY & INTEGRATIVE HEALTH (CIH) SERVICES (formerly CAM)

Healthcare Analysis & Information Group (HAIG)
A Field Unit of the Office of Strategic Planning & Analysis within the Office of the ADUSH for Policy and Planning

The five most common conditions treated at the VA:

» Stress Management
» Anxiety
» PTSD
» Depression
» Pain
Integrative Health Coordinating Center

- Established within the Office of Patient Centered Care and Cultural Transformation (OPCC&CT) in 2013
- The IHCC is charged with developing and implementing CIH strategies in clinical activities, education, and research across the system.

- Two major functions:
  1. to identify and address barriers to providing CIH across the VHA system
  2. to serve as a resource and subject matter experts for clinical practices and education for Veterans, clinicians, and leadership

Integrative Health Coordinating Center

- Addressing barriers in business infrastructure
  - Stop Codes, CHAR4 codes
- Creating new occupations and position descriptions
- Advocating for nutraceuticals on formularies
- Supporting research on multiple fronts
- Telehealth
- Volunteer Services
**Integrative Health Coordinating Center**

- Position Descriptions to Advance Whole Health
  - Acupuncturist, GS-9/13
  - Whole Health Program Manager, GS-11
  - Health Coach, GS-7/9
  - Whole Health Partner Supervisor, GS-8
  - Whole Health Program Assistant, GS-7
  - Whole Health Partner, GS-6
  - Yoga Instructor GS-6
  - Tai Chi/Qi Gong Instructor, GS-6

**CIH Directive 1137**

- Signed by USH May 2017: Dictates that CIH approaches are part of the medical benefits package

- LIST I: evidence of promising or potential benefit
  - VA must provide a mechanism to offer these approaches either within the VA facility or in the community, if they are recommended by the Veteran’s health care team.

- LIST II: Generally Considered Safe
  - Optional for inclusion in VA facility, depending on capability (staff/space) at sites

**Approved CIH Approaches**

**LIST I**
- Acupuncture
- Meditation
- Tai Chi/Qi Gong
- Yoga
- Massage for treatment
- Guided imagery
- Biofeedback
- Clinical hypnosis

**LIST II**
- Healing Touch
- Acupressure
- Alexander Technique
- Reflexology
- Reiki
- Therapeutic Touch
- Emotional Freedom Technique
- Animal-assisted Therapy (under recreational therapy)
- Aromatherapy
- Biofield Therapies
- Roling
- Somatic Experiencing
- Zero Balancing

Can be found here: https://dvagov.sharepoint.com/sites/VHAOPCC/SitePages/IHCC-home.aspx
Whole Health for Pain and Suffering
Day 2 Morning

Connect!

- IHCC Email
  - vhaopccintegrativehealth@va.gov
- FIT CIH Specialty Team Email
  - VHAOPCCCTCIHSpecialtyTeam@va.gov
- Whole Health System Tracking Team Email
  - VHAOPCCCTWHSTrackingTeam@va.gov
- IHCC SharePoint
  - https://dvagov.sharepoint.com/sites/VHAOPCC/SitePages/IHCC-home.aspx

What about you and CIH?

- What CIH treatments have you used with your Veterans?

- What CIH treatments have you used yourself?
  
  (See Workbook page 61)

Time to Pause and Create P. 61

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

Pause

Be Present

Proceed Towards Whole Health
9. Mind-Body Skills I

“"The natural healing force within each of us is the greatest force in getting well.”
—Hippocrates

In this Module:
1) Relaxation Techniques
2) List 1 CIH Therapies
   i. Meditation
   ii. Guided Imagery
   iii. Biofeedback
   iv. Clinical Hypnosis
It All Starts with the Relaxation Response

• Term coined by Herbert Benson, MD, a cardiologist
• The autonomic nervous system has 2 branches
  - Sympathetic (fight/flight)
  - Parasympathetic (feed/breed)

“Most mind-body exercises have the parasympathetic activation and other physiological changes as a common endpoint.”
• The key is, which approach will best fit any given individual?

