Values-Based Behavioral Activation Intervention among Patients Living with Chronic Pain in an Urban Family Medicine Clinic

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•I have no relevant financial relationship or interest with a proprietary entity producing, marketing, reselling or distributing health care goods or services.

•*This program does not include any discussion or demonstration of any pharmaceuticals or medical devices that are not approved by the Food and Drug Administration (FDA) or that are considered "off-label."*

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Objectives

Upon completion of this session, participants should be able to:

1. Describe the benefit of engaging patients with chronic pain in valued activities.

2. Describe a card-sort activity that providers can do with patients to encourage reflection on how patients' values are similar/different from how they spend their time.

3. Apply a values-based behavioral activation intervention to their chronic pain care plan protocol.

Background

Nearly 50 million Americans live with significant chronic or severe pain

African American and individuals in the lowest wealth quartile report higher levels of pain-related disability than other groups
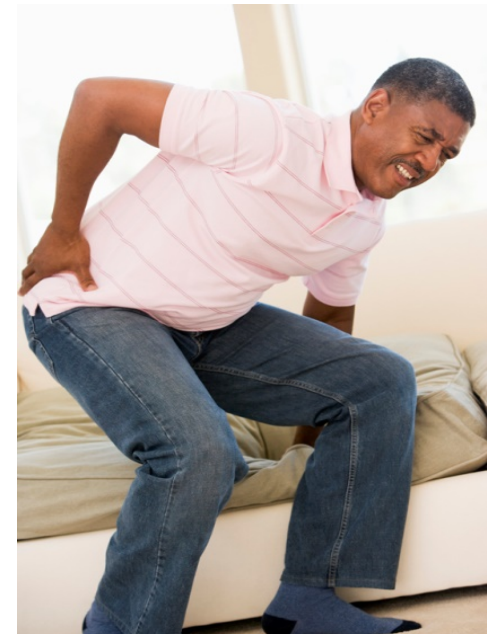
Gereau et al., 2014; Janevic et al., 2017

Promising Intervention for Patients with Chronic Pain

Acceptance and Commitment Therapy (ACT) has been shown to effectively reduce distress, anxiety, and depression and increase functioning
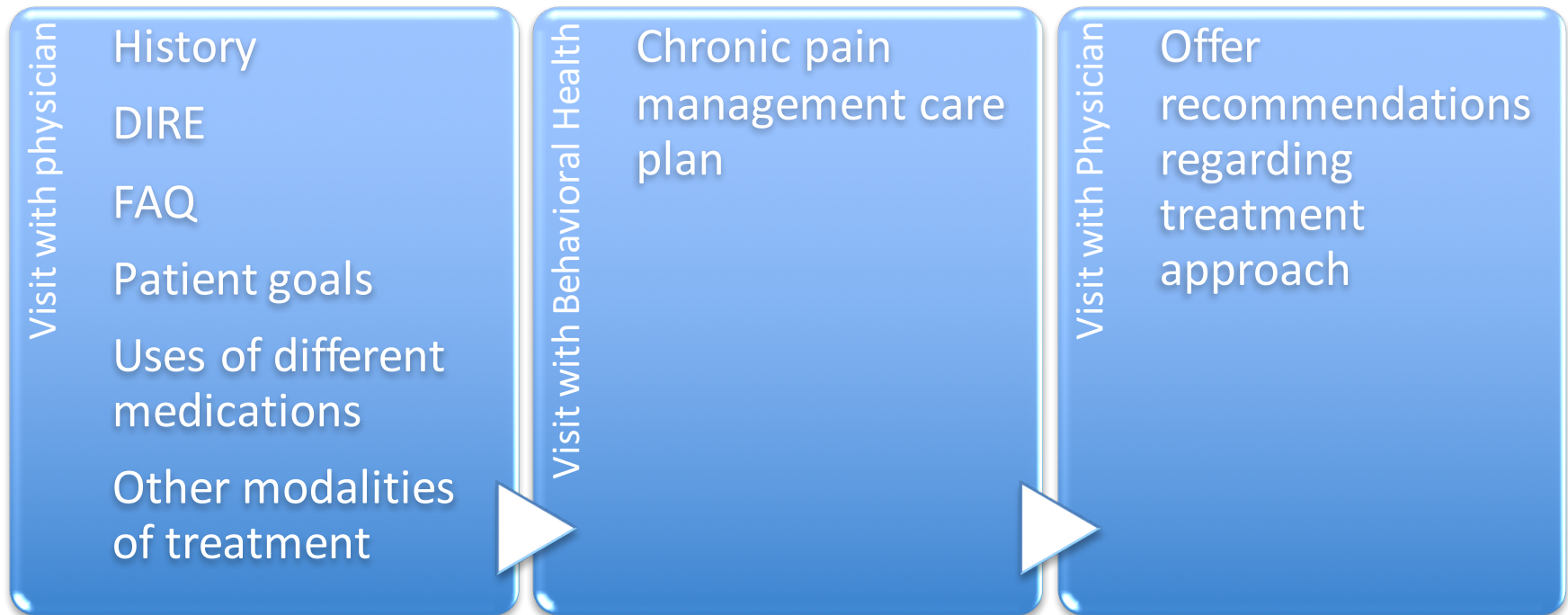
- Specifically, values-based behavioral activation interventions are effective for reducing distress and disability

