

Whole Health for Pain and Suffering

Day 1 Morning

VA  U.S. Department of Veterans Affairs
Department of Veterans Affairs
Office of Patient-Centered Care and
Cultural Transformation

Whole Health Life 

Whole Health for Pain & Suffering

Day 1 Morning

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

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Whole Health for Pain and Suffering

A Whole Health Approach

Day 1

Welcome!



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1. Course Overview



Whole Health for Pain and Suffering

Whole Health for Pain and Suffering

Day 1 Morning

 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**


U.S. Department of Veterans Affairs


Whole Health for Pain and Suffering


Public Paper on the Burden of Pain Presentation
Presented Under Contract to the VA by Pacific Institute for Research and Evaluation and the University of Wisconsin-Madison
December 2016
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- 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



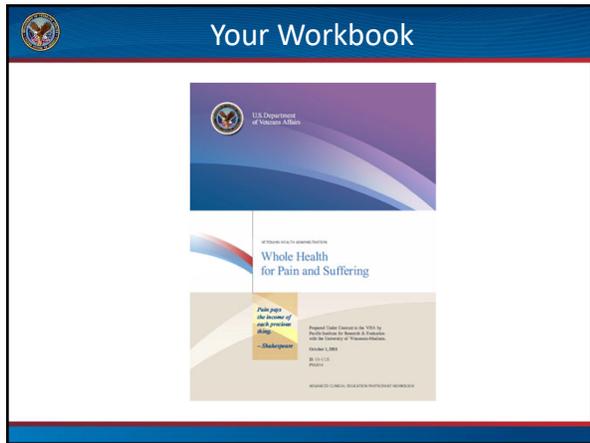
 **About This Course**

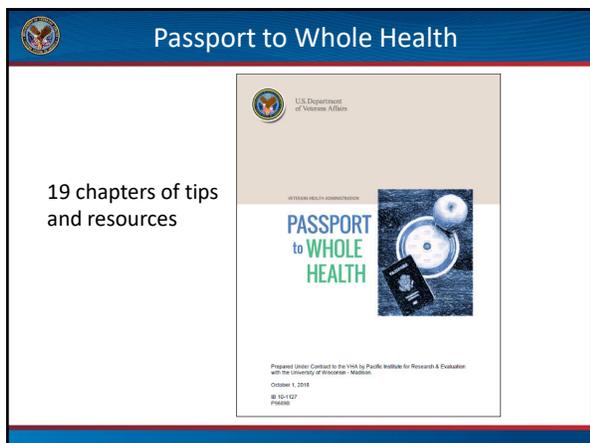
What are we trying to accomplish?

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

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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 respectful
✓ Be Curious	✓ Be Healthy
✓ Be Silent	✓ Be Honest
(sometimes)	✓ Culture

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Introductions



Photo credit: <https://www.pinterest.com/pin/1000000000000000000/>

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 **Small Group 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!

Pinterest.com

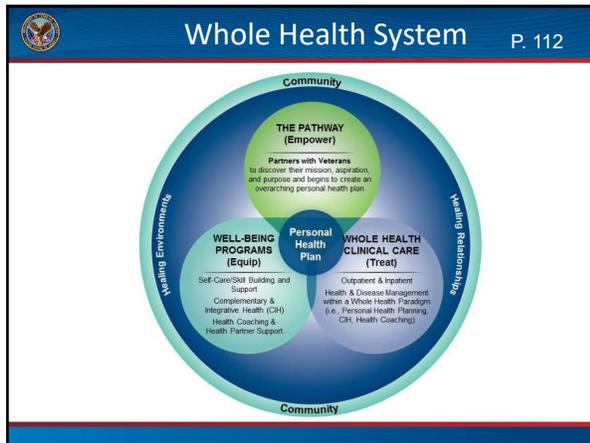
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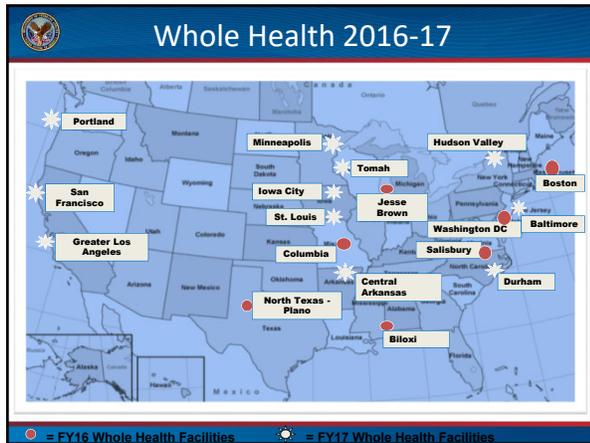
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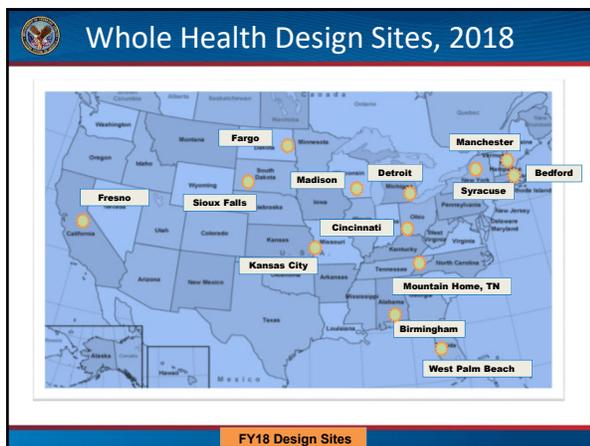
The VA health care system is changing.

