

Responding to the Opioid Epidemic: Behavioral Health Specialists' Role on the Interprofessional Team

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Objectives

- Identify people with chronic pain who are at risk for opioid misuse and/or overdose
- Discuss behavioral health interventions for pain management
- Explore interventions for people who develop an opioid use disorder
- Describe effective inter-professional communications strategies



Prevalence of Pain

- 25.3 million Americans suffer from pain daily
- 23.4 million Americans report significant pain



What is Pain then?

- "An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage."
 - Subjective
 - Sensations
 - Emotional component

<http://www.iasp-pain.org/Taxonomy#Pain>



Types of Pain

Types of Pain

- Nociceptive
 - Stimulation of peripheral receptors (injury to body tissue)
- Inflammatory
 - Activation of the Nociceptive pain pathway by mediators released at the sight of tissue inflammation
- Neuropathic
 - Nervous system damage
- Psychogenic
 - Pain manifests as an expression of emotion



Chronicity and Severity

- Acute
 - Short lived
 - Easier to describe
 - Around 3 months
 - More directly linked to disease condition or site of injury
- Chronic
 - Ongoing
 - Difficult to describe
 - Longer than 6 months
 - Persists beyond the course of an acute disease or injury



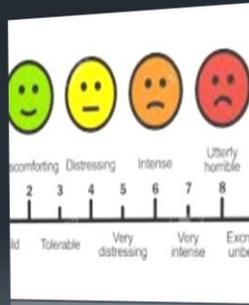
Pain Scale

On a 10 point scale

Mild ≤ 4

Moderate 5-6

Severe ≥ 7



McGill Pain Questionnaire

- Assess the subjective experience of pain
 - Intensity scale
- Reports the sensory, affective and evaluative dimensions of pain



Management of Pain

- Common pharmacological agents for the treatment of pain
 - codeine (only available in generic form)
 - fentanyl (Actiq, Duragesic, Fentora)
 - hydrocodone (Hysingla ER, Zohydro ER)
 - hydrocodone/acetaminophen (Lorcet, Lortab, Norco, Vicodin)
 - hydromorphone (Dilaudid, Exalgo)
 - meperidine (Demerol)
 - methadone (Dolophine, Methadose)



Where Did It All Go Wrong?



Identifying individuals with chronic pain who are at risk for opioid misuse and/or overdose



Medication phobia video



Understanding the Issue

- 2 million people are listed as potential candidates for opioid use disorder (OUD)

- Total fatal and non-fatal costs for OUD

Loss productivity	26%
Criminal Justice	10%
Health Insurance	33%
Substance Abuse Treatment	4%
Fatal Costs	27%



Defining the Issue

- Use
 - Medication used according to label
- Misuse
 - Medication used other than directed
- Mild Substance Use Disorder
 - The intentional use of a medication for a non-medical purpose
- Severe Substance Use Disorder
 - A primary chronic neurobiological disease with genetic psychosocial and environmental factors influencing it's development and manifestation



From Prescription to Substance Use Disorders to Overdose



37% of Americans over the age of 12 took pain relievers in the past year

13% of these individuals misused the pain relievers.

- 54% obtained the medication from others
- 33% misused their own Rx
- 5% obtained street drugs
- 8% had a combination of resources

Approximately 3.5% of this population meet the DSM 5 criteria for OUD



Criteria for Opioid Use Disorder Based on the DSM 5

- DSM 5 lists 11 criteria grouped into 4 categories
 - Impaired Control
 - Social Impairment
 - Risky Use
 - Physiological Criteria

American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders: Fifth edition. Washington, DC: American Psychiatric Association, 491-494.



Opioid

- Opioid abuse is the maladaptive pattern of opioid use leading to clinically significant impairment or distress as indicated by one or more of the following: (1) recurrent use such that role obligations at work, school, or home are not fulfilled; (2) recurrent use in physically hazardous situations such as driving under the influence; (3) recurrent opioid related legal problems; (4) continued opioid use in spite of persistent social and interpersonal problems made worse by the usage Matthews (2000) .
- From: xPharm: The Comprehensive Pharmacology Reference, 2007



Risk Factors



How do we look at the Risk Factors



Risk For Opioid Abuse



Low

- No History of substance abuse
- Minimal, if any risk factors



Medium

- History of non-opioid SUD
- Family History of SUD
- History of mental illness
- History of non-adherence to medication
- Poorly characterized pain problem
- History of injection-related diseases
- History of unexplained medical events



High

- Active SUD
- History of prescription opioid abuse
- Patient now demonstrating drug seeking behavior



Identifying Clients at Risk- What an Assessment Tool Should Do

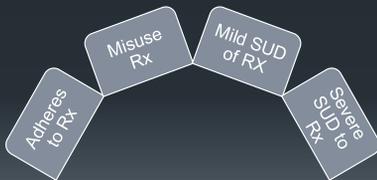
- Predictive
- Brief
- Appropriate language level for population
- Specific to Opioid use
- Valid and reliable with patient population
- Self-administered
- Appropriate for use in multiple settings



Risk Pain Behaviors

- Diagnosis
 - Analysis of the risk factors based on the screenings

Pain Behaviors



Tools to Assess Risk

Tool	Description
Opioid Risk Tool (ORT)	10-item self-report measure that assesses risk of aberrant drug related behaviors (adrbs).
Screeners and Opioid Assessment for People with Pain-Revised (SOAPP)	24- item self-report that assesses risk for drug related behaviors.



Interventions for people who develop an opioid use disorder

- Treatment agreements
- Releases of information to tighten treatment team
- Alternative medications
- Detox (if needed)



Treatment for Opioid Use Disorder

- Medication assisted treatments
- Substance Abuse Treatment
- Self-Help



Medication Assisted Treatment (MAT)

- Combines behavioral therapy and medications
- Minimizes withdrawal symptoms from opioids and/or reduces the positive effects or "high"
- Approved medications for opioid use disorder
 - Extended Release Naltrexone
 - Methadone
 - Buprenorphine



MAT Administration

Medication:

- Naltrexone- Opioid antagonist
- Methadone- Opioid agonist
- Buprenorphine- Opioid partial agonist

Administration:

- Monthly, intramuscular injection
- Daily, oral liquid or tablet
- Daily, oral tablet or film



Non-pharmacological Interventions

- Used as
 - First line treatment
 - Augment and complement medicines and other options



Non-pharmacological Therapies Categories

- Behavioral
- Cognitive
- Integrative
- Physical



Behavioral

- Reinforce healthy behaviors
- Pacing
- Creating a hierarchy
- Managing payoffs



Cognitive

- Distraction
- Restructuring
- Identify beliefs/meaning about pain
- Guided imaging
- Coping strategies



Physical

- Exercise
- Physical Therapy
- Use of Hot and Cold
- Movement
- Body Scan to determine areas of pain
- Progressive muscular relaxation (with caution)*
- Sleep
- Nutrition*
- Transcutaneous electrical nerve stimulation (TENS)



Integrative/Mind-Body

- Hypnosis
- Energy Therapies (Raki, EFT, Therapeutic Touch)
- Mindfulness
- Mindfulness Based Stress Reduction
- Relaxation Techniques
- Different medical systems
- Yoga/Tai Chi, Qi Gong
- Meditation



Interprofessional Communication



Role of the Behavioral Health Specialist On an Interprofessional Team

- Assessment of Pain
 - Pain risk for misuse
 - Co-occurring conditions
 - Psychological conditions
 - Medical History
 - Drug History
 - Social History



Role of the Behavioral Health Specialists

- Treatment Recommendations
 - Continue to monitor client for adherence
 - Communicate misuse risk factor to the health care team
 - Look at available interventions
 - Clients demonstrating abuse – recommendation of alternatives
 - Clients demonstrating dependence of drug -Referral to substance abuse treatment
 - Support use of non-pharmacological interventions



Are we all saying the same thing?

- Taxonomy of the terms use
 - Interpretation of acute – physician vs psychologist
- Addiction – Abuse - Misuse



Discussion