# Question & Answer (Q&A): Promising Practices for Meeting the Needs of Dually Eligible Older Adults with Complex Pain Needs

**Webinar participants asked these questions during the *Promising Practices for Meeting the Needs of Dually Eligible Older Adults with Complex Pain Needs* webinar held on June 27, 2019. We have edited speakers' responses for clarity. The webinar recording, slides, and transcript can be found on the Resources for Integrated Care website: https://www.resourcesforintegratedcare.com/BehavioralHealth/2019_BH_Webinar/Complex_Pain**

**Featured Speakers:**

- Dr. Beth Darnall, PhD, Clinical Professor, Stanford University School of Medicine, Department of Anesthesiology, Perioperative and Pain Medicine
- Katrina Profitt, PCC-S, Clinical Liaison, Aetna Better Health of Ohio
- Melissa Myers, ACSW, MSW, Behavioral Health Case Manager, Inland Empire Health Plan, Integrated Pain Program
- Randy, Consumer

**Q1: How can a healthcare provider best engage family members and social supports in managing an older adults' complex pain?**

**Katrina Profitt:** It is important for providers – with the agreement of the older adult – to reach out to family members and social supports as soon as they begin working with the individual. I always stress the importance of not waiting to engage supports until somebody is not doing well. If you have already established rapport with the older adult's family members and social supports, they will know already who you are if you later find that you need to engage them for their support around an issue. You might begin engagement by inviting family members and friends to join the individual at upcoming educational events.

**Q2: How can you best bring up pain management options, such as cognitive behavioral therapy, to older adults who may be skeptical of non-pharmacologic options?**

**Dr. Beth Darnall:** One of the best ways to initiate a conversation about behavioral treatments with older adults is to discuss the definition of pain. This is helpful because we tend to think of pain as the hurt that we feel in our body, but pain is both a negative sensory and an emotional experience. This discussion can be the foundation for the individual understanding that it is most effective to address pain comprehensively – rather than treating just "one half" of the pain – and that non-pharmacologic treatments are a part of getting the best results for pain control.

A person's psychology, as well as their daily choices, are the most important components of a pain care plan. Awareness of daily behaviors can be even more important than medical treatment in self-managing pain and other symptoms. For example, we could give someone a medication to assist with sleep, but if they are staying up late drinking caffeine at night and watching television, that medication is going to have minimal effect because the daily behavior is so impactful. Make sure people understand that it is what they do between medical visits, and all of their self-care behaviors, that will create a better quality of life. It is important to emphasize that non-pharmacologic pain treatments, including cognitive behavioral therapy, can help them to self-manage pain and symptoms.

Another selling point for cognitive behavioral therapy is that it puts the individual in the driver's seat so they are not "at the mercy" of the treatments the doctor will try, or the medications they may be prescribed. They can begin gaining better control over their experience of pain. This leads to a sense of self-efficacy and an improved mood, and ultimately moves the patient towards the goals that are meaningful to them, as they are selecting their own personal goals and are in control of achieving them.

**Q3: What advice would you give an older adult dealing with complex pain?**

**Randy:** I would tell them to try to understand how their pain as well as their surroundings and other health conditions are affecting them. A lot of my pain was psychosomatic; psychological and mental factors played a role in my perception of my pain. It felt like my brain was telling me that I need the medication to feel better, but I realized my reliance on the medication was actually bringing me down. Many older adults may get to the same point where they only rely on pain medication. I would also tell them it does take determination. For me, it took losing over 100 pounds; I did this because I was determined to not rely on pain medications and to get back to living my life.

**Q4: How do you encourage older adults to participate in group activities?**

**Melissa Myers:** At the Centers of Excellence, older adults are encouraged to participate in group activities at their own pace. It is important to let older adults know that group activities are available and to continuously invite them to participate, but to not force anyone out of their comfort zone too quickly. We find that some prefer individual attention, while others have warmed up to the idea of group activities after being in the program a while.