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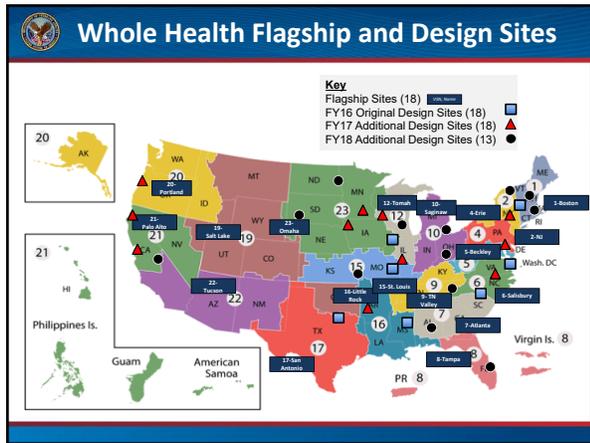





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And it will keep
happening! VISNs have
designated flagship sites
for 2018





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

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

Jesse Brown VA Medical Center
Mary S. Truman Memorial, Columbia, MO
W.G. "Bill" Truman VA Medical Center, Salisbury NC
Southeast Louisiana Veterans Health Care System
VA Eastern Colorado Health Care System
VA Southern Nevada Health Care System

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
San Francisco VA Health Care System
VA St. Louis Health Care System
Tomah VA Medical Center

ChooseVA

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And there will likely
be more year after
year...

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

 Time to Pause and Create P. 7

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

Pause

Be Present

Proceed Towards Whole Health

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Movement Break!



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2. New Perspectives on Pain and Suffering



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 **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



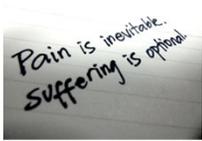
Publications.mcgrill.ca

American Academy Pain Med.
http://www.painmed.org/patientcenterfacts_on_pain
Tobin et al. JAMA Intern Med. 2014;174(8):1400-1.

Pain Versus Suffering

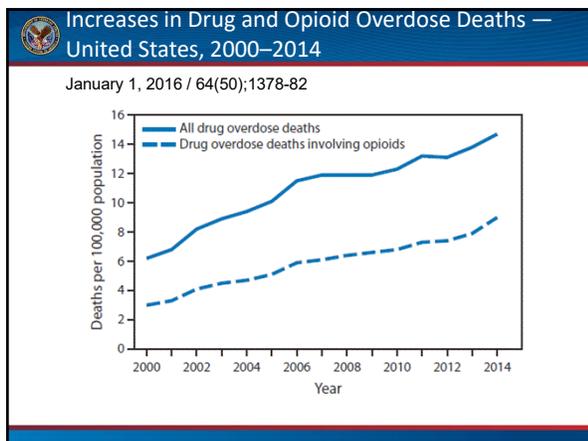
- Pain is a signal
- Suffering is the response to the signal

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



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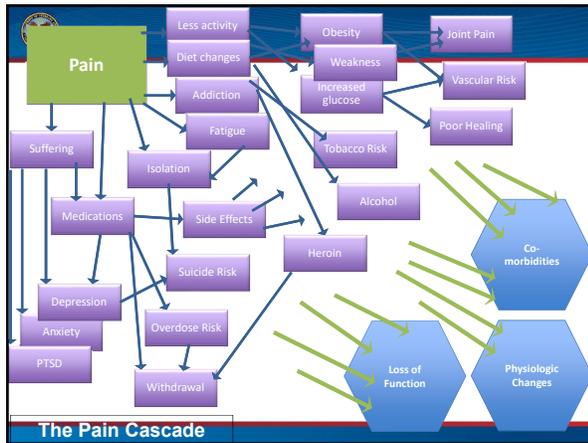
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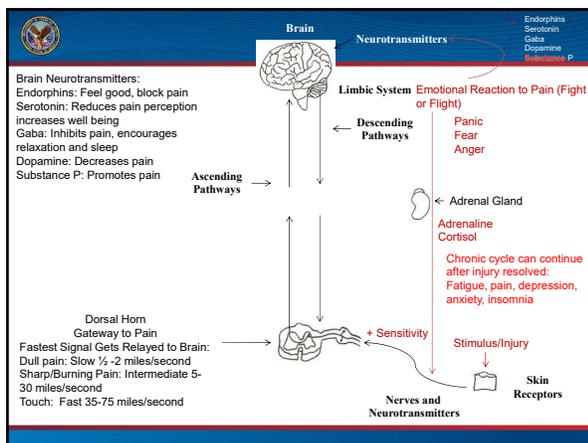
Pain is Complex

- It travels in a pack with other problems
 - Depression -PTSD
 - Addiction -Anxiety
 - Fatigue -Insomnia
 - Obesity -Inactivity
 - Isolation -Medication problems
 - Stalled-out personal growth
- It changes us at the cellular level



Watercolor by Marion Bologna, pinterest.com



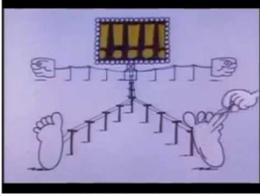


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Treatment is Also Complex

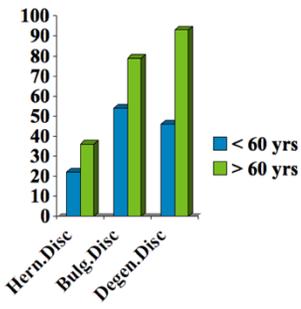
- Chronic and acute pain are different
- Low correspondence between symptoms and imaging (40-60%)
- Neuroplasticity and new-found mechanisms
- Many risk factors – not just demographics
 - Psychosocial
 - Mood and coping skills
 - Diet and neurotransmitters
 - Informed by past experiences



Schoothouse Rock, The Nervous System, on YouTube.com

http://www.va.gov/PAINMANAGEMENT/Chronic_Pain_Primer.asp

Abnormal MRI in Asymptomatic Adults



Category	< 60 yrs (%)	> 60 yrs (%)
Hern. Disc	~25	~35
Bulg. Disc	~55	~80
Degen. Disc	~45	~95

Boden SD et al., J Bone Joint Surg Am 1990;72

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



©Lapin/Truth

Sharonmurray70.wordpress.com

Brady et al, Am J Psychiatry, 2016;173(1):18-26
Dowell D et al, JAMA, 2016;315(15):1624-45.

