ADDRESSING ADVERSE ATTITUDES TOWARD COMPLEMENTARY THERAPY FOR CHRONIC PAIN MANAGEMENT

By

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ABSTRACT

This thesis explores attitudes toward complementary therapies, attitudes which may adversely affect the integration of creative therapies into traditional medical practice for chronic pain management. Through multiple forms of research, a distinct pattern becomes prevalent: attitudes are specific to each stakeholder's role in experiencing, managing, or responding to pain. In turn, they end up shaping stakeholder perspective on efficacy, feasibility, or worth, and as such they carry the potential of becoming impediments to creative pain management, particularly when they are adverse. More discussion between stakeholders would perhaps bring about a better understanding and reception of complementary therapies. A diverse yet representative panel discussion provides opportunity for community insight towards complementary therapies, whilst reducing barriers brought up by attitude, by essentially allowing for open communication and the reevaluation of preconceptions. Such an event was hosted; it included 3 unique panelists and attracted an audience of 51 people. Discussion focused on complementary therapy as seen by each panelist, along with its potential for being integrated further into medicine within the community. It was generally successful, indicating that small efforts of cooperation among stakeholders have the potential to positively influence attitudes toward complementary therapy for pain management.

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INTRODUCTION

PROBLEM STATEMENT

From attitudes of patients, to those of physicians and physicians-in-training, to those of art therapists and complementary and alternative medicine providers, there is an obvious spectrum of perspectives on pain management. All of these individuals make up separate groups of stakeholders, each of which has a role in experiencing or responding to chronic pain, and each of which has a role in accessing complementary treatment for chronic pain. While technical concerns such as affordability, education, communication, and practicality may be at work here—impeding on the expansion of complementary and alternative medicine (CAM) therapy within traditional medical practice—one issue which each group undoubtedly experiences in distinct degrees is that of attitude. Attitudes tend to be specific to each group's role in accessing treatment for pain, with limited exceptions to the pattern. They shape patient, doctor, and provider perspectives on efficacy and feasibility. They are capable of determining preconceptions of authority and worth. As such, they carry the potential for becoming barriers to creative pain management. In order to better understand the influence of attitudes, one can investigate evidence from literature reviews, general discourse, and hands-on practice.

RELEVANCE

Accessing appropriate treatments for chronic pain in particular has become a national issue, influencing larger problems such as the opioid epidemic. More than 115 people in the United States alone die daily due to opioid overdoses (CDC/NCHS, 2017). According to the Center for Disease Control and Prevention, prescription opioid abuse is incurring an economic

burden as well, culminating a cost of $78.5 billion dollars in repercussions (Florence, 2013). The U. S. Department of Health and Human Services is responding to this crisis by addressing five major priorities, including "improving access to treatment and recovery services" and "advancing better practices for pain management" (NIH, 2018). The National Institute of Health is addressing three goals, one of which is to discuss "safe, effective, [and] non-addictive strategies to manage chronic pain" with pharmaceutical companies and academic research centers (NIH, 2018). Clearly, at the center of a much larger crisis is the issue of inappropriate pain management and the inefficient access to appropriate pain management. Southern Arizona is no exception to this nation-wide problem. The research conducted for this thesis, along with the panel discussion hosted for the purpose of responding to what was learned through the research, are both steps toward addressing barriers to pain management. The research specifically looks into attitudes of primary stakeholders. While there has been a substantial amount of research into attitudes toward CAM therapies among patients, it has predominantly pertained to cancer patients and failed to substantially include patients of non-cancerous chronic pain (Bauml, 2015). Attitudes toward CAM have also been assessed in healthy college students, once again without focusing on chronic pain patients (McFadden, 2010). Therefore, the research conducted as a part of this thesis is useful, while the panel encourages conversation, coordination, and education within our community, all key characteristics of successful health promotion, particularly with respect to the issue of accessing complementary therapy.

LITERATURE REVIEW

Complementary and alternative medicine (CAM) therapies are efficacious according to research, but they are not extensively available and often remain outside of insurance coverage

and, consequently, are inaccessible to the medically underserved; this availability is potentially spurring patient/physician attitudes away from CAM therapy as a resource. In one relevant study, group medical visits were facilitated in order to educate patients about "non-pharmacological methods" for the management of primarily chronic pain by teaching "mindfulness techniques, movement, guided imagery, relaxation training, yoga, qigong, and t'ai chi" (Mehl-Madrona, 2016, para. 2). There was some resistance to CAM therapies initially, but the bulk of patients grew to appreciate the usefulness of these therapies (Mehl-Madrona, 2016). What participants gained over the course of CAM therapy did not seem to deter it as a resource; rather, their gains usually benefitted them physically and mentally, inspiring an appreciative attitude toward complementary therapy (Pavlek, 2008). When a resource like group medical visits is introduced (which eliminate factors of affordability, etc), we still see that attitudes of patients usually begin on a level of hesitation, but then develop towards appreciation. Either way, attitudes are influencing the patient experience.

However, there was another study that suggested attitude and treatment/therapy modalities were less influential on the patients' healing factors than social relationships between patient and physician. Patient narratives were taken and they revealed how the significance of healing did not seem to reside in the integration of treatment modalities, but rather in the social relationships that develop between practitioners and patients (Martin 2013). An integration of CAM therapies established a situation in which patients had more intimate contact with physicians, a perk which they appreciated very much, so much so in this study that it superseded an appreciation for CAM therapy. There is still a limitation to this study which must be considered: it took place in only one particular clinic and its generalizability, therefore, may be reduced. In addition, a renowned benefit of CAM therapy is the psychoemotional social support

which it so often provides; there are theories that physicians incorporate CAM into their practice in an attempt to establish meaningful patient-practitioner interaction (Hoffman, 2007, Snyderman & Weil, 2002). So perhaps distinguishing the development of social relationships from these creative therapies is not entirely appropriate, as they are not so exclusive. Despite these studies beginning to lend us insight into patient attitude, they do not show us how the attitude of physicians and therapists, who are also key stakeholders of pain management, may be affecting the situation as well.