**Q5: Randy, what would you say to someone who has tried and failed to stop using opioids and is discouraged?**

**Randy:** I would be supportive and let them know that I am here to help. It can be very hard to get off of opioids. I would remind the person that as you begin the process of reducing your use that your brain may tell you that you want medication and have to have it, but it is important to

be aware of how the medication is affecting your life and your reasons for wanting to stop or reduce your opioid use.

**Q6: What is the best way for providers to educate about methods other than medication for pain management? What resources can providers use to educate older adults on the biopsychosocial treatment for chronic pain?**

**Katrina Profitt:** Mindfulness is a useful non-pharmacologic method for pain management that I use frequently. A lot of people, particularly, the older population, may not understand mindfulness or know that it is an option. They may think of it only as meditation, or have other pre-conceived ideas and concepts about what mindfulness is. Changing your language can help. For example, I have encouraged older adults to try a deep breathing exercise, which they are more receptive to, as a way of practicing mindfulness. I just call it deep breathing, because if I were to call it a mindfulness exercise, they may not want to do it. This deep breathing exercise can lower your heart rate and focus your mind on something other than pain. There are many online resources for mindfulness techniques, including free mindfulness applications, if the individual is interested in trying other techniques. For introducing cognitive behavioral therapy, it may be beneficial to identify health providers or counselors that specialize in pain management so you can provide them with a resource list.

**Q7: How can you best engage older adults in setting goals for themselves?**

**Melissa Myers:** What's been helpful for me is to focus on empowering the older adult to identify what is important in their own life and what their needs are. I start first by building relationships and showing them I am listening by conveying empathy and using reflective and non-judgmental language. During care planning, our complex care teams use motivational interviewing techniques, a form of communication that values the individual and is very helpful in identifying areas for change and assessing confidence in the change process.

**Q8: Can you expand on some of the cultural factors in addressing pain assessment and therapies?**

**Katrina Profitt:** It is important to have a good understanding of someone's background and preferences. What works for one person may not work for another, and these differences may be affected by a person's culture. For example, I have worked with individuals who are resistant to having visitors in their home, so they do not want someone to come inside to conduct physical therapy. In situations like these, it may appear from the outside as though the older adult is "non-compliant" or does not want to get better. After I recognized the cultural factors at play, I was able set them up with services in the office to fit their preferences, and the treatment was successful.

Providers should figure out what is okay in the older adults' culture, family, and belief system. Ask, "What works for you and what does not?" or "What do you like and what do you not like?"

Do not assume that someone is purposely not adhering to a treatment plan because they are refusing a treatment option; there may be a contributing cultural factor you are not aware of. If you take the time to figure out the "why," you can devise strategies that improve the likelihood of treatment success.

**Q9: How do providers address an older adult's fear of losing access to opioid medications while bringing up pain management alternatives?**

**Dr. Beth Darnall:** Opioids can be risky for some people, such as those with a substance use disorder or history of such. There are others with complex medical conditions who can have a good response to opioids, if the opioids are prescribed appropriately. Opioids can be lifesaving in terms of allowing people to be more functional. This underscores the need to prescribe appropriately and to monitor opioids very close to ensure that the patient is benefitting from the medication rather than deteriorating or developing dependency.

De-prescribing opioids can be necessary for some individuals for whom opioids have been misprescribed, misused, or are non-beneficial. For other patients, de-prescribing can be a very threatening proposition because they will lose access to a medication that may be allowing them to engage with their grandchildren, or attend family events, or conduct basic self-care on a daily basis. This is why it is so important to know that, regardless of where a person is on the spectrum of appropriate use or misuse of opioids, there is likely to be great fear around opioid de-prescribing or losing access to medications.

Providing a supportive environment to validate an older adult's fears and providing non-judgmental support around their concerns of losing access can be used as a moment to initiate a discussion about the importance of engaging or re-engaging in behavioral pain medicine strategies. That puts the control in the hands of the older adult, rather than the pharmacy or the prescriptions. Patients will often utilize multiple treatment pathways. This is where cognitive behavioral therapy, mindfulness, and other evidence-based behavioral treatments can allow emotional and cognitive support to patients who are highly fearful of losing access to opioid medications.