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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.

N Engl J Med. 1980 Jan 10;302(2):123.

ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,766 hospitalized medical patients* who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic prescription, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients, Percocet in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER
HERSHEL JICK, M.D.
Boston Collaborative Drug
Surveillance Program
Boston University Medical Center
Waltham, MA 02154

1. Jick H, Mattison OS, Shapiro S, Lewis GP, Siskind V, Stone D. Comprehensive drug surveillance. JAMA. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. J Clin Pharmacol. 1976; 18:180-8.

Sharonmunday70.wordpress.com

History of the Opioid Crisis

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.



Sharonmunday70.wordpress.com

History of the Opioid Crisis

- **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.”



- Stay Current
- Books
- Support Groups
- Pain Control Guides
- Controlling Medicine Side Effects
- Feedback
- Become a Partner Against Pain

The Partners Against Pain Website was created by Purdue, the pharmaceutical company dedicated to providing the best possible care for people in pain. Too often pain remains inadequately treated in the US and around the world. We want to change that - through education, community outreach, and methods and products that enhance pain control.

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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

Sharonmunday70.wordpress.com

History of the Opioid Crisis

- 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."



Sharonmunday70.wordpress.com

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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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




Pain 125 (2006) 172-179
www.ebsco.com/health/pain

Critical issues on opioids in chronic non-cancer pain: An epidemiological study

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

Eriksen J, et al. Pain 2006;125:172-9.



Efficacy of Medications for Back Pain

- Chou R, Ann Intern Med. 2017;166:480-492.

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

"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..."

 **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

Durso GRO, Psychol Sci, 2015;26(6):750-8.
Mischkowski D. Soc Cogn Affective Neurosci, 2016;1345-53.
Aminoharaoe A, Khan A. J Endod 2015 May; 41(5): 588-93.

 **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

1. Am J Med, 1998;105:315-385, as referenced in New England Journal of Medicine, 1999;340:1888-1899
2. Gastroenterology, 2007;132:658-666
3. JAMA, 2006;296:1633-1644
4. Arthritis and Rheumatism, 2000;9:S220; Lancet, 1985;2:11-14
5. Gut, 1986;27:1292-1297; Gut, 1991;32:66-69

 **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?**

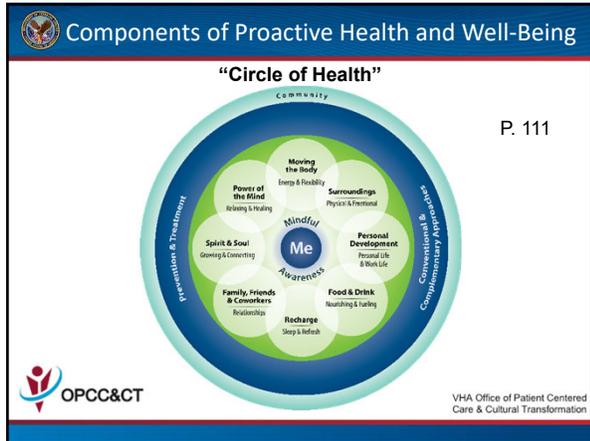
 **Defining Whole Health**

- 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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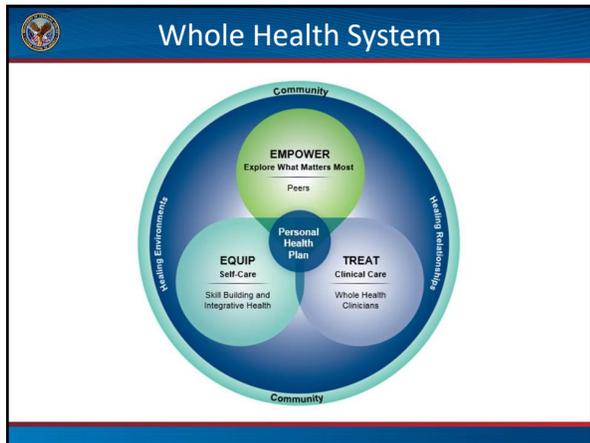
- Holism:** People are more than just a part or a list of medical conditions. All aspects of my life are interconnected and impact my health.
- Self Healing:** People have an innate capacity to heal, and there are approaches that can strengthen – or weaken – my capacity to heal and stay well. There are approaches that can strengthen – or weaken – my capacity to heal and stay well and there are things I can do to lead to better health, and there are things I can do to lead to better health.
- Paying more attention to my body and mind helps me make better decisions in my self care.

Explore v8.00v



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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

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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.

