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# Health Resources and Services Administration Proposed Changes to the Graduate Psychology Education Program

Comments from the American Academy of Pain Medicine

The Pain Psychology Shared Interest Group of the American Academy of Pain Medicine (AAPM) welcomes the opportunity to comment on The Health Resources and Services Administration (HRSA), Department of Health and Human Services Proposed Changes to the Graduate Psychology Education Program.

1) What do you see as the most prevalent behavioral health and public health trends or concerns that should be addressed in developing the psychologist workforce?

Response:
A fundamental issue is that graduate psychology training programs lack basic education and evidence-based training on acute and chronic pain (see Darnall BD, Scheman J, Davins S, Burns JW, Murphy JL, Wilson AC, Kerns R, Mackey SC. Pain Psychology: A global needs assessment and national call to action. Pain Medicine. 2016; 17(2): 250-263. Open Access available: http://www.ncbi.nlm.nih.gov/pubmed/26803844). This gap in pain training must be addressed at all levels of psychology training, and particularly at the graduate level. If graduate programs do not have pain specialists on faculty, pain psychology webinars and books by national experts could facilitate rapid integration of evidence-based approaches into clinical curriculum (the American Psychological Association Press is publishing in August 2018 a book entitled "Psychological Treatment for Chronic Pain"; this book was specifically written to fill the educational gap in graduate psychology programs.

All future psychologists need foundational understanding in shared and distinct morbidity of chronic pain and substance/opioid use disorder (SUD/OUD), as well as how to appropriately screen and refer to specialists. Among the specialties, addiction specialists need training in pain just as pain psychologists need special training in addiction.

An integrated approach for addressing both SUD/OUD and chronic pain must be established. Currently, these are too often treated in silos without an understanding from pain and mental health specialists on how these areas impact each other in development, maintenance, and treatment. Evidence-based approaches for treating pain should be applied, and where possible evidence-based or consensus approaches applied to SUD/OUD. Establishing methods for integrated assessment and treatment is

paramount to use resources most efficiently and treatment patients most effectively. Clinicians who wish to specialize in these areas should be able to readily access advanced training.

Addiction education and training should include unique factors involving substance use disorders in the person with pain, including not only prescribed medications (opioids, sedatives) but also recreational drugs, alcohol and food addiction.

Finally, we recommend that sleep disorders and their role in shaping and maintaining pain and SUD/OUD be included in the graduate-level pain and SUD/OUD curricula.

2) What do you see as the role for doctoral-level health psychologists in addressing the opioid epidemic?

Response:
Doctoral level psychologists are well-positioned to serve a front-line role in:
(1) screening, referring and treating patients with SUD/OUD;
(2) identifying risk factors for SUD/OUD and applying mitigation strategies;
(3) coordinating care in integrated and non-integrated medical settings to suggest and provide non-opioid pain management treatments;
(4) serve as stewards in the medical community to provide education about evidence-based psychological approaches to treating pain;
(5) educating patients, family members and the public about low-risk psychological treatment for pain;
(6) providing non-opioid behavioral treatments during medically-assisted opioid tapering;
(7) providing health education about opioid tapering and stress/pain management;
(8) providing public education about health risks associated with opioids, safety measures, and red flags;
(9) providing education and treatment of the patient in psychological/brain-body approaches to pain management. Many SUD/OUDs start with exposure for a painful event.
(10) providing non-opioid tools will reduce rate of exposure and therefore, by extension, reduce SUD/OUD;
(11) collaborating with other clinicians in the assessment and treatment of addiction (it takes a team);
(12) integrating and treatment of the family of the affected person; a growing research base substantiates social functioning/isolation and family dynamics playing large role in both pain and addiction;
(13) considering the patient's social system and be able to support social opportunities such as work, volunteering, support groups;
(14) developing organizational, local, regional, and national policies on the fundamentally psychological morbidities of pain and SUD/OUD, and their co-occurence.

3) What are the didactic and experiential training needs in preparing doctoral-level health psychologists to effectively address substance use disorder (SUD) including opioid use?

Response:
Doctoral level health psychologists must be equipped to screen and identify patients with medical problems and SUD/OUD. They must be equipped with foundational knowledge in pain and evidence-based psychological approaches. They must have a minimal skill set to screen, diagnose, refer appropriately, and engage appropriate risk mitigation strategies.
Psychologists must be equipped distinguish between types of SUD/OUD. Medical disease often complicates the diagnosis as the symptoms of the disease can be mistaken for SUD/OUD and visa versa.

It is imperative to first understand that SUD/OUD and pain can and often do co-exist and are not mutually exclusive. Psychopharmacology training would be beneficial.
Training in program development would equip well-positioned psychologists to develop public health/population health strategies targeting pain and SUD/OUD.

Finally, please know that the AAPM Pain Psychology SIG is willing, interested, and available to contribute to knowledge and effort toward developing solutions that will better prepare doctoral psychology students to treat pain in their future clients, and to mitigate opioid risks. We conducted the national needs assessment referred to earlier in this document (Darnall et al, 2016) and have proposed to create the expert-led online trainings – made available to doctoral programs of charge—that could be seamlessly integrated into doctoral psychology programs. Our national data suggested that 100% of the directors of doctoral psychology training programs in the U.S. surveyed were interested in this potential training option. We would be delighted to discuss further with HRSA and other interested parties.

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## About AAPM

The American Academy of Pain Medicine is the premier medical association for pain physicians and their treatment teams with some 2,000 members. Now in its 35th year of service, the Academy's mission is to advance and promote the full spectrum of multidisciplinary pain care, education, advocacy, and research to improve function and quality of life for people in pain. Information is available on the Academy's website at painmed.org.

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