While the attitudes of physicians and therapists on this matter can be just as important as those of patients, they tend to be distinct from the attitudes of patients. In one study, most physicians rated their knowledge or comfort of treatment and management for opioid dependence stemming from chronic illness or pain, as being low. Although these physicians "believed training is essential" in order to understand the consequences engendered by chronic pain and opioid dependence, a significant number of these physicians determined that their own medical training in these areas was not sufficient (Keller, 2012, para. 1). Physician perspectives toward CAM seem to be primarily influenced by an inadequate understanding of the topic, seeing as their "comfort" was low. When their practices are so contingent on their training, knowledge, and ultimately their comfort, this can be extremely problematic and inhibit the integration of CAM therapies. Conversely, an older study surveyed physician attitudes and found that "90 percent considered legitimate medical practices to include diet and exercise, behavioral medicine, biofeedback, and counseling or psychotherapy" (Berman, 1995, para 3.). Furthermore, 50 percent accepted that massage therapy, acupuncture and other CAM therapies were "legitimate medical practice" (Berman, 1995, para. 3). While these latter findings suggest an appreciative and significantly positive attitude towards CAM, they are not in agreement with

more recent surveys that highlight a predominantly inadequate understanding of CAM among physicians.

Further studies investigated the attitudes of art therapists towards evidence based practices (using art as therapy in medical practice) and the factors that might affect their attitudes. Although most expressed confidence in their ability to integrate an evidence based practice with art therapy, roughly half of the participants indicated a belief that art therapy can sometimes be validated by scientific evidence. The majority wanted to see increased research on the evidence base of art therapy (Bauer, 2017). This suggests that there is perhaps a lingering suspicion of inefficacy behind art therapy, even complementary therapy in general, since it is not entirely, at this point, evidence based—a suspicion which influences even the attitudes of art therapists themselves. If the fact that there is not enough published research on every mode of CAM to promote validation among therapists themselves, confidence in their own practices, or the possibility of expanding their practices, we cannot expect much more confidence from patients or physicians. While this issue may come down to inadequate research, it is important to understand that research is often partially born of public interest and demand; when there is a substantially tepid or adverse general attitude towards a matter, it will not bear a great demand for research. This pertains to complementary therapies, as much as anything (Briggs, 2008).

Aside from art therapists, patients, and presently practicing physicians, there are also the attitudes of freshly certified physicians to consider, knowing that these are the future majority of primary care providers. In a study of medical students, older students had more positive attitudes toward CAM compared to younger students. A significant amount of students agreed that CAM therapies, when combined with "conventional therapy," are useful for treating atypical cases (Alzahrani, 2016, para. 6). Despite this inclination towards complementary therapies, medical

students were "still reluctant to have CAM practitioners in their referral network" (Alzahrani, 2016, para. 1). A reluctance to network or collaborate with CAM providers impedes on the actual integration of complementary therapy, even if there is a moderate acceptance of CAM's utility. Although student acceptance was measured, perhaps it would have been beneficial to evaluate concepts of worth as well, since the lack thereof may be preventing greater motivation for collaboration. Another note on this study is that it took place outside of the United States,[1] where local culture potentially influenced the attitudes of medical students in different ways than here in the U.S. Regardless, it is notable to understand that, like the Keller study (which took place in the U.S.), physicians usually refer to their lack of understanding on the subject as a matter that gets in the way of a more fully-accepting attitude towards CAM.

There is speculation that patients with "higher expectations" for CAM therapies actually present better outcomes and that "enthusiastic providers" can augment treatment outcomes (Eaves, 2015, p. 2). Additionally, some evidence indicates that "conventional medical providers often reorient patient expectations to better match what providers believe to be realistic" (Schafer, 2012, p. 2). Additionally, CAM providers have reported that they try to promote realistic patient expectation. Multiple CAM therapy providers perceived patients' expectations as "an important component of their experiences with CAM therapy" and expressed that they must continually adjust patient expectations so that they match reality (Schafer, 2012, p. 8). The indication of such findings is that CAM providers and medical providers are similar in how they view and manage patient attitudes (Schafer, 2012). What these additional studies also implicate is that expectation, or the manifestation of patient attitude, is influenced by physician opinion, knowledgeability, and authority. However, as we have reviewed above, physicians generally tend to cite knowledge as an issue influencing their attitudes. What this may indicate is that if a

[1] This study assessed the attitudes of senior medical students in King Abdulaziz University, Saudi Arabia.

physician's knowledge of CAM isn't substantial or their attitude is not entirely positive, then the patients are likely being influenced towards a similar position.

Regarding traditional clinicians and CAM providers, it has been found that physicians who utilize CAM personally tend to integrate it into their practice more. Half of the physicians in this study occasionally coordinated with CAM providers, but bidirectional communication was rare, which was surprising. Despite the generally positive attitude towards and willingness to recommend complementary therapies, communication between clinicians and CAM providers was not sufficient. This may have been due to differences in their respective professions, but otherwise research into this issue is necessary (Kundu, 2011). This study also exhibits great similarity to the previously described study on medical students, in which attitudes of acceptance were not enough to promote collaboration between students and CAM providers, possibly because of differences in training and in concepts of worth.[2]

In yet another study, respondents expected one modality of CAM (massage) to be more helpful than other forms of CAM (meditation being the least helpful modality) in managing their pain. The majority of respondents expressed that they would be "very likely" to try acupuncture, massage, or chiropractics for their pain "if they did not have to pay out of pocket and if their physician thought it was a reasonable treatment option" (Sherman, 2004, p. 1). The majority of patients with chronic pain in this sample were also interested in experiencing therapies which fall outside of conventional medical (Sherman, 2004, p. 8). Here we see another intersection of attitude and expectation, but furthermore we see that patients, as noted from the initial studies explored in this paper, tend to be more receptive of CAM after experience and assurance from their physicians. Essentially, the patient's attitude is sensitive to their own experience and what

[2] A limitation to this study is that it had a response rate of less than 40%; in many cases of response bias, those less appreciative of the matter at hand are less likely to respond, which may be true in this case. Physicians with more negative attitudes may not have even responded in the first place.

they perceive as their physician's attitude towards CAM. They may begin with hesitation, or hesitation specifically towards certain types of CAM (like the meditation), but their hesitation is remediated by experience, encouragement, and guidance from health authorities. The influence of affordability is also made apparent by this study.