Hughes et al., 2017; Jensen, Ehde, & Day, 2016

Broadway Family Medicine (BFM)

- University of Minnesota DFMCH residency program located in North Minneapolis

- ~70% African American
- ~75% on state-funded medical insurance plans
- Embraces a biopsychosocial, holistic approach to patient care.

BFM Approach to Chronic Pain Management

Visit with physician	Visit with Behavioral Health	Visit with Physician
History DIRE FAQ Patient goals Uses of different medications Other modalities of treatment	Chronic pain management care plan	Offer recommendations regarding treatment approach

Design

- Single Arm Pilot Study

- Participants: 30 patients seen at BFM
  - living with chronic
  - referred to BH for a care plan

Procedure

- Care plan visit: Ask patient if he/she would like to participate in additional research component

    – Emphasize this decision has no impact on their care at BFM nor decisions regarding pain management

Complete Self-Report Surveys

Demographics

Depression

- PHQ9

Pain interference

- PROMIS measure

Life satisfaction

- Satisfaction with Life Scale

Meaning in life

- Meaning in Life Questionnaire

Meaning Salience

- Thoughts of Meaning Scale

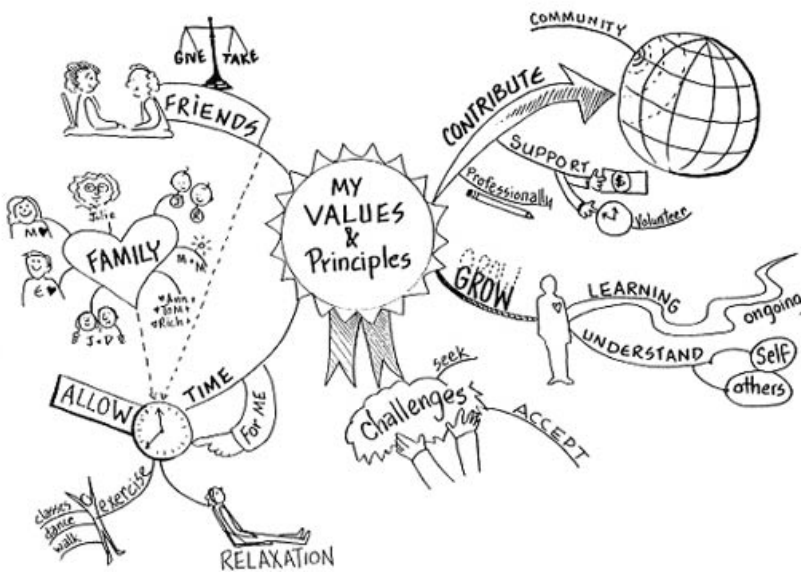# Values Card Sort Activity

(Wilson & Murrell, 2004)