The Relaxation Response

<table>
<thead>
<tr>
<th>Stress Response</th>
<th>Relaxation Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Fight or Flight”</td>
<td></td>
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<tr>
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</tr>
</tbody>
</table>

- Breathing Rate
- Blood pressure
- Heart Rate
- Muscle Tone
- Blood Sugar
- Adrenals
- Sensory Awareness
- Thought processes
- Creativity
- Concentration
- Immune System
- Digestive System

Relaxation Therapies

• The National Institutes of Health (NIH) states that evidence is strong for the effectiveness of relaxation therapies in reducing chronic pain in a variety of medical conditions.
• Relaxation training attempts to break the pain–muscle tension–pain cycle and helps lower stress levels.

Integration of Behavioral and Relaxation Approaches into the Treatment of Chronic Pain and Insomnia, NIH, 1995.
Diaphragmatic Breathing: Breathing Slower and Lower

- Deep breathing from the abdomen
- Lowers SNS arousal
- Easily learned by patients
- Effective during acute pain flares and stress

1:2 Ratio Breath  6 Breaths per Minute

IN FOR 3-4 SECONDS  OUT FOR 6-8 SECONDS

4-7-8 Breath  3 Breaths per Minute

IN FOR 4 COUNTS  HOLD  OUT FOR 8 COUNTS
Whole Health for Pain and Suffering
Day 2 Morning

Practice Facilitating a Therapeutic Breathing Practice

May use cues on page 63 in the Workbook for guidance

Progressive Muscle Relaxation

• Alternately tensing and releasing major muscle groups in a systematic fashion
• Differentiate feelings of tension from relaxation, and apply these skills in stressful situations
• Especially effective for tension and migraine headaches and insomnia. May be helpful for general body pain and specific muscular skeletal pain


Meditation and Chronic Pain

Some studies show improved
• Pain intensity
• Disability scores
• Need for medications
• Sleep

Other Findings
• Reduced IBS symptoms in a Veteran population
• Improvement in fibromyalgia symptoms

Mindful Awareness Practice

Between stimulus and response, there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.

- Rollo May, psychologist, 1963

Guided-Imagery Relaxation

- Individually tailored sensory images (often with music)
- Images can distract from pain, induce relaxation and improve stress coping
- Used to modulate images of pain and discomfort
  - e.g., substitute warmth of coolness for sensations of pain

Guided Imagery: Benefits

Research demonstrated that imagery can impact almost all major physiologic control systems of the body, including:

- respiration
- heart rate
- blood pressure
- metabolic rates
- gastrointestinal motility and secretion
- cortisol levels
- blood lipids
- immune responsiveness
- depression and anxiety levels

Photo credit: HckySo via Foter.com

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Photo credit: D. Kopacz

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Photo credit: D. Kopacz
Biofeedback Training

The technique of making unconscious or involuntary physiologic processes (such as heartbeats, brain waves, muscle tension, skin temperature, etc.) perceptible to the senses either visual or auditory in order to manipulate them by conscious control.

Types of Biofeedback

- Electromyography (EMG)
- Thermal
- EEG Neurofeedback
- Electrodermal
- Pneumograph
- Heart rate variability

Biofeedback Efficacy

- Neck pain
- Back pain
- Muscular skeletal pain
- Computer-related syndromes
  - Head pain (cluster, tension, migraine)
  - TMJ
- Pelvic pain
- Incontinence (fetal, urinary)
- Paralysis - stroke, cerebral palsy
- Arthritis
- HTN (FDA approved Resperate)
- Depression, anxiety, panic, stress
- Raynaud's
- ADHD
- COPD, Asthma
- Seizures