GENERAL RESEARCH

Often times the response of a community indicates just how much an issue matters to the general public. Taking this concept into consideration, it is then useful to research nation-wide, as well as localized, responses to complementary therapies. The public atmosphere towards these therapies becomes apparent upon reviewing local and national responses. The American Art Therapy Association is one such national organization which has responded to the issue of integrating CAM therapies. It incorporates professionals "dedicated to the belief that making art is healing and life enhancing" and its mission is to "advocate for expansion of access to professional art therapists and lead the nation in the advancement of art therapy as a regulated mental health and human services profession" (AATA, 2017).They intend to serve the general public by establishing standards for professional understanding and by nurturing knowledge in, and of, the field of art therapy, often by hosting events. They also have connections to legislative promotion for art therapy services.

The Creative Center at University Settlement is another resource, one which is committed to introducing the creative arts to people with cancer, chronic illnesses/pain, and into all stages of life. They promote something along the lines of "medicine cures the body, but art heals the spirit." They have a Hospital Artist In-Residence Program and a free Art Workshop Program, the first of which bridges the fields of health and art and the second of which provides accessible

workshops to those with chronic illness and/or pain (Creative Center, 2011). The Foundation for Art and Healing is a program that promotes research into the connection of art (in all forms, including writing, acting, painting, etc.) and healing, offers programs to make art/creative therapeutics more prevalent, and connects all of these things to the community. Programs include "Healing throughout the Hospital" and "Arts and the Heart Roundtable" (Art & Healing, 2018). The latter has to do with heart disease primarily, while the hospital based program looks into arts as management of illness and pain. These programs seem active, but they do not advertise statistical evidence of their success. As the literature review revealed, a commonly cited determent of CAM therapies tends to be lack of research and knowledge, which impacts attitudes of skepticism and invalidity. Another limitation to these national creative interventions for pain management is that, although they advertise as being national, they are not actually widespread throughout the United States. Their services are often collected around a few major cities, leaving most of the nation out of their reach, therefore they are not completely national. This creates issues of accessibility and widespread awareness.

On a local level, the Southern Arizona Arts and Cultural Alliance partners with local artists to deliver creative therapy programs, as well as therapeutic arts classes and instruction, in a "diverse, multi-disciplinary approach." By encouraging the use of creative arts therapies for seniors, veterans, and disabled individuals within this community, the "Creative Arts Therapies Program" uses an integrative method to provide healing through the therapies that can be considered complementary ("art, music, writing, visual arts and community arts components") (SAACA, 2018). Another local resource is the Integrative Pain Center of Arizona, which offers "expert evaluation of treatment of acute, subacute and chronic pain conditions." Specifically, it offers what is known as the "IPCA Chronic Pain Program." The Chronic Pain Program is built to

help people with chronic pain improve physical function, rely less on the healthcare system for support, and reduce unpleasant and unwanted emotional, cognitive, and motivational effects of chronic pain, even if the severity of the pain sensation, physically, remains unchanged (IPCA, 2017). A patient in the Chronic Pain Management Program will go through cognitive and behavioral individual or group training and may also be prescribed medications, complementary/alternative treatments, physical therapy, and have procedural treatment as part of the program. It partners with the community to provide its CAM services. Just after this review, this program issued a notice that it was permanently closed (as of fall, 2017). The service it offered was unique among pain centers in Tucson, because it offered a wider range of complementary therapies. However, its closure may be indicative of how accepted or in demand such services were (in this case, not enough to sustain their services).

Banner Health Medical Center advertises itself as being another resource for CAM (or rather, "integrative") therapies by offering integrative therapy options, ranging from music therapy to acupuncture, and so on. What they describe as their role is the use of "integrative medicine to treat medical conditions such as depression, allergies, cancer, diabetes and heart disease" (Banner Health, 2018). It was not clarified, however, if they refer integrative therapies to their patients who are experiencing chronic pain or if the patients had to ask for it first. Ideally, local services would integrate these therapies into the routine of traditional medicine more completely if there were not certain barriers, like attitudes, affecting that integration. While the fact that multiple programs for complementary therapies exist on both local and national levels is generally positive, illustrating that attitudes towards CAM are not completely adverse or nonexistent, there are limitations and gaps in these services, which indicate that certain barriers

remain. This can be investigated further through discourse with stakeholders of pain management.

Even when opinionated through interviews, stakeholder attitudes vary widely, despite being directed towards a single issue: complementary therapy. While there are some similarities among their suppositions—such as their assumptions of pain and pain treatment and concepts of doctor ability—it seems that for the most part each stakeholder within this issue has thoughts involving complementary therapy which are distinct to themselves and their role. For example, one patient of chronic pain found that treatments which were prescriptive and medicinal were attractive to her as a patient, because they had immediate effects and validated her experience of pain; she was more skeptical of complementary therapies because they did not seem scientific and were not explained by physicians. However, she believed that the support offered by an advocate who bridges her medicinal treatment with complementary therapy was particularly helpful, since it established rapport and a wholesome understanding of her pain. Overall, the patient's attitude towards complementary therapy was hesitant, much like the reviewed studies indicated in patients, yet her attitude was largely influenced by her care for validation and her interaction with health advocates. Her case illustrates that a patient tends to appreciate whatever treatment lends their chronic pain greater validity and is easily persuaded by their most empathetic advocate (PP Interview, 2017).

