



PAIN IS NOT A FOUR-LETTER WORD

Living Despite Chronic Pain

Babette Davis Reeves, MA, MSW, LCSW c. 2018

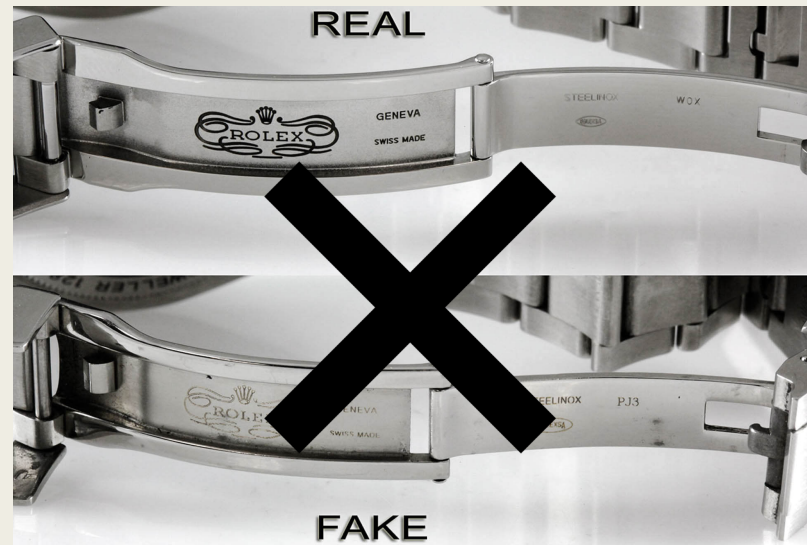


Ever Heard This?

- It's all in your head.
- You're faking it.
- It can't be that *bad*.
- Well, if you only did/didn't do
- It can't be EVERY day!
- You're making excuses so...
- You're lying.
- You're avoiding taking responsibility for...
- It's caused by your emotions or mental health or stress.

A Foundational Principle

- All reported pain is real.
- Paradigm shift away from the psychosomatic.
- We believe what you tell us about your pain experience.
 - This is *your experience*.
 - There is no place for REAL vs FAKE pain.
 - Being believed is the first step in healing.



MYTHS about Chronic Pain

- **TRUE or FALSE:** Pain is *always* a reliable sign of physical damage and injury.
- **TRUE or FALSE:** When no clear physical damage is found by diagnostic procedures, pain must be imaginary.
- **TRUE or FALSE:** Chronic pain that does not respond to standard treatment should not be taken seriously.
- **TRUE or FALSE:** There is a pill for every ill. When in doubt, cut it out.
- **TRUE or FALSE:** Pain is a signal to stop moving.
- **TRUE or FALSE:** If you've had pain for a long time and doctors have told you that they have "done all they can," your situation is hopeless.

Turk and Winter, 2006

So What *Can* You Expect?

- Pain can give “unreliable” messages.
- No “magic bullets” in treatment.
- We are working to reduce pain, not get rid of pain.
- We are working to increase function.
- We are working to minimize risks.
- We are working to improve quality of life.
- We are building “a jigsaw puzzle”: relief is additive and comes together with many pieces.

TYPES OF PAIN

- Nociceptive
- Neuropathic
- Centralized
- Any of these types can become chronic.
- These types can be experienced in combination.
- If centralized is present, other types of pain will also be heightened.
- Each type requires a different treatment approach.
- Long lasting pain can lead to centralized pain.