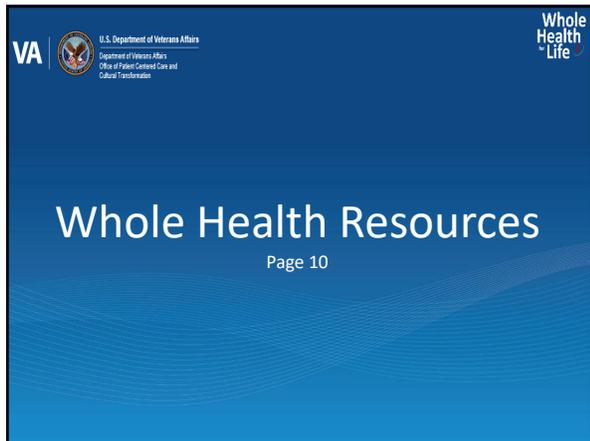
The Elevator Speech Exercise

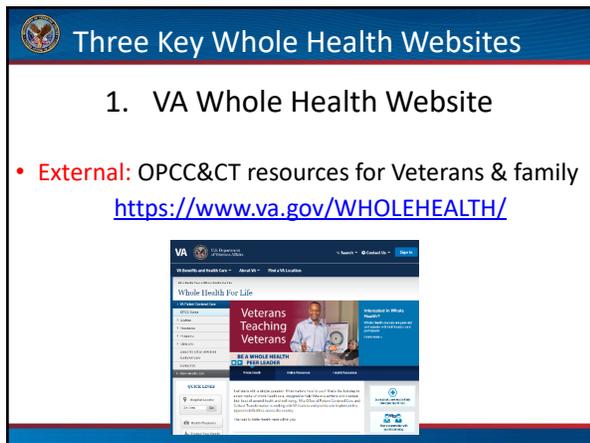
- Draft out a 30-second elevator speech using the form on page 9
- Can use suggested elements or add your own
- Give your speech to a partner, and listen to your partner's speech
- Offer constructive feedback
- We will invite volunteers to share



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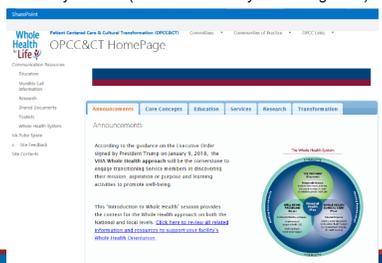
 **Three Key Whole Health Websites:**

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)



The screenshot shows the OPCC&CT SharePoint Hub homepage. It features a navigation menu with links for Home, Education, Community of Practice, and Research. The main content area includes an announcement about the Executive Order signed by President Trump on January 9, 2018, and a circular diagram titled 'The Whole Health System'.

 **Three Key Whole Health Websites**

3. Whole Health Library Website

- **External:** <https://wholehealth.wisc.edu/>



The screenshot shows the Whole Health Library website. It features a search bar and a navigation menu with links for Home, About, Get Started, Implementation, Self-Care, Professional Care, Tools, Courses, and Veteran Handouts. The main content area includes a photograph of a healthcare provider in a white coat holding a clipboard with a patient's chart.

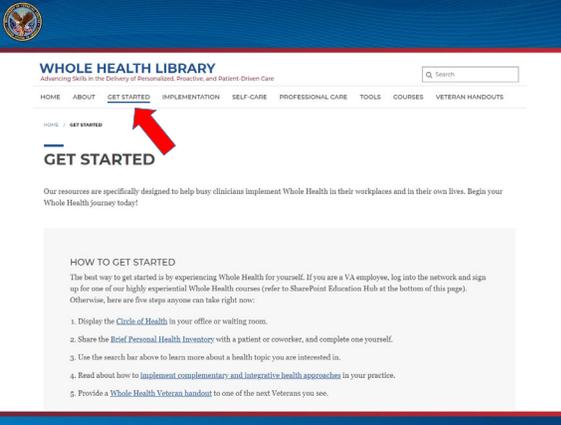
Whole Health focuses on what matters most to each of us. It recognizes people through individual experiences and self-care, recognizing the fundamental importance of healthy nutrition, activity, sleep, relationships, surroundings, and the many other areas of our lives that contribute to our health and well-being.

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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



WHOLE HEALTH LIBRARY
Advancing Skills in the Delivery of Personalized, Proactive, and Patient-Driven Care

HOME ABOUT **GET STARTED** IMPLEMENTATION SELF-CARE PROFESSIONAL CARE TOOLS COURSES VETERAN HANDOUTS

HOME / **GET STARTED**

GET STARTED

Our resources are specifically designed to help busy clinicians implement Whole Health in their workplaces and in their own lives. Begin your Whole Health journey today!

HOW TO GET STARTED

The best way to get started is by experiencing Whole Health for yourself. If you are a VA employee, log into the network and sign up for one of our highly experiential Whole Health courses (refer to SharePoint Education Hub at the bottom of this page). Otherwise, here are five steps anyone can take right now:

1. Display the [Circle of Health](#) in your office or waiting room.
2. Share the [Brief Personal Health Inventory](#) with a patient or coworker, and complete one yourself.
3. Use the search bar above to learn more about a health topic you are interested in.
4. Read about how to [implement complementary and integrative health approaches](#) in your practice.
5. Provide a [Whole Health Veteran handout](#) to one of the next Veterans you see.



PERSONAL HEALTH INVENTORY (PHI)
Personal health inventories gather key information about each part of the Circle of Health and help people identify which areas they want to focus on. Two important tools are the PHI (Brief version) and the PHI Booklet.

PHI BRIEF VERSION >
PHI BOOKLET >



PERSONAL HEALTH INVENTORY (PHI)

Education, Self-Healing, Resources and Support
Self-Reflection, Evaluation (MAY)
Personal Health Plan (Personal Health)
Goal Setting (Personal and SMART Goals)
Whole Health Assessment

PERSONAL HEALTH PLANNING
Personal health planning supports exploration of a person's mission, aspirations, and purpose. It can include a whole health assessment (like a PHI), setting goals, and mobilizing the resources needed to take next steps.

