STANDING IN THE GAP--WHY YOU NEED A CLINICAL SOCIAL WORKER IN YOUR PRIMARY CARE, RURAL HEALTH, OR RHEUMATOLOGY CLINIC

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The Challenge

"If you don't shut the gate, all the animals get out"

-- This is the premise of the Gate Theory of pain development.[1] The sooner one can closes the gate, pain is decreased. Who mans the gate? The patient, of course! How does the patient obtain the tools, commitment, and motivation to do it effectively? **Enter the Multidisciplinary Pain Team--** In *theory*. In actuality, ***little of this is happening*** *in the US*, ***is targeted to special populations or urban areas***, and ***few physicians employ mental health practitioners.***

This poster outlines:
1. Critical issues primary care and other physicians face with chronic pain patients
2. Gaps in service,
3. How employing a Clinical Social Worker may improve patient outcomes and clinic success.

There are two main considerations: **Quality of Care and Retention**: The pain condition is ***biopsychosocial*** in nature.

Physiologically the experience of pain is like a fire alarm that never stops. Driven by the human need to "avoid pain", the ***psyche*** creates elaborate measures to attempt to cope-- based on experience, resiliency, and learned behavior. ***Socially***, the pain patient is too distracted to engage effectively at work, with family, or in the community. Yet the patient is not an island; everything and everyone they touch is impacted by their pain. Some support systems help, others are detrimental.

Pain patients need **quality care** that addresses every issue. According to Margaret Caudill, MD, PhD, MPH,[7] it is important for patients, specifically chronic pain patients, to *cease looking for a cure,* but rather, *manage pain*..

When patients believe their needs are not being met by their physician, they will shop elsewhere. Often this is interpreted as "Dr. shopping/med-seeking"; or seen as non-compliant. **Retention** occurs when patients believe their physicians "really care" about them. Caudill states it's important for behavioral health providers in clinics to teach patients to *evaluate their expectations of their physicians* and to *learn to communicate effectively* with their treatment team..

…Treating Patients and Herding Cats?

Managing a medical office is difficult. Working with acute and chronic pain patients is rife with additional problems: FDA guidelines on opiates, patient's compliance, psychiatric comorbidities of patients, cost and availability of treatments, insurance payor guidelines, etc.. The physician and staff simply cannot attempt to "herd" these "cats" and still provide exceptional care. Hiring a Clinical Social Worker will expand your resources.

The Research

Searches utilizing the Commission for Accreditation of Rehabilitation Facilities, the Joint Commission on Accreditation of HealthCare Facilities, and Substance Abuse and Mental Health Services Association were retrieved, using the term "Multidisciplinary Pain Clinics".[3] The author targeted programs in the United States.

The author also searched the American College of Rheumatology database for a sample of rheumatology clinics/hospitals in the state of Texas.[4]

Content was researched from the PubMed database related to Fibromyalgia, Lupus and connection to childhood trauma.[5]

The author also retrieved information from the **United States Health and Human Services Pain Task Force**, and the, NASW response to the task force. [2,5,6,8]

Employment Opportunities for Social Workers were reviewed through USA Jobs and VA careers.[4]

Additional references were sought from PAINWEEK Journal (Vol.8, 2020) and "Managing Pain Before It Manages You--Fourth Edition" by Margaret Caudill, MD, PhD, PH (2016) [6,7]

Services Provided by Clinical Social Worker in Your Practice

Screening of **ALL** pain patients for **Substance Use Disorder** using ASAM tools
Screening for ACE: **Adverse Childhood Experiences**, anxiety and depression
Primary **pain pre- screening** tools (Ex: FAB-Q, Pain Catastrophizing Scale, etc.)
Assessment for **psychiatric emergency** and referral
Brief **crisis counseling**, PRN
Individual counseling: **Acceptance and Commitment** Therapy, **Cognitive Behavioral Therapy**, Mindfulness and Meditation, and Motivational Interviewing. Enhanced trauma therapies: EMDR, Hypnosis, EFT, and other experiential therapies.
Pain management **support groups/family education**
Case management and referral to community CAM, social services and specialized mental health (chemical dependency, neuropsychological testing, etc.)