**Clinical Hypnosis**

- “A trance-like state” of inner absorption, concentration and focused attention
- Uses suggestion and imagery to create changes in sensations, perceptions, thoughts, feelings, and behaviors
- Dissociation techniques most notably for acute pain relief
- Alter the perception and mental structure of pain
- Most useful when instructed in a self-hypnosis format

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**Heart Rate Variability**

Heart rate variability for Patient A = 90-50 = 40
Heart rate variability for Patient B = 75-65 = 10

**GOAL:** To ↑ heart rate variability by slowing breathing rate to 6 breaths/min.

---

**Biofeedback as Coping Skill**

Stress Thermometer (Biomedical) Em Wave 2 (HeartMath)

---

Photo credit: trishhartmann via Foter.com

Autogenic Training

- A form of self-hypnosis where the patient listens and repeats phrases that suggest relaxation in the body
  - “My right arm is heavy.”
  - “My legs are warm.”
  - “My mind is calm.”
- Especially effective for general body pain, specific muscular skeletal pain, tension/migraine headaches


Time to Pause and Create

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

Pause Be Present Proceed Towards Whole Health

10. Integrative Modalities for Pain

Whole Health for Pain and Suffering
Whole Health for Pain and Suffering
Day 2 Morning

Medicare $ for LBP Treatment

• ↑ in epidural steroid injections by 629%
• ↑ in opioid expenditures by 423%
• ↑ in lumbar MRI by 307%
• ↑ in spinal fusion rate by 220%


Spinal Pain: How We’re Doing

“Expenditures on pain increased 82% from 1997 to 2006…Paradoxically, mental health and physical functioning worsened for patients with spinal pain.”

Whole Health for Pain and Suffering
Day 2 Morning

**Why Do We Use Complementary Therapies?**

**Spinal Pain: The Treatment Gap**

Analgesics
Adjunctive meds
Physical Therapy

Injections
Surgery

What professional care approaches do you recommend for Adam?
Manual Therapies at the VA

- Chiropractic
- Massage
- Physical Therapy
- Manual Medicine

Osteopathic Medicine

1. The body is a unit of body, mind, and spirit.
2. The body is capable of self-regulation, self-healing, and health maintenance.
3. Structure and function are reciprocally interrelated.
4. Rational treatment is based upon an understanding of these basic principles

Techniques

- Counterstrain
- Facilitated positional release
- Myofascial release
- Muscle energy
- HVLA (thrust)
- Dry needling (PT’s)
Spinal Manipulation: Proposed Mechanisms

- Gapping of facet joints
- Improved joint ROM
- Activation of spinal stretch reflexed

Terms

- Spinal Manipulation:
  - High velocity, low amplitude force on spinal segments (HVLA)
- Mobilization:
  - Non-thrust manual therapies
  - Many techniques fall in this category: muscle energy, counterstrain, myofascial techniques

Spinal Manipulation for CLBP

A systematic review of nonpharmacologic therapies for low back pain for an American College of Physicians Clinical Practice Guideline in *Annals of Internal Medicine* and *JAMA*.
Spinal manipulation for CLBP, 2011

- Comparable results to other therapies, such as exercise therapy and PT

[Image: Spinal manipulation for CLBP, 2011]

Manipulation for Neck Pain, 2015

- Thoracic manipulation may be beneficial for neck pain
- Little evidence for cervical manipulation compared with control therapies

[Image: Manipulation for Neck Pain, 2015]

Massage Therapy

Massage for LBP – a 2008 review
- Effective
  - Moderate evidence of short and longer term effectiveness
  - Effectiveness improved when combined with exercise and education

[Image: Massage Therapy]
Osteopathic Structural Exam: Your Turn

- Find these landmarks:
  - Acromion
  - Iliac crest
  - PSIS

- Forward bending:
  - Any difference side to side?
  - Watch your thumbs

Acupuncture: Principles and Practice

What is Acupuncture?

The term “acupuncture” describes a family of procedures involving the stimulation of points on the body using a variety of techniques.