A GUIDE TO PERSONAL HEALTH PLANNING >
BRIEF PERSONAL HEALTH PLAN TEMPLATE >
LONG PERSONAL HEALTH PLAN TEMPLATE >

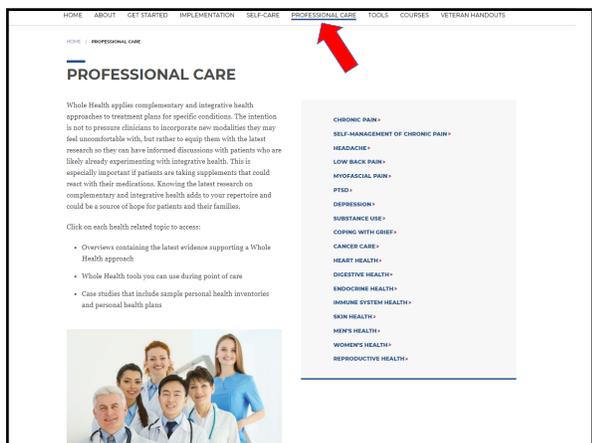
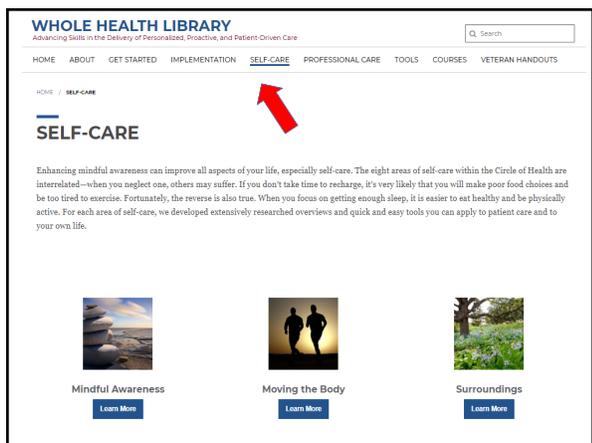
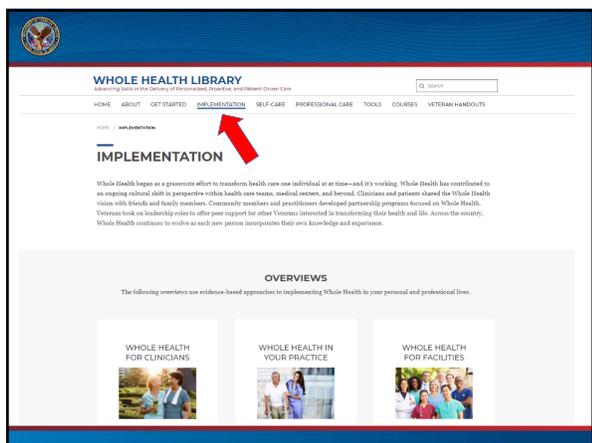
PASSPORT TO WHOLE HEALTH
Passport to Whole Health is a reference manual that explains the Whole Health approach and how to implement it into your practice. It provides resources to help you change the conversation with patients in ways that can improve their outcomes.

PASSPORT TO WHOLE HEALTH >



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WHOLE HEALTH LIBRARY
Advancing Skills in the Delivery of Personalized, Proactive, and Patient-Driven Care

HOME ABOUT GET STARTED IMPLEMENTATION SELF-CARE PROFESSIONAL CARE **TOOLS** COURSES VETERAN HANDOUTS

HOME / TOOLS

WHOLE HEALTH TOOLS

This "Tools" section includes multiple resources clinicians can use at the point of care. They go into additional details about topics that are covered more generally in the overviews. Tools can be a great time-saver: you can introduce a topic to someone during a visit and then they can get additional information from the handout and check back with the team if they have any questions. Tools are informed by evidence as much as possible, and they can be useful elements of a Personal Health Plan.

LIST OF TOOLS
Tools are listed in alphabetical order. Click on a letter below to navigate to the list of Whole Health tools starting with that letter.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

A

- Achieving a Healthy Weight
- Acne
- Acupuncture and Pain
- Adaptogens
- Adrenals

WHOLE HEALTH LIBRARY
Advancing Skills in the Delivery of Personalized, Proactive, and Patient-Driven Care

HOME ABOUT GET STARTED IMPLEMENTATION SELF-CARE PROFESSIONAL CARE TOOLS **COURSES** VETERAN HANDOUTS

HOME / COURSES

COURSES

Scroll through this page for descriptions of each Whole Health course available to VA employees, or click on the offerings below to go directly to the course page and download course materials including participant manuals and presentations.

Expand all | Collapse all

• Offerings for All Employees

Clinical Offerings

- Implementing Whole Health in Clinical Care (WHLiCC)
- Whole Health in Your Practice
- Whole Health for Pain and Suffering**
- Future for Whole Health
- Whole Health for Mental Health

Time to Pause and Create P. 18

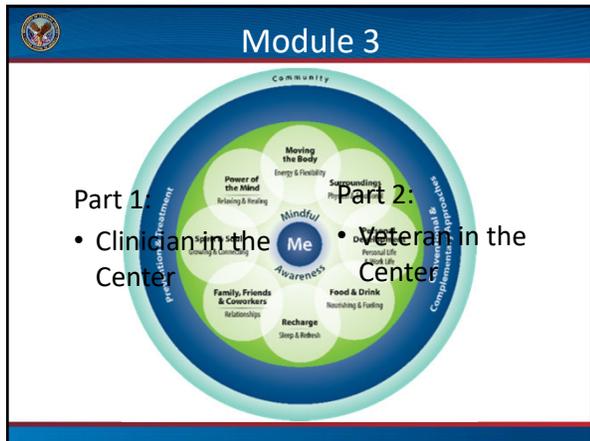
- You have the answers
- This is time to put them into action

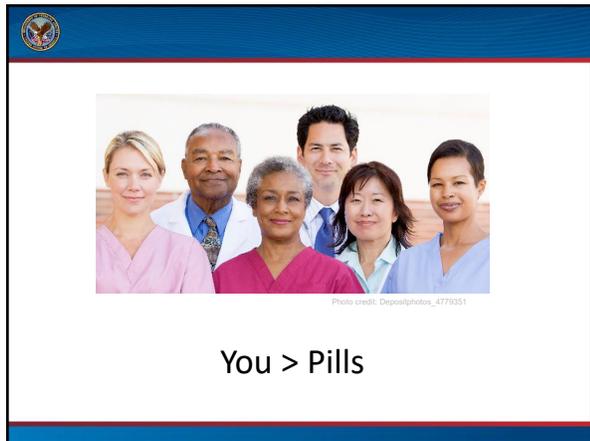
Pause

Be Present

Proceed Towards Whole Health

Whole Health for Pain and Suffering Day 1 Morning





- ### 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.*

Laerum E et al. J Rehabil Med. 2006 Jul;38(4):255-62.