Give patient two sets of values cards

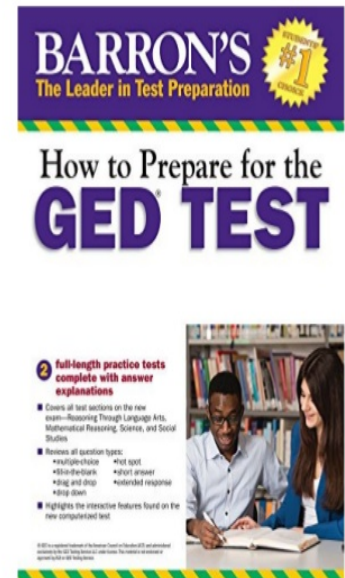Step 1:

▪ Rank cards from most to least important (VALUES)

Step 2:

▪ Rank cards by how he/she spends their time (BEHAVIOR)

10 Domains

- Citizenship/community life
- Education/training
- Family (other than marriage/parenting)
- Friends/social life
- Health/physical self-care
- Intimate relationships
- Parenting
- Recreation/fun
- Spirituality
- Work/career

Values Card Sort

- Help patient identify discrepancies between their values and their behavior

- Co-create an action plan for the patient to set a SMART goal to engage in 1 values-based activity over the next two weeks.

  - SMART: specific, measurable, attainable, realistic, and timely

- Mail a brief letter 1 week later
    - provides encouragement to work on their goal
    - reminds them of their next PCP appointment

Follow-Up Visit with BH Provider
(2-3 weeks later)

- Scheduled immediately before or after patient's appt with PCP (or shared visit)

- Discuss and celebrate progress

- Brainstorm how to address obstacles

- Explore next steps

- Repeat self-report surveys

- Brief qualitative interview to assess patient views about acceptability of intervention

Sample (Self-Identified)

- Age: mean: 47.8 $\pm$ 11.6 years (range 24-72)

- Gender: 60% female, 40% male

- Race: 57% Black, 23% White

- Marital status: 33% never married, 30% married, 23% divorced

- Employment: 27% unemployed, 23% employed

- Education: 30% some college, 37% high school/GED, 20% less than high school

- Income: 43% less than $10,000, 30% $10,000-20,000

Patient Goals

- 30% increase physical exercise

- 20% do family activity

- 17% take steps to pursue educational goals (e.g., GED classes)

- 13% attend a church service

- 10% do activity with friends

- 7% do fun activity (e.g., movie)

Feasibility

- The intervention was feasible
  - Everyone offered the intervention agreed to participate
  - Took less than 10 minutes to administer
  - 90% returned for the follow-up appointment (average of 18 days after initial visit)

Acceptability

- 96% of patients shared positive reactions
- 100% recommended the clinic continue to offer it

- *"If it can help me, it can help everybody because I have serious issues."*

- *I was "pleasantly surprised [about the visit]…[I] figured it would be bologna; it wasn't and I even told my friends about it."*

- *I "came here for the pain…but these meetings made me think differently, especially about my meaning in life"*

What patients liked about intervention

- Encouragement and motivation provided by the psychologist (26%)

- The chance to be seen and heard (26%)

- The psychologist as a person (22%)

- Goal setting (11%)

Goal Attainment

- 89% reported that they had met their goal or had made significant progress

- Impact on working on goal:
  - 48% improved mood & gave hope
  - 26% improved relationships
  - 22% increased energy and motivation
  - 11% worsened mood due to barriers faced in working toward goal

Preliminary Efficacy

- Statistically significant *reduction* in pain interference (p<.001; d = -0.72)

- Small, non-significant *increases* in life satisfaction, searching for meaning, and meaning salience

- Small, non-significant *decrease* in presence of meaning

Conclusions and Next Steps

- ~10 minute values-based behavioral activation Intervention is feasible and acceptable in a FM clinic

- Pilot data shows significant decrease in pain interference

- Future research: Replication of intervention with larger sample and in different setting

"I can go outside and feel the leaves crunch rather than just be inside; I want to get dressed and be part of life again…it did worsen pain, but was worth it."

"I could now visualize getting better and being free of my crutches"

Questions?

- Thank You!

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