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The challenges of integrating mindfulness training within pain management services

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With the crises termed “opioid epidemic”, the Center for Disease Control in the United States expressed the need for other interventions being considered for more pain control strategies. As with any democracy, comments can be made about any regulation either supporting or countering the guideline. So, following a twenty year course of moving from more rehabilitative interventions to interventional procedures and opioid analgesia as first line treatment, we now are faced with reality of an economic and social burden on American society of \$78.5 billion annually for the challenges of prescription opioid overdose abuse and dependence. In a summary of the CDC Guidelines for Opioids for Chronic Pain from March 2016, some clinical reminders are noted: 1. Opioids are not first-line or routine therapy for chronic pain; 2. Establish and measure goals for pain and function; 3. Discuss benefits and risks and availability of non-opioid therapies with patient; 4. Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain; 5. If opioids are used, they should be combined with non-pharmacologic therapy and non-opioid pharmacologic therapy. Since interdisciplinary pain services have for the most part been erased from our medical system, the option of a non-medical intervention becomes inconsequential, unavailable or not financially possible. There is some evidence with integrative care models that behavioral health or medical psychology options are emerging. The cultural conditioning and medical path however implies “relief” especially with the persistent use of measuring arbitrary pain levels at every visit. At some point as most of us have observed, the magic number of “eight over ten” (8/10) becomes the consolidated message, “my pain is not controlled”. And for curious psychologists, the possibility of controlling pain becomes the overarching question. After a thirty year career in pain medicine/behavioral medicine ranging from pain rehabilitation programs to interventional centers, I had the opportunity of coming to Canada and observe the benefits of meeting Jackie Gardner Nix MD and seeing the benefits of mindfulness training for chronic pain. Her program was established in Canada in 2002, and now with over 12,000 patients having participated, the outcome data is convincing. I initiated this Canadian program in the Orthopaedic practice. I am aligned within Virginia and would like to share my observations, what this brings to the pain treatment arena within our medical culture, and the benefit for patients. Mindfulness is changing the landscape of pain treatment and offers hope within this rather complicated trajectory. My presentation will share my observations, data from patient outcome measures and comments of the regional physicians involved.

Biography

F Cal Robinson is a Medical Psychologist with an extensive career in Pain Management and Pain Medicine. He is Board-Certified in Medical Psychology from the American Board of Medical Psychology. He did his Post-doctoral studies from Massachusetts School of Professional Psychology (MSPP), Master of Science in Clinical Psychopharmacology and Doctoral studies from Forest Institute of Professional Psychology (FIPP) in Clinical Psychology. He is a graduate from the University of Cincinnati – Rehabilitation Counseling and Undergraduate from University of Cincinnati, College Conservatory of Music. He did his Internship & Post-doctoral Fellowship at Philhaven Hospital, Mt. Gretna, Pennsylvania; Philhaven is an APA accredited training site. His early private practice in Indiana centered on the assessment and treatment of behavioral medicine disorders. In addition, while there, he was the Clinical Director and Co-owner of the Spine & Rehabilitation Institute. He was recruited in 2001 to the Elliot Health System and Hospital in Manchester, New Hampshire as Clinical Director of their interdisciplinary pain program. His most recent publication was feature article for the Carlat Psychiatry Report (November 2012), “*Chronic Pain, Comorbidity and Treatment Complexity*”. His clinical interests center on the theory and practice of Acceptance and Commitment Therapy (ACT) especially for chronic pain, suffering, abuse and affective disorders.

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