The acupuncture technique that has been most often studied scientifically involves penetrating the skin with thin, solid, metallic needles that are manipulated by the hands or by electrical stimulation.

Sir William Osler: “For lumbago acupuncture is, in acute cases, the most efficient treatment.”

—Principles and Practice of Medicine, 1892
Beyond Qi

- Endogenous opioid system
- Central serotonergic system
- Gate control theory
- Viscerosomatic reflexes
- Neuropeptide and hormone release peripherally

So How Does Acupuncture Work?

- Acts at local, spinal cord and cortical levels
- Affects nervous, circulatory, lymphatic and immune systems
- But...treatment effect lasts longer than the half-life of endorphins and most neuropeptides... Qi?

A Hybrid Approach

- Utilize understanding of anatomy:
  - Trigger points
  - Stimulate specific spinal levels or nerves
- Take advantage of traditional acupuncture point functions
An Acupuncture Treatment

- Anywhere from a few needles to 20ish
- Needles very thin, smaller than 30 gauge and no beveled tip
- Needles either left alone, heated or attached to electrical stimulator
- Typically lasts 30-40 minutes
- Expect some results with chronic problems within 3-5 treatments, less with acute problems

Does It Work?

QUERI Evidence Map Acupuncture for Pain

https://www.hsrda.gov/publib/aebd/acupuncture.htm

The above link and the Passport both feature maps for mental health and wellness too
Acupuncture was superior to both sham and no acupuncture control for each pain condition (all p<0.001).

We conclude that acupuncture is effective for the treatment of chronic pain, with treatment effects persisting over time.

Acupuncture in chronic neck pain, 2016 review:

"...moderate quality evidence that acupuncture effective with short term follow up."


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Acupuncture in chronic neck pain, 2016 review:

"...moderate quality evidence that acupuncture effective with short term follow up."
**Is Acupuncture Safe?**

Trial involving **454,920 patients** who were treated for headache, low-back pain, and/or osteoarthritis. **Minor adverse events** were reported in 7.9% of patients while only **0.003% (13 patients)** experienced severe adverse events. Minor adverse events included needling pain, hematoma, and bleeding, while serious adverse events included pneumothorax, acute hyper- or hypotensive crisis, erysipelas, asthma attack, and aggravation of suicidal thoughts.


**National Guidelines**

- **FDA**: FDA Education Blueprint for Health Care Providers Involved in the Management or Support of Patients with Pain (May 2017)
- **Joint Commission**: New Pain Assessment and Management Requirements, effective January 1, 2018
- **American College of Physicians**: Clinical Guidelines for Acute, Subacute, and Chronic Low Back Pain, February 2017
- **VA IHCC List 1**

**Video**

The Use of Acupuncture in the Military
Excerpt from the Movie “Escape Fire”
https://www.youtube.com/watch?v=XNVHPWJSw1s
Battlefield Acupuncture

- Designed by Richard Niemtzow, MD
- Original study published in 2007
- Based on work from French physician from 1950s

Sequential needling of 5 auricular acupuncture points:
1) Cingulate Gyrus
2) Thalamus
3) Omega 2
4) Point Zero
5) Shen Men

Acupuncture and BFA Resources

- IHCC BFA SharePoint (accessible from main IHCC SharePoint) – includes clinical guidance, toolkits, training opportunities
- Acupuncture and BFA Pulse Community: https://www.vapulse.va.gov/groups/va-bfa-community
- Inquiries also may be directed to: VHABFASupport@va.gov
Time to Pause and Create

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

Movement Break!

