

OUTLINE

- Pain**
Acute vs. chronic pain
Emotional aspect of pain
 More problematic than physical aspect
 Anxiety, fear, catastrophizing
ACE (Adverse Childhood Experiences)
 Study and link to pain
Chronic pain onset: Physical & emotional
Pain vs. suffering
Impact of pain
 Prevalence
 Societal costs
Chronic pain cycle
 Psychological
 Physical
Factors that impact pain
 Physical, thought, emotions, behaviors
 Social interactions
Suicidality and chronic pain
- Opioids**
Scope of the problem
The “painkiller” myth
 Not effective pain relief
Medication assisted treatment
 Methadone
 Buprenorphine (Suboxone)
 Naltrexone injection (Vivitrol)
Risks
 Men, women, elderly
- Assessment**
Pain experience factors
 Psychological
 Behavioral
 Social
 Physical
5 E’s of pain interview
Self-report measures
Impact of pain

- Treatment**
Treatment options
 Medication
 Invasive
 Non-invasive
CDC guidelines
 Behavioral treatment first
 Importance of therapeutic relationship
Mindfulness
 Powerful evidence-based interventions
Motivational interviewing
 Proven techniques to move toward behavior change
Goal-setting
 SMART goals
 Matching goals with client values
CBT tools
 Automatic negative thoughts
 Thought distortions
 ABC worksheet
 Decatastrophizing
Additional behavioral treatment tools
 Breathing
 Imagery
 Pleasant activities
 Progressive muscle relaxation
 Anger management
 Time-based pacing
 Stress management
 Sleep hygiene
Research limitations and risks of psychotherapeutic approaches

Live Webcast Schedule
(Times listed in Eastern)
8:00 Program begins
11:50-1:00 Lunch Break
4:00 Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon).
Actual lunch and break start times are at the discretion of the speaker.
A more detailed schedule is available upon request.

OBJECTIVES

1. Describe how the emotional aspect of clients’ pain can be more problematic than the physical aspect.
2. Specify the differences in risks of opioid medications use in men, women and the elderly and the related treatment implications.
3. Assess the psychological, physical, social and behavioral factors that contribute to chronic pain and articulate their treatment implications.
4. Implement motivational interviewing techniques to motivate clients towards behavior change that reduce the symptoms of chronic pain.
5. Summarize the CDC recommendations for the treatment of chronic pain and communicate how that impacts clinical treatment.
6. Utilize mindfulness-based strategies to decrease symptoms of chronic pain in clients.

Target Audience:
Social Workers • Psychologists • Counselors • Addiction Counselors • Occupational Therapists
Psychotherapists • Marriage and Family Therapists • Case Managers • Physical Therapists
Physical Therapist Assistants • Nurses • Nurse Practitioners • Other Helping Professionals



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We are in the midst of a nationwide push to treat chronic pain and address our out-of-control opioid prescribing. At least 1/3 of the people we treat are dealing with this condition, yet most of us are ill-prepared to address this with skill and expertise. The CDC recently published recommendations for the treatment of chronic pain, specifically highlighting behavioral treatment as an approach that should be tried before opioids are prescribed.

We are witnessing a devastating public health crisis that is ruining individuals' lives, tearing up families, and ripping through communities. We need to arm ourselves with the skills needed to offer our clients evidence-based behavioral interventions that will help them live healthy and productive lives.

Come to this interactive and cutting-edge training and learn creative tools and techniques to transform your practice. Learn powerful mindfulness interventions and motivational interviewing techniques to move your clients towards behavior change. Master the four pain-changing CBT tools. You will leave with the skills and confidence to provide practical and life-changing help to help people move out of chronic pain and into active, healthy and meaningful lives.

SPEAKER
ERIC K. WILLMARTH, PhD, is a licensed clinical psychologist who has been affiliated with Michigan Pain Consultants for the past 30 years. He is the founder and president of Michigan Behavioral Consultants, a psychology and social work practice with 13 offices dedicated to meeting the needs of individuals with chronic pain or other chronic medical conditions. He is a Fellow of the American Academy of Pain Management and past president of the American Society for Clinical Hypnosis, the Society for Clinical and Experimental Hypnosis and the Midwest Society for Biofeedback and Behavioral Medicine. Dr. Willmarth is the assistant director of Saybrook University's Department of Applied Psychophysiology in the College of Integrative Medicine and Health Sciences where he also serves as coordinator of training and coordinator for the specialization in integrative mental health.

Speaker Disclosures:
Financial: Eric Willmarth is the director of Integrative Mental Health at Saybrook University. He receives a speaking honorarium from PESI, Inc.
Non-financial: Eric Willmarth is a member of the Society for Clinical and Experimental Hypnosis; American Society of Clinical Hypnosis; and Michigan Society of Clinical Hypnosis.

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National Approvals

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