The director of a local nonprofit believed that the benefits of creative complementary therapies are extremely significant towards the management of many health issues, including chronic pain, but she also believed that there are more practical issues in the way of its integration, including finding synergy between physicians and artists, appropriate qualifications for artists, and an environment in which patients can have regular access to the therapy. The

interview revealed that, as a coordinator of complementary therapy, this professional believed there are greater limits found in the qualifications of therapists, the collaboration between medical communities and artistic communities, and the disengagement of physicians (ND Interview, 2017).

A physician emphasized the need to integrate creative interventions for chronic pain, perhaps via complementary therapies. In this internist and hospitalist's experience, the issue of chronic pain is largely psychosomatic and would benefit from a range of treatment. But the physician also expressed that there are assumptions and beliefs coming from doctors which get in the way. The assumptions tend to revolve around the patient and the beliefs usually boil down to a doctor's prioritization of what is straightforward. According to this doctor, a physician is skeptical of pain itself, settles in a routine of practicing treatments as they've learned them (sticking to their training and education, comfort and inactive acceptance of CAM, similarly to studies previously reviewed), and views complementary treatments, or the integration thereof, as further complicating an already complicated patient. These viewpoints seem to be contingent on each stakeholder's own role in either experiencing chronic pain, coordinating therapy to match the complexity of the issue, or treating the pain as practically as possible (P Interview, 2017).

Although there are some similar attitudes toward complementary therapy among various stakeholders of pain management, attitudes among these stakeholders are largely influenced by the particular role of the stakeholder and usually vary greatly. Similarities can be found between experts who were interviewed and published research that is reviewed. The tendency for patients to be skeptical of CAM therapies and especially influenced by whether or not their physicians advocate it or not was exemplified in the interviewed patient's shared experience and the Mehl-Madrona and Pavlek studies. Furthermore, Kundu's study highlighted the disjunctive

communication between CAM providers and medical physicians, a lack of synergy which was also cited by both the local professional and physician. Yet, despite these similar manifestations of attitude, attitude is usually very different from one stakeholder to the next. Ultimately it is the fact that attitude is unique to the role of the stakeholder and influential in the integration of complementary therapy with traditional medicine that remains consistent across all reviews. Adverse attitudes, such as skepticism stemming from lack of education, training, or influences of authority, uncertainty stemming from lack of research, and passivity, are clearly capable of hindering communication and coordination among stakeholders.

PAST SOLUTIONS

There has been effort to integrate complementary therapies into traditional medical practices, although local efforts are publicized less. The Federation of State Medical Boards of the United States developed *Model Guidelines for the Use of Complementary and Alternative Therapies in Medical Practice*, which focuses on "encouraging the medical community to adopt consistent standards, ensuring the public health and safety by facilitating the proper and effective use of both conventional and CAM treatments, while educating physicians on the adequate safeguards needed to assure these services are provided within the bounds of acceptable professional practice" (FSMB, 2002). This development helped to validate and standardize the practice of complementary therapies in traditional medical contexts, as well as bring about more education for physicians. On another front, many cancer treatment centers have increasingly utilized CAM therapies, offering substantial modalities to their inpatients. Their services tend to primarily depend on inpatient status, however. In a review of reimbursement for CAM services, very limited movement to incorporate CAM therapies into insurance coverages was noted. The

integration of CAM therapies into benefits packages was not significant, especially for modalities other than chiropractic services or acupuncture (Institute of Medicine, 2005). In light of the opioid epidemic and the increased demand for creative and effective methods of pain management, straightforward and significant efforts to integrate complementary therapies are not as prevalent as one would expect. Furthermore, few efforts have attempted to address attitudes and what seem to be the primary consequences of adverse attitudes.

INTERVENTION

RATIONALE

Common themes from literary, anecdotal, and investigative research provide evidence that an intervention, such as a community panel, is needed to facilitate discussion and promote comprehension of complementary therapies overall. Adverse attitudes are distinct from general attitudes toward CAM (for chronic pain) because they tend to include the following: skepticism, uncertainty, and passivity. The extent of these adverse attitudes are often unique to each stakeholder, yet they are also influenced by relevant education, training, impressions of authority, and adequacy of research. And while they are influenced by certain conditions, adverse attitudes are, in turn, capable of affecting conditions themselves. For example, unfavorable attitudes can negatively affect communication and coordination among stakeholders. Communication and coordination are essential qualities for both health promotion and accessibility; inhibiting these qualities is problematic. When this inhibition occurs, barriers to complementary therapy are established. An appropriate intervention, therefore, has to address communication and coordination. By focusing on rehabilitating communication and coordination

among stakeholders, the negative effects of poor attitude are capable of being resolved, allowing for attitude itself to then be addressed. In this way, a panel discussion is appropriate. It is potentially even more effective because it allows for collaboration between people with different perspectives, distinct educations and expertise, and varying levels authority. While a panel addresses the consequences of adverse attitude, it also addresses some of the influences of attitude. Additionally, in an ideal scenario, the panel discussion includes every interested individual within the community: from typical community members, to highly trained professionals. Such inclusion allows participation from multiple stakeholders, effectively coordinating people who, despite having some stake in the matter, are otherwise disconnected. The panel also creates an environment conducive to widespread clarification and reconsideration by being public and accessible; this is important in addressing potentially adverse attitudes among the community as a whole. Also, while certain professionals are featured at the event, the panel opens up discussion by offering panelist-audience interaction, or open questioning. A panel discussion permits inclusive conversation, where a give-and-take of ideas that is multi-directional, rather than unidirectional, takes place. Unidirectional conversation is typical of a lecture, which is another conceivable method of intervention. Ye the panel is more appropriate for the issue at hand, more so than a lecture, because it allows for the sharing of ideas and because it is less formal. Less formality generally means the event is inviting in nature and therefore more accessible to the community. Clearly, there are a copious amount of reasons for hosting a panel in attempt to address attitudes, and consequently barriers, to complementary therapy for chronic pain management.