WHY A SOCIAL WORKER?

VA, Tricare, Medicare or Medicaid prefer Social Workers

- LCSWs can be credentialed by commercial insurance: Aetna, BCBS, Cigna, UHC, etc. as well as EAP & Workmen's Compensation
- They are trained to serve special populations: ***veterans, seniors, disabled***, substance use disorders, child welfare, domestic violence, indigent/refugees, etc.
- LCSW in the ***rural clinic*** meets a *major gap* identified by the Pain Management Task Force
- Social Workers can provide ***Telehealth*** **for** severely disabled patients **or** those with ***transportation issues***

The Gaps & Closing the Gap

On May 9, 2019, the USDHHS **Pain Management Best Practices Interagency Task Force gave their report on Updates, Gaps, Inconsistencies and Recommendations.**[5] They identified five categories that required improvement, two of which include **behavioral approaches** and complementary and integrative health. They stated that *"Effective management of acute and chronic pain should be based on a* ***biopsychosocial model*** *of care."*[6]

- **US *accredited*** multidisciplinary programs: 1. University hospital settings. 2. The VA 3. Military bases and centers.[3]
- Behavioral health services provided were conducted by Psychologists and graduate students.
- ***As stated by the Task Force, this leaves a gap because patients living in rural and remote areas do not have access***. The author believes that even with Telehealth, these programs simply cannot provide staffing to accommodate the need.
- **Texas sample**: 25 private rheumatology clinics, and 15 University/VA or Military programs.[4] The clinics were scattered throughout metropolitan or smaller cities and towns.
- All the University/Military rheumatology programs provided behavioral health services
- ***Only one private rheumatology clinic provided these services***!

All programs researched ***described*** *multidisciplinary*--the private clinics offered as OT, PT, Chiropractic, and even interventions such as acupuncture and infusions, **but *not behavioral health!*** Some were very large, with multiple providers, addressing rheumatology treatment and other pain/osteo disorders. ***This is a major concern to the author because there have been multiple studies connecting conditions such as Fibromyalgia and Lupus to Adverse Childhood Events, and other mental health disorders.***[5, 6]

On March 26, 2019, the National Association of Social Workers submitted their response to the draft produced by the Pain Management Task Force: "[3.3.3 Workforce.] ***NASW supports expanding non-physician, behavioral health specialists in pain care, particularly clinical social workers who have the skills and expertise to treat pain from a holistic approach.***(Gap 1, Recommendation 1c)."

CLOSE THE GAP…SHUT THE GATE

There are too many gaps in services. Physicians are burdened by managed care, federal regulations, the opiate crisis, an aging population, liability, etc. Interdisciplinary treatment seems impossible. A good first step would be to add a Clinical Social Worker to the practice.

Can one Clinical Social Worker in your practice do it all?

Probably not. But *one behavioral health provider at your clinic is better than none*. **A physician desiring to hire an LCSW-Supervisor has hit the "jackpot".** An LCSW-Supervisor allows the clinic to recruit LMSW candidates who need clinical hours, thus increasing clinical services. **An LCSW-Supervisor can supervise Bachelor and Master Social Work case managers for your practice who can do referrals and education. This is a win-win for provision in rural areas, and for social workers looking for internship placements.**

Social Workers are trained to be gatekeepers and connectors. Their training is not one of *psychopathology,* but rather *strengths-based.* They *make connections* to community resources where another type of behavioral health provider may say "You might want to look for a support group".

A Clinical Social Worker will help "shut the gate" before the "animals get out"…. and everyone's pain is out of control!

REFERENCES
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6 Kaufman, (2020) A Trauma Informed Approach to Pain Management with PTSD. *Pain Week Journal* , (Vol.8, #2), pg 30.
7 Caudill, Margaret, MD, PhD, Ph. Managing Pain Before It Manages You".
8 Dorn, Carrie. (March26,2010) NASW Comments Inter-Agency Task Force Draft Report on Pain Management Best Practices. Submission Posted: 03/27/2019 ID:HHS-OS-2018-0027-3297 National Association of Social Workers.