Practitioner Effects

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

Practitioner	Placebo	Imipramine
Psych1	-1	-5
Psych2	-1	-5
Psych3	0.5	-1
Psych4	0.5	-1
Psych5	3.5	2
Psych6	4.5	3
Psych7	6.5	6
Psych8	6.5	6
Psych9	10.5	3.5

McKay KM, Imel ZE, Wampold BE. J Affect. Disord. 2006;92:287-90.

Empathy

Definition:

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

EMPATHY
would this help?

Pinterest.com

Whole Health for Pain and Suffering

Day 1 Morning

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.”



Derksen F et al. Br J Gen Pract. 2013;Jan:376-84.

Video: Empathy

Brene Brown on Empathy

<https://youtu.be/1Ewgu369Jw>

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.’



Beckman et al. Ann Intern Med 1984;101:692-6
Langewitz et al. BMJ 2002;325:682-3

Whole Health for Pain and Suffering

Day 1 Morning

 **“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



Mediscap.com

 **“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



Menshealth.com

Edgoose J et al. J Am Board Fam Med 2015;28:13–20

 **Let's Practice!**



<https://pixabay.com/photos/piano-piano-keys-classical-music-3505100/>

Whole Health for Pain and Suffering

Day 1 Morning

 **“BREATHE OUT”**

A Mindful Awareness Approach

1. List at least one **B**ias/assumption you have about the patient
2. **R**Eflect on why you identify this patient as difficult
3. List one thing you'd like to **A**ccomplish today
4. **T**Hink about one question you'd like to express today that would enable you to explore your assumptions
5. Take 3 deep breaths before you **E**nter the room

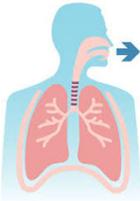


Activateyour3rdeye.com

 **“BREATHE OUT”**

A Mindful Awareness Approach

Post-Visit



1. Reflect on the **O**utcome of the encounter (considering the patient's and your own agenda)
2. Did you learn anything **U**nexpected?
3. List 1 thing you look forward to addressing if you were to run into this patient **T**omorrow

Lung.ca

 **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.](#)

VA U.S. Department of Veterans Affairs
Department of Veterans Affairs
Office of Patient-Centered Care and
Cultural Transformation

Whole Health Life

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*

Whole Health for Pain and Suffering

Day 1 Morning

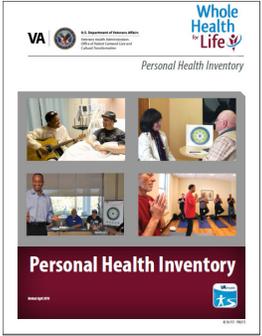
 **Elena** P. 19

- 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

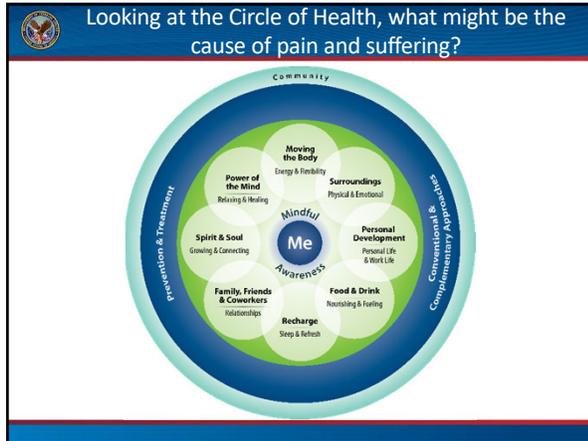
- What REALLY matters to you in your life?
- What do you want your health for?
- What brings you a sense of joy and happiness?
- What gets you up in the morning?



What are the root causes of the pain and suffering?

Whole Health for Pain and Suffering

Day 1 Morning



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

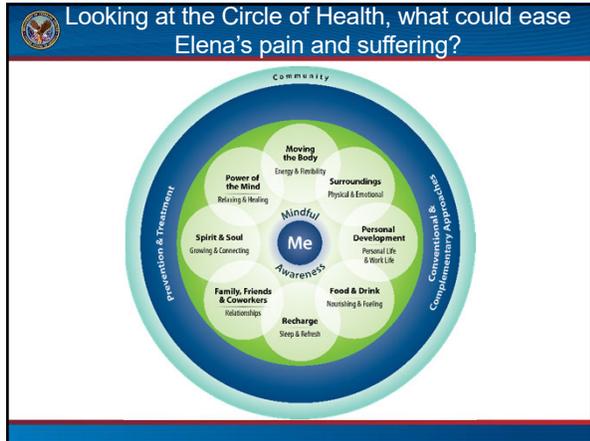
Root cause?

What can you do about it?

(Now, we can start talking about the plan!)