STRATEGY EMPLOYED

Once the rationale for the panel was conceptualized, the actual process of implementing such an intervention can be undertaken. In this process, the panel was meant to be a simple and informal practice of intervention. It necessarily had to be feasible for the entire event to be planned and accomplished within a single semester. The panel ended up being an hour-long event which took place at the University of Arizona on a weekday evening. The first 45 minutes were reserved for the panelists to speak, while the remaining 15 minutes were designated for the audience to ask questions. The panel hosted a total of 51 people, including 6 members of the public, 44 students of diverse areas of study, and 1 faculty member. The students were largely representative of health sciences, considering that over half who attended had backgrounds in that area of study. Even so, the remaining students had backgrounds in art, business, education, and even engineering. Backgrounds pertaining to the members of public were not noted.

Advertising for the panel included, but was not limited to: dispersing flyers across Tucson, collaborating with local pain and CAM clinics, placing an advertisement in the local newspaper, reaching out to pain support groups within the community, emailing adverts through at least five listserves (either affiliated with the University of Arizona or not), and publicizing the event in multiple classrooms. Moreover, two of the panelists helped to encourage attendance by offering promotions: the massage therapist offered discounts to her therapies, while the nonprofit director offered internship positions. The therapist's promotion was directed to the general public, while the director's promotion was aimed at students. Two versions of flyers were created in order to highlight each promotion: one mentioned the need for internships, the other mentioned the discounted massages. Flyers were strategically placed based the promotion that was being advertised.

A total of three panelists were present: Dr. Susan Hadley, Kate Marquez, and Stephanie Dixon. Dr. Susan Hadley was a physician with a professional background in CAM; she had past experience in conducting research into CAM and personally promoted it within her own medical practice. At the time of this panel, she was working as a general medicine provider and also worked at a local pain center, in addition to a drug abuse rehabilitation, health, and behavioral center. For the purpose of this panel, she was representative of physicians. The second panelist, Kate Marquez, was the director of a local organization known as Southern Arizona Arts and Cultural Alliance (SAACA), which promotes arts and culture, including complementary therapies (or "creative activities," as she preferred to refer to them). Her experience facilitating such therapies was more on the organizational side, however her insight represented the broader community-effort towards appreciating CAM, along with the barriers encountered on that front. The third panelist, Stephanie Dixon, was a local licensed massage therapist and certified neuromuscular therapist, who specialized in managing and relieving pain. She had also personally experienced chronic pain and was willing to provide input not only as a professional CAM provider, but as a patient of pain herself. Christiana Karcher (author of this thesis) served as the moderator for the panel.

All three panelists responded to each of the questions prompted by the moderator, lending insight into their unique perspectives (and distinct attitudes) surrounding complementary therapies. A microphone was shared and passed between all three panelists. The moderator had to move the conversation along, allowing for each panelist to participate in answering every question without being excluded or spoken over. Questions included some variations of the following:

1. How do each of you see complementary therapies working best within the community? Within healthcare?
    a. What makes these therapies/activities different? Ideal for chronic pain?
    b. If there is efficacy, why aren't we seeing more integration?
2. What are some issues you experience when connecting art/massage/creative venture w/health in the community?
    a. Whether those issues are on an individual level (patients/people), or systemic (public, widescale)…
    b. (in other words) What do you think is keeping traditional healthcare from incorporating integrative/complementary therapies?
3. How do our attitudes play a part in the creation of barriers to health? (skepticism, need for validation/empathy, trust, but also convenience, understanding, stigma, etc…)
    a. Stakeholders: How do each of you play a role in the movement towards integrating complementary therapy further into community health?
4. How do you think we should approach complementary therapy?
    a. How can we integrate these therapies more within our community and healthcare?
    b. What is needed, from this point on, to better understand and to better integrate complementary therapy?

The panel discussion was recorded using a Sony HDR-CX330 video camera. Each panelist typically expressed a unique viewpoint, although certain overlaps in their ideas did occur. For example, the panelists shared ideas on the relevance of the opioid epidemic and the crucial role of insurance companies in the endeavor of promoting complementary therapies. Additionally, they all touched on ideas of collaboration and communication among physicians, providers, and patients. Other highlights of the panel discussion included, but were not limited to, the following notes, as they are organized by panelist:

According to Kate Marquez:

- Quantifying the medical journey of patients, as CAM providers, is difficult because of out-patient circumstances. In-patient conditions are better for multidisciplinary arts (CAM) integration.

- More profound work also depends on connections being made and quality of life being improved. "Art therapy" as a term itself acts as a barrier; it is better to view CAM as less of a therapy and more of an element of connection and quality of life.

- More conversation is needed surrounding CAM therapies, in addition to more funding. Funding is often an expression of the issue mattering, so motivation or understanding that CAM matters is important. As for motivation, identification from for-profit sectors that integrating CAM is a worthwhile needs to take place.

- Curriculum needs to be developed that better incorporates CAM and traditional medicine. This refers to curriculum for both CAM providers and healthcare providers.

- Healthcare industries are also just as disenfranchised by their ability to deliver services; they need new training, new opportunities, and more community engagement.

- Shared vision and shared values need to be found, since the "language" among stakeholders is not necessarily shared. "Interpreters" are necessary, such as community non-profit organizations like SAACA, since they can act as mediators.

According to Dr. Susan Hadley:

- Moving integrative therapies into mainstream medicine is a matter of more evidence-based research, more patient driven care, and more doctors considering

whole life care. CAM is already multi-culturally sensitive; doctors need to view themselves and their patient as a team, because often the patient is already using some method of CAM. The relationship of a team would end up helping the doctor to adjust their practice and incorporate CAM more.

- Insurance companies don't pay for these sort of treatments, so many patients "can't afford to even think of these different modalities."

- Educating medical students and health providers on what CAM is available and how it can be incorporated into health practice is necessary.

- National organizations, such as Integrative Medicine for Us, are looking into getting uninsured people accessible modalities. But despite efforts to push for alternative therapies, insurance companies refuse to compensate these modalities. Hopefully the conversation has started thanks in part to pressure from the opioid epidemic.

- It is difficult to perform studies on CAM, however it is being done. Also, in medical schools more integrative therapies are being incorporated. These are positive trends. So long as patients are "kept in the equation" and physicians know how to connect with appropriate, qualified CAM providers, positive trends will continue.