11. Mind-Body Skills II
Mind-Body Skills II

In this Module:
1) Introduction to Cognitive Behavioral Therapy
2) Other Mind-Body Approaches to Pain

Cognitive Behavioral Therapy

- The most widely used psychotherapeutic treatment for adults with chronic pain, secondary depression and anxiety.
Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)

- Session 1: Interview and Assessment
- Session 2: Treatment Orientation
- Session 3: Assessment Feedback and Goal Setting
- Session 4: Exercise and Pacing
- Session 5: Relaxation Training
- Session 6-7: Pleasant Activities
- Session 8-9: Cognitive Coping
- Session 10: Sleep
- Session 11: Discharge Planning
- Session 12: Booster Session

Beliefs and Pain

- **Catastrophizing**: to expect the worst to happen or to worry about major negative consequences
  - associated with poorer outcomes, more psychological distress, increased pain levels and perceived disability
  - high levels of catastrophizing are at increased risk for prescription opioid misuse

- **Perceived** lack of ability to have control of pain (helplessness)
  - associated with poorer outcomes, less physical functioning, higher pain levels and more disability

Common Automatic Pain Thoughts

- I have no control over my pain.
- I need a medical solution to ongoing pain. There is nothing I can do to change it.
- My life is over if I’m in pain.
- Because I can’t do what I did before, I’m not okay.
- What if my doctor abandons me?
- I’m weak because I have pain.
- My pain will get worse and worse.
- If I can’t do it the way I did it before, there is no point in doing it.
- I should have gotten better before this.
- I’m headed for a lifetime of pain.
- This should have never happened to me.
Cognitive Restructuring: ABCD Model

A. Activating Event
   Pain Flare

B. Automatic Belief or Negative Thought
   "I must be doing more damage to my body."

C. Consequence or Emotional Response to Negative Thought
   Fear, Depression, Resentment

D. Dispute Negative Thoughts
   "This pain will subside."
   "This pain is normal."
   "This pain does not mean more damage to my body."

Acceptance and Commitment Therapy

- Fosters acceptance of pain
- Disengagement from the struggle with pain
- Grieving loss of a pain-free life
- Re-engagement in activity without trying to avoid, restrict or control pain
- Adopt a "new normal"
- Value-based actions that increase a sense of meaning and purpose in life despite the pain condition

Behavioral Activation and Pacing

Not Pacing
- Overactivity
- Prolonged Rest
- Extreme Pain

Pacing
- Moderate Activity
- Limited Rest

The activity-rest cycle in chronic pain (Gil, Ross, & Keefe, 1988)
Journaling: Benefits to Health

Journaling 3x a week can:
• Enhance immune function
• Reduce:
  – Physician visits for illness
  – Post-surgery days in hospital
  – Alcohol consumption
  – Emergency department visits
  – Medication use in pain/asthma


Therapeutic Journaling Protocol

Writing topic. An emotionally upsetting event that is bothering you. If you have faced a massive trauma, it is best not to write about it for several weeks afterwards.

Length and frequency. Write for 15-20 minutes each day for four consecutive days if you can.

Write continuously. Don’t worry about spelling or grammar. If you run out of things to say, simply repeat what you have already written.

Considerations. If, after several sessions, you feel you are not making progress or you experience strong feelings that you cannot cope with, stop and contact a health care practitioner.

Workbook Practice


The Benefits of Nature

Psychological:
• Higher happiness & satisfaction
• Higher vitality & meaning in life

Cognitive:
• Improved memory & attention

Health:
• Faster recovery post-surgery

Community:
• Lower crime and violence rates

Music Therapy

- 2015 review of 50 studies – high risk of bias, but half found less anxiety and 36% less pain in people undergoing procedures
- Helped with abdominal pain post surgery – pain intensity and distress
  - “...safe, inexpensive and easily used”
- 2014 systematic review – results for 17 studies supported music as “...an adjuvant approach to pain control in hospitalized adults.”

Time to Pause and Create

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

Pause
Be Present
Proceed Towards Whole Health

12. Whole Health in Action
A Whole Health visit

- This is a new patient visit
- Options:
  - use PHI
  - use only big questions
  - Whole Health visit with no PHI

Time to Pause and Create

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

Pause
Be Present
Proceed Towards Whole Health