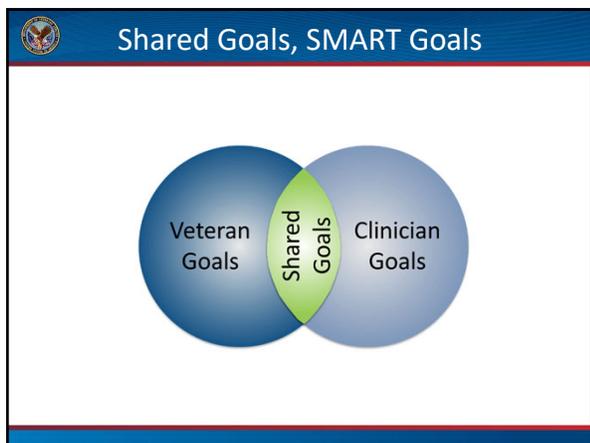
Whole Health for Pain and Suffering

Day 1 Morning



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



Whole Health for Pain and Suffering

Day 1 Morning

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

Personal Health Planning

P. 28

Education, Skill Building, Resources and Support

Self Reflection/ Exploration (MAP)

Personal Health Plan (Veteran Owned)

Goal Setting (Shared and SMART Goals)

Whole Health Assessment

Whole Health for Pain and Suffering

Day 1 Morning

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

P. 29

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

Pause

Be Present

Proceed Towards Whole Health

Whole Health for Pain and Suffering Day 1 Morning

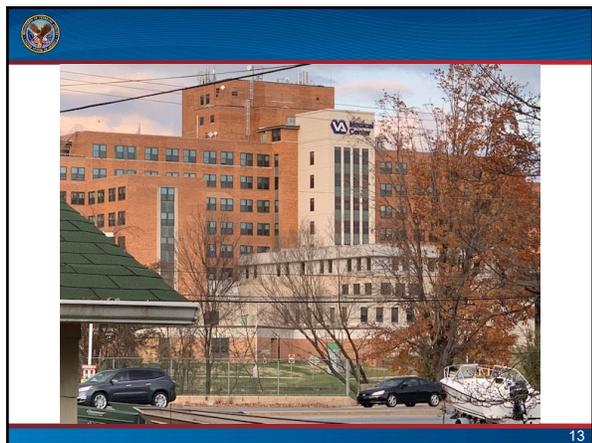
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Department of Veterans Affairs
Office of Patient-Centered Care and
Cultural Transformation

Whole Health Life

4. Mindful Awareness

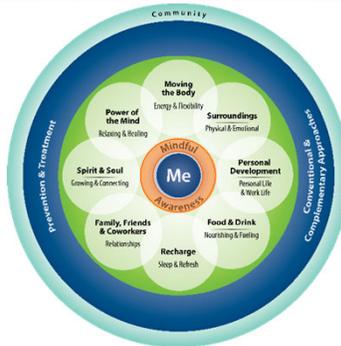


Whole Health for Pain and Suffering



Mindful Awareness

“From the brain alone arise our pleasures, laughter, and jests, as well as our sorrows, pain, and griefs.”
—Hippocrates



Whole Health for Pain and Suffering

Day 1 Morning

 **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."

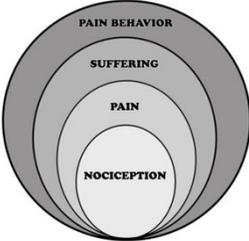
– Jon Kabat-Zinn, PhD
Founding Executive Director of the Center for Mindfulness in Medicine, Health Care, and Society at the University of Massachusetts Medical School

 **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.



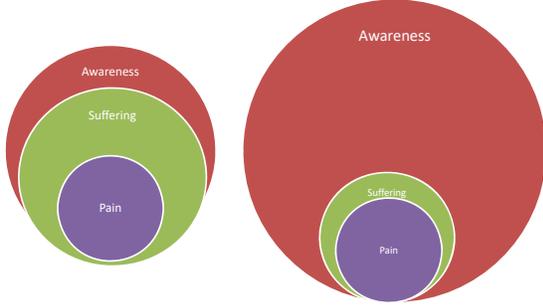
Loeser's model of pain
Loeser, J.D. Chapter 2 Pain as a disease. *Handb. Clin. Neurol.* 2006, 81, 11–23

Whole Health for Pain and Suffering

Day 1 Morning

 **Mindful Awareness to Ease Suffering**

PAIN is inevitable, **SUFFERING** is optional.



The diagram illustrates two ways to view the relationship between Pain, Suffering, and Awareness. On the left, a small purple circle labeled 'Pain' is nested within a larger green circle labeled 'Suffering', which is nested within a red circle labeled 'Awareness'. On the right, the same three nested circles are shown, but the red 'Awareness' circle is significantly larger, encompassing the other two and leaving a large white space around them, suggesting that awareness can reduce the impact of suffering and pain.

 **Impermanence**



A metal mortar and pestle with a wooden pestle, symbolizing impermanence.

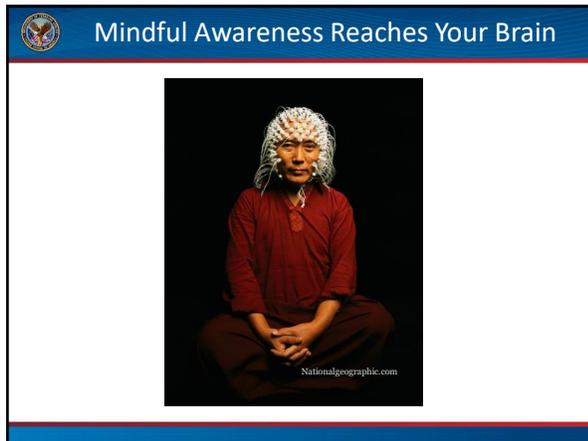
 **Mindful Awareness:**

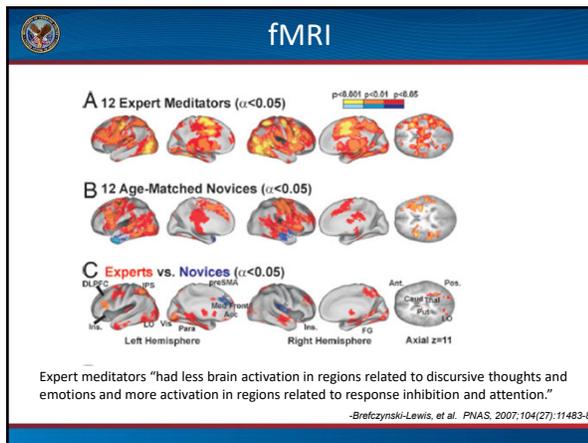
What does the research tell us so far?

CBR

Whole Health for Pain and Suffering

Day 1 Morning





Prefrontal Cortex Activated

People have MORE

- Vigor
- Optimism
- Enthusiasm
- Buoyancy

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



Davidson RJ et al. Psychosom Med, 2003;65(4):564-70.

The slide features a list of benefits associated with prefrontal cortex activation. A blurred image of a person's face is shown on the right, with a yellow arrow pointing to the forehead area.

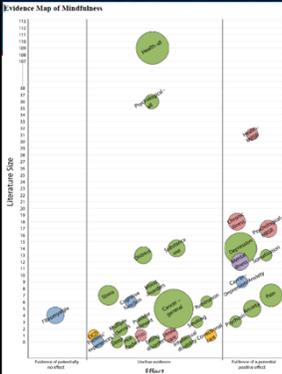
Right Prefrontal Cortex *Less* Activated

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



Davidson RJ et al. Psychosom Med, 2003;65(4):564-70.

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”

http://www.hsrd.research.va.gov/publications/esp/cam_mindfulness-REPORT.pdf

Highlights



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

BEAUTY AND MADNESS
Photo credit: [mangboard via Foter.com](#)

Whole Health for Pain and Suffering

Day 1 Morning

 **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

Serpa, et al. Medical Care, 2014;52(12 Suppl 5):S19-24.

 **Mindful Awareness and Veteran Mental Health**

	Baseline (Mean[SD])	Post-test (Mean[SD])		
Mindfulness (FFMQ)	120.71 (20.84)	131.44 (19.48)	t = 5.64	p < 0.0001
Pain	4.21 (2.63)	4.01 (2.74)	t = -0.73	p = 0.47
Depression (PHQ9)	11.85 (6.13)	8.13 (4.78)	t = -7.11	p < 0.0001
Anxiety (GAD7)	10.06 (5.46)	6.67 (4.44)	t = -6.06	p < 0.0001
Mental Health (SF12 MCS)	36.81 (9.66)	43.94 (8.76)	t = 7.72	p < 0.0001
Physical Health (SF12 PCS)	46.55 (11.62)	45.81 (11.95)	t = -1.78	p = 0.08
Suicidal Ideation (PHQ9)	19/24.05%	10/12.66%	$\chi^2 = 4.26$	p < 0.05

n = 78

Serpa et al., Med Care. 2014 Dec;52(12 Suppl 5):S19-24.

 **Mindful Awareness and Veteran Mental Health**

	Baseline (Mean[SD])	Post-test (Mean[SD])		
Pain	4.21 (2.63)	4.01 (2.74)	t = -0.73	p = 0.47
Pain >= 6/10 n=23	7.00 (1.00)	6.00 (1.76)		p < 0.05

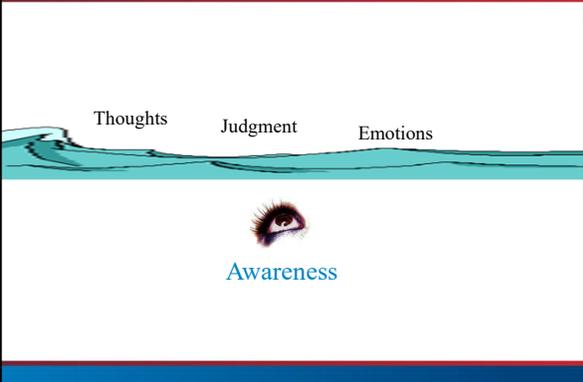
Serpa et al., Med Care. 2014 Dec;52(12 Suppl 5):S19-24.

Whole Health for Pain and Suffering

Day 1 Morning

 Drop beneath your mind's thoughts and observe

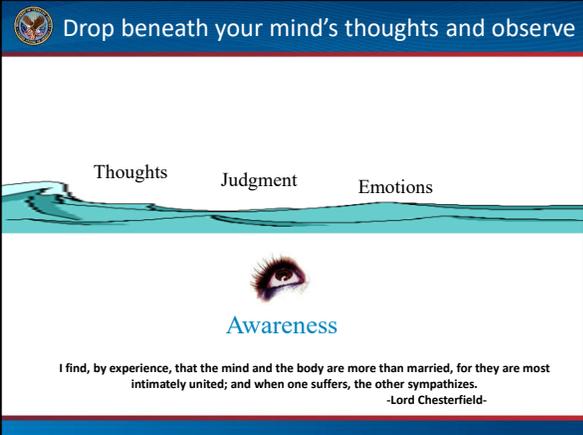
Thoughts Judgment Emotions



Awareness

 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



Whole Health for Pain and Suffering

Day 1 Morning

 **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?

Notice and be present with the texture, taste, feel, look, smell, and sounds.

 **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.

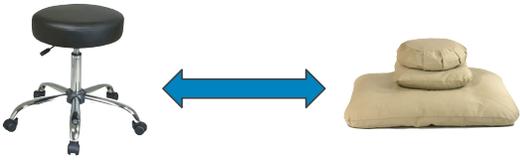
 **Mindful Awareness:**

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

Photo credit: [Eugene Via Flickr.com](#) / CC BY-NC

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

 **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

Whole Health for Pain and Suffering

Day 1 Morning

 **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?**

Whole Health for Pain and Suffering

Day 1 Morning

Time to Pause and Create P. 31

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

Pause

Be Present

Proceed Towards Whole Health