According to Stephanie Dixon:

- Physicians are not the only gatekeeper; CAM providers are not always proficient or even professional. As such, stigma can be created in which CAM providers are not as respected or trusted as much as traditional healthcare physicians. "Ego needs to be taken out of roles, and focus on improving client and patient lives" needs to be established.

- Affordability is an issue, although sometimes CAM is used because of issues with affording to see a traditional doctor. Despite evidence being presented, there is still a hold up on insurances covering it, likely because it is long term care, rather than a short term cost.

- Consumers also have to be their own advocates and understand that most readily available info is consumer-driven. Research tends to come out of what is more cost-driven. Careful research, and a careful understanding of research, is necessary.

- Patient education is key, but when patients do not understand how pain even works (for example, that it is not necessarily bottom-up, but rather top-down), inaccuracies abound. They need pain education in order to better understand that CAM therapies are helpful.

The panel's conclusion ended with the collective idea that more dialogue is necessary, among stakeholders and communities in general, for positive attitudes and outcomes to occur. The panel opened up the discussion to the audience, allowing for additional questions from community members. Some of these questions touched on implications of referral systems (what is getting in the way of having doctors refer patients to complementary therapies?), the role of pharmaceutical companies, and overall the progress we can expect for the integration of complementary therapy. By word of mouth, the panel seemed to be a success.

Three days/four days after the panel, a survey was sent out to the attendees in order to assess how the community panel was received. The following questions were asked:

1. Overall, how do you feel about the event? About the panelists?
2. Suggestions for improvement?
3. Did you learn anything from the event?

4. What, at this point, are your thoughts on complementary therapies for pain management?

Eight responses were collected in total (7 students, 1 public) and the answers were evaluated to see if there had been any change in each individual's attitudes toward complementary therapy, if the panel discussion had been a positive influence, and how the discussion could be improved. This last assessment was included to gain insight into how a similar, but possibly more effective, intervention could be accomplished in the future.

DISCUSSION

PROJECT ASSESSMENT

As mentioned earlier, the panel discussion was reviewed using a post-panel questionnaire, in which responses were not mandatory. All eight responses indicated that attitudes towards CAM therapies, after experiencing the panel, were significantly more positive. Even when attendees had considered themselves appreciative of complementary therapies prior to the event, multiple responses indicated that they were more confident and interested in the topic, post-panel. All of the respondents mentioned that they were able to learn from this panel and gave specific examples of what they learned. Each answer was different, but no response mentioned that they didn't take anything valuable from the event, or that their attitudes were unaffected. It was pointed out, multiple times, that the diversity of the panelists was appreciated. Attendees primarily included students of biomedicine and students of art, yet each response stated that an appreciation for all the perspectives offered by the panelists. It was repeatedly indicated that having the massage therapist as a panelist, someone who was also able to express that she was a patient of chronic pain, was eye-opening and very valuable. As far as suggestions

for improvement went, there were a few very different answers. They ranged from being practical issues (more microphones) to suggesting more background info or additional panelists. Raw responses can be found in Appendix B.

CONCLUSION

The process of putting together a panel that is meant to appropriately address a complex issue and go so far as to impact the community in a positive manner is no small task. It begins with research. The literature reviews and investigations conducted prior to the event prompted the panel in particular by clarifying the nature of attitudes toward complementary therapies. Literature reviews traced patterns among groups of individuals who are involved in pain, whether that involvement was through experience or management. It was found that each group of individuals, although not limited to the same attitudes, tended to develop conceptions of CAM therapies unique to their roles. In general, patients were more sensitive to authority and personal experience, yet inclined to develop an appreciation for CAM after its exposure. Physicians were typically affected by their education and practice, often disregarding collaboration with CAM providers primarily out of comfort or apathy. CAM providers typically experienced adverse attitude when it came to coordinating with medical providers and substantiating their practice with research. Investigating national and local agencies of response to integrating complementary therapies highlighted certain issues of demand, especially on the national level. Anecdotal research, via interviews, brought conditions of attitude to light which were very similar to those found in the literature review, with some idiosyncrasies (not surprising, considering that they were personal interviews). In all, this research culminated into a singular plan for addressing adverse attitudes. What is necessary to positively impact the attitudes of

various individuals within the community? Understanding adverse attitudes, their influences, and how they affect components of health access such as communication and coordination, is the first step. Responding to those adverse attitudes by implementing a method of intervention that is specifically based on research evidence, is the next.

The impression this panel left was positive, as far as post-panel reviews and word of mouth indicate. This may demonstrate that a diverse collection of individuals, all with unique attitudes, were positively affected, both in disposition and education. The fact that around fifty individuals were introduced to complementary therapy, were able to take part in a mutual discussion of attitudes, ideas, and experiences by stakeholders of pain management and CAM, is enough to consider the panel a worthwhile accomplishment. The panel was not conceived in order to completely intervene and solve an issue; it was created so that expressions of attitude could be shared with the community, so that possible adverse sentiments could be reduced, and so that barriers to complementary therapy, at the very least, could be recognized, and at most reduced. Ultimately, the panel was meant to initiate momentum for integrating CAM therapies into traditional medical practice.

Despite the general positivity that this event produced, there were a few shortcomings. One limitation was that the audience was primarily made up of students and only a handful of the general public was present. It can only be assumed how many members of the public personally experience pain, but, even so, it would have been ideal if just as many members of the public turned up for the panel as students. It would have been useful and extremely relevant to assess if the non-student population, perhaps representing those who experience pain or in some way have to manage pain, benefitted from the panel. Only one attendee from the public reviewed their experience, although this was not unexpected, considering that only six members of the public

showed up (relative to 44 students). Another limitation, though it did not directly affect the panel itself, is that the rented video recorder malfunctioned towards the end of the discussion. This was a technical issue, but it did prevent the panel from being posted to online video-streaming sites, an act which could have positively impacted an even wider audience by establishing a virtual resource. Future interventions may take this panel discussion and improve it by adding more panelists, representing even more professions and perspectives, by drawing more members of the general public to attend, and by virtually publicizing uninterrupted recordings of the event.

Future work must be accomplished in order to effectively address integrating complementary therapies. This work must begin by analyzing attitudes further. The complexity of an individual's attitude is significant, and single studies are often not enough to capture its subtle influences or affects. But in addition to focusing on stakeholder attitude, the general public must be held accountable for reducing limits to CAM integration. Motivation and inspiration must be ignited; however, these qualities are ignited through the creation of dialogue and conversation. This panel discussion was a minor attempt at establishing communication, but as each of the panelists indicated, a more universal dialogue has to be established in order to address the future of CAM. Effort on a wider scale is capable of promoting this: more compelling research must be conducted and publicized, national organizations (effectively working within every community) must be established, and education, along with practical accessibility, must be encouraged. If, for example, a national organization were to have constituents in multiple cities within every state, it could organize coordinated panel events, hosted at each location. Using its resources as a national organization, these panel events could potentially draw more people, incorporate more panelists, and essentially magnify the effects

exemplified by this project. On such a greater scale, the general public is more likely to become positively influenced as well, even if not everyone were to attend the organized panels in the first place. This is just one of many potential interventions which can be accomplished in the future.

The roles of stakeholders, as they experience, respond to, or manage chronic pain, are so distinct—and their attitudes are just as distinct as their roles, for a copious amount of reasons which this entire project has investigated. Cooperation towards a better understanding, appreciation, and perhaps even integration of complementary therapy is entirely achievable, despite such different outlooks, as soon as attitudes are addressed in the first place. The panel discussion provided modest evidence for such progress. It served as a trial for acknowledging and approaching barriers to complementary therapies. Such interventions are presently critical, considering that the nation as a whole is avidly trying to find more sustainable methods for chronic pain management in order to minimize the opioid epidemic. What the future holds for CAM therapies seems to be positive; public health conditions demand creative management options and interest is on the rise. As long as communication remains open and motivation is facilitated among stakeholders of chronic pain, positive trends in attitude, receptivity, and use of complementary therapies can be expected.

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APPENDICES

APPENDIX A

The following two pages each contain advertisements which were created by the author of this thesis and used in the process of attracting an audience for the panel event, as mentioned in Strategy Employed. The first flyer was directed towards students, while the second flyer was directed towards the general public.

A Panel Discussion

Do complementary therapies have a role in traditional medical practice? In our community as a whole?

How do our attitudes influence our access to complementary therapy?

Join us for an evening of engaging discourse! Learn more about the integration of complementary therapy into traditional medical practice, along with its place in the community as a whole. Whether you are looking into creative therapies for the sake of your own chronic pain, interested in how local professionals view creative measures of health management, or motivated as a future professional yourself, this panel discussion is an extraordinary opportunity to learn from a variety of individuals.

Featuring:

Dr. Susan Hadley, MD, *Clinical Assistant Professor, Family and Community Medicine*

Kate Marquez, Executive Director, *Southern Arizona Arts and Cultural Alliance (SAACA)*

Stephanie Dixon, *Adaptive Massage Therapy*

6 p.m. - 7 p.m.
Thursday, April 12, 2018

Rincon Room
University of Arizona Student Union
1303 E University Blvd
Tucson, AZ 85719

Students: Are you considering interning within a field that combines art, culture, health, and business? SAACA is an interdisciplinary nonprofit organization and they are looking for interns! Join our discussion, make a connection, and find out more.

Free of charge. Light refreshments served.

Please RSVP at the following link:

https://form.jotform.com/80858383382164

A Panel Discussion

Do complementary therapies have a role in traditional medical practice? In our community as a whole?

How do our attitudes influence our access to complementary therapy?

Join us for an evening of engaging discourse! Learn more about the integration of complementary therapy into traditional medical practice, along with its place in the community as a whole. Whether you are looking into creative therapies for the sake of your own chronic pain, interested in how local professionals view creative measures of health management, or motivated as a future professional yourself, this panel discussion is an extraordinary opportunity to learn from a variety of individuals.

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6 p.m. - 7 p.m.
Thursday, April 12, 2018

Rincon Room
University of Arizona Student Union
1303 E University Blvd
Tucson, AZ 85719

Interested in a massage? In need of chronic pain relief, pain management, or injury rehabilitation? Join our discussion, make a connection, and you'll have the opportunity to receive reduced prices to Adaptive Massage Therapy!

Free of charge. Light refreshments served.

Please RSVP at the following link:

https://form.jotform.com/80858383382164

APPENDIX B

The following are unaltered responses to the post-panel questionnaire, as mentioned in Strategy Employed referred to in Project Assessment.

Response 1, Student:

1. I thought the event went wonderfully. I thought the structure was nicely set. I think the choice of panelists provide insights into many perspectives which I find to be extremely important. This diversity of panelists emphasizes that many sectors are intertwined, especially when it comes to health, however, many people do not think so.
2. I do have one suggestion, I think it would have been good to provide a bit of background information. I think it would have been beneficial for the audience to have heard a little background on what you had been working on.
3. I learned the intersects of the healing/treatment process and practices such as art, massage and acupuncture. Once these cases were presented, it all seemed like a no brainer, however until formally presented and said out loud, I do not think that many people would associate these practices.
4. I believe that complementary therapies for pain management can be very beneficial and possibly more effective than traditional medical solutions to the pain. I also believe that they can make a strong case to get alternative therapies approved by insurance companies and would be an interesting battle to follow.

Response 2, Student:

1. It was a great discussion and was very thought-provoking. I appreciate your decision to make this a panel as opposed to a lecture because it made the event feel more like a discussion and as if each person has a role.
2. I really liked them. I thought it was unique to include a massage therapist; I think she enhanced the discussion.
3. If you were to do it again, I think it would have been interesting to include a person who works for an insurance company. A lot of the workshop discussed the idea that insurance

companies are a barrier to the inclusion of complementary therapies in medical practices. So, I think it would have been interesting to have a representative of an insurance company to speak on their behalf,

4. Definitely! I had not realized that insurance companies may be a barrier to the inclusion of complementary therapies. It was also important for me to hear that some doctors actually advocate for these therapies and that they do not hold a stigma against them.
5. It is vital for pain management. Although there might be a stigma against it, I think it is essential in order to improve overall healthcare and medical practices.

Response 3, Student:

1. I enjoyed the panel. I thought the panelists were engaging speakers, and the dynamic between them was easy going and conversational.
2. I'm going to be totally unhelpful, but I don't know, dude.
3. I did! I learned some specifics about complementary therapy and more about the scope of it. Before the panel, it was something I understood broadly, and now I think I could talk more intelligently about it.
4. I think even before the panel I told you that complementary therapy makes sense. After listening to the panel, I still think it makes sense. I'm not sure current healthcare is adapting to including complementary therapy alongside "traditional" medicine as quickly as one of the panelists seemed to think, but optimism is still a good thing.

Response 4, Public:

1. I felt the event was handled very efficiently because the moderator asked the right questions and was able to elicit great responses to her questions from all three panel members. The panelists represented different fields in the practice of complimentary therapy for pain management. The fields were art therapy; medicine and massage.
2. The three panelists were very well informed in their particular field and imparted their knowledge to the audience in a manner which was easily comprehended and made an impact.

3. The physician talked about the opioid epidemic that for some began with taking prescribed medications which led to addiction. If these patients had been warned about the inherent dangers of using opioids and were offered complimentary therapy they may not have become addicted yet had just as much relief without the danger of opioids. She also mentioned that as of now, the insurance companies will not pay for complimentary therapy. In the long run they could probably save money by paying for it rather than paying for opioids. Complimentary therapy for pain management is now being taught in the medical schools. However, it is not mandatory. The masseuse talked about how she can help relieve pain.
4. If the time should come when I might have pain, I would consider complimentary therapy first.

Response 5, Student:

1. I think the event went really well; the discussion was informative and each panelist had a unique perspective on each question.
2. Multiple microphones
3. I learned more about what the non-profit organization is doing in the community with complementary therapies, and how there is still a huge gap between biomedicine and complementary therapies that needs to be bridged to give the patient a well-rounded view of the therapies available to them. I also learned one of the barriers for these therapies is compensation; insurance companies are often refusing to cover these therapies despite the vast evidence supporting the use of these therapies for pain management.
4. I think complementary therapies for pain management are a great resource for individuals who do not want to pump their bodies full of medications that they do not know the implications long-term of, as well as those who these medications may not even work for. I think once insurance companies can jump on board with covering the costs of these therapies, these therapies should be integrated into biomedical education and environments as a regular component.

Response 6, Student:

1. The event was very well put together, and the panelists covered a variety of aspects in complementary therapy, so I feel like each panelist appealed to different people in the audience based on their interests.
2. I don't think much could be improved, but it would be nice if there was at least one microphone for you and one for the panelists to share next time.
3. I learned a lot about the different practices that are technically complementary therapy. It was also interesting to hear what people in those professions thought were the barriers to access for the general public (insurance, word of mouth, etc.)
4. I think complementary therapies should definitely be more mainstream in the healthcare world. I think people are too dependent on medications, and sometimes taking a pill isn't the best cure for an ailment-- especially if you are stuck taking the pill for the res of your life. Overall, I think it is good that you are bringing these alternatives to light so people can be more educated on the options that are available to them.

Response 7, Student:

1. I thought the event was very informative and well-organized. I am glad that the panelists were diverse, and I think it was especially helpful to have the woman who was on the patient and clinical side of pain management. They all seemed to be very well informed, and the discussion that took place between them was very valuable.
2. It went by so fast, a longer time slot still would have maintained my interest and attention
3. I wasn't aware of the plethora of types of complementary therapy that exist, and the many forms it can take. I knew about some of the more mainstream ones, like massage and acupuncture, but hadn't considered art and music. I also learned a lot more about the political and economic reasons that complementary therapy isn't as prevalent as it is, and ways we can go about increasing the public's awareness and usage of these forms of therapy.
4. I think complementary therapies have the potential to change lives and should be utilized a lot more than they are. Not only does the introduction of complementary therapy have the potential to reduce the severity of the opioid epidemic, but it also has the potential to

lessen pain more effectively and in healthier/less toxic ways. As with psychological/psychiatric care, the US has an unhealthy culture of expecting a "quick fix" for any medical problem. Complementary therapy should be considered a lot more than it is, because "quick fixes" can be quite dangerous, and may not even fix the root of the problem.

Response 8, Student:

1. I thought that this event went really well and was on a very relevant topic for our society. I thought you did a great job of finding panelists that can talk about all the different aspects of complementary therapy for pain management. I thought that each of the panelists was very knowledgeable about their particular role in complementary therapy. I also really enjoyed that you found a professional that also had experience with chronic pain personally. I thought the questions that were asked of the panel really helped to walk us through the topic and how each of them contributes to the larger picture.
2. I think that the panel could have been improved if there was maybe one additional speaker who could offer more insight on how prevalent the opioid epidemic is, and why it is important to have these therapies. Overall I think that the panelists you had covered these topics and it was not something that was missed, I just think it may be interesting to have someone who can talk very directly about how opioids affect individuals, and how the epidemic has sprung up to be what it is today.
3. I learned a great deal from this event and thought that it was very worthwhile. I think that this topic is very important to discuss for any individual who is thinking about going into the medical field. I was unaware of the efforts made by the Southern Arizona Arts and Cultural Alliance but think that what they do is very important for the community. I think it would be great if they were able to integrate themselves even more into the health care field.
4. I think that complementary therapies should be some of the very first things that are tried before opiates are given to patients. I think that many patients could benefit from this type of therapy and that they aren't used enough. I was very glad to hear that many medical schools were offering classes on integrative medicine, but wish that they were

required instead of just elective courses. I think that if we are able to train doctors better then we will be better able to fight the epidemic.