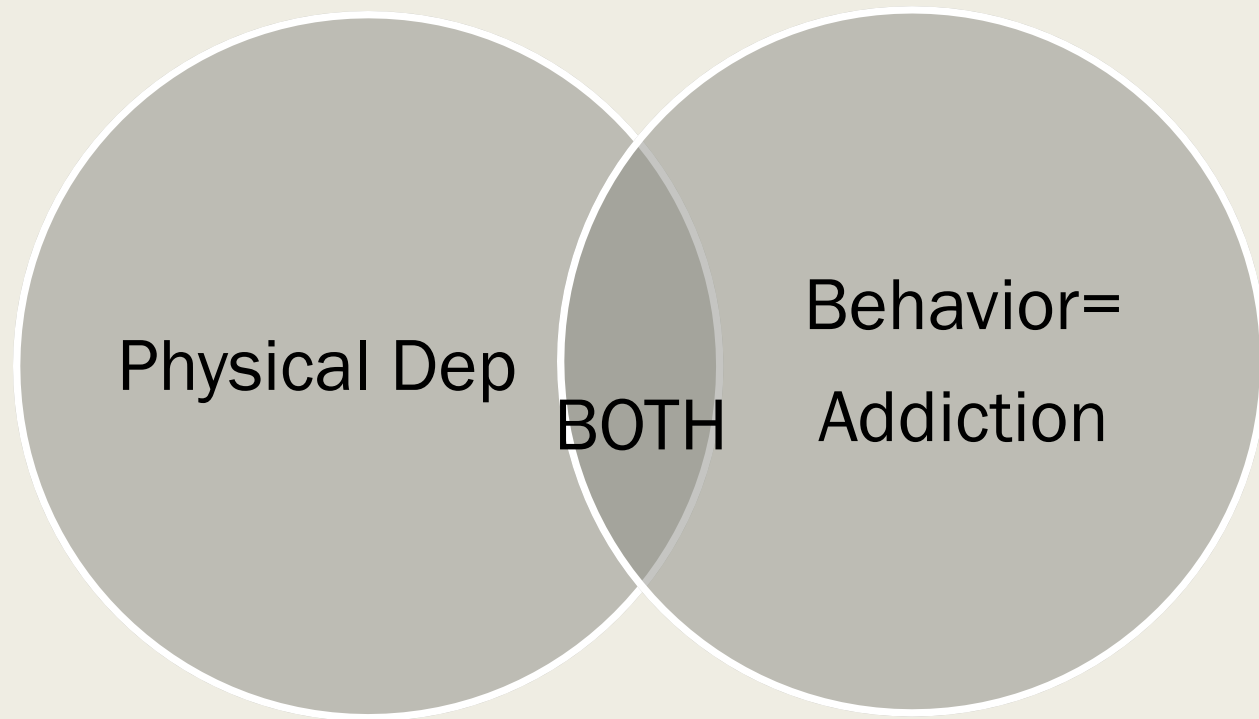


What About Opiates?

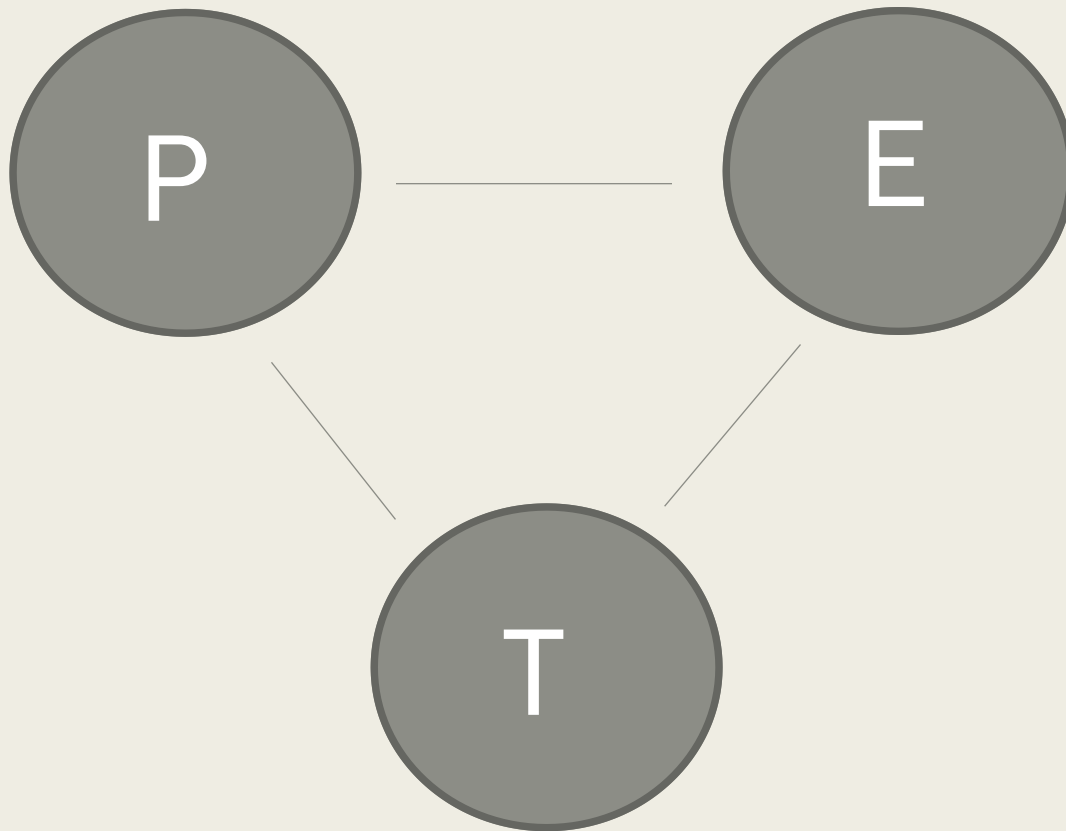
- Not helpful for Centralized Pain.
- 1 out of 3 patient experience no relief from an opiate.
- Of the 1, they only have a 30-50% reduction in pain.
- Risks & problems with opiates include: development of and worsening of depression, accidents (falls, autos, etc), depressed respiration, interactions with other meds & substances and unintended death, slowed senses & abilities, constipation, tolerance, hyperalgesia
- Over 50% of opioid deaths are unintended.
- With such low relief for most pain, why take on these problems?



Finally, ANY addiction is about behavior, not about the substance.



The Three-Legged Stool



Components of Pain Experience



- You hit your finger with your hammer. What's involved?
 - *Physical discomfort: describe*
 - *Emotional distress: describe*
 - *Cognitive changes: describe*



Trauma and Chronic Pain

- 3 Brain functions and trauma
- Tiger at the Door and the Survival Brain
 - o *Fast, non-verbal, automatic*
 - o *Chemicals released to prep for fight, flight, or freeze*
 - o *When safe, “ramps down.” Except when it doesn’t.*
 - o *Other brains cannot do this job effectively. Its purpose—survival.*
 - o *It works! This is a GOOD thing.*

Emotional conditions

- *Anxiety, Panic Disorders, Phobias*
- *Difficulty trusting, expectation of rejection*
- *PTSD*
- *Depression, Bipolar, Borderline*
- *Memory, attention, cognition, ability to control behavior*
- *Self-blame, hopelessness, worthlessness, preoccupation with danger, anger, dissociation, emotional dysregulation*

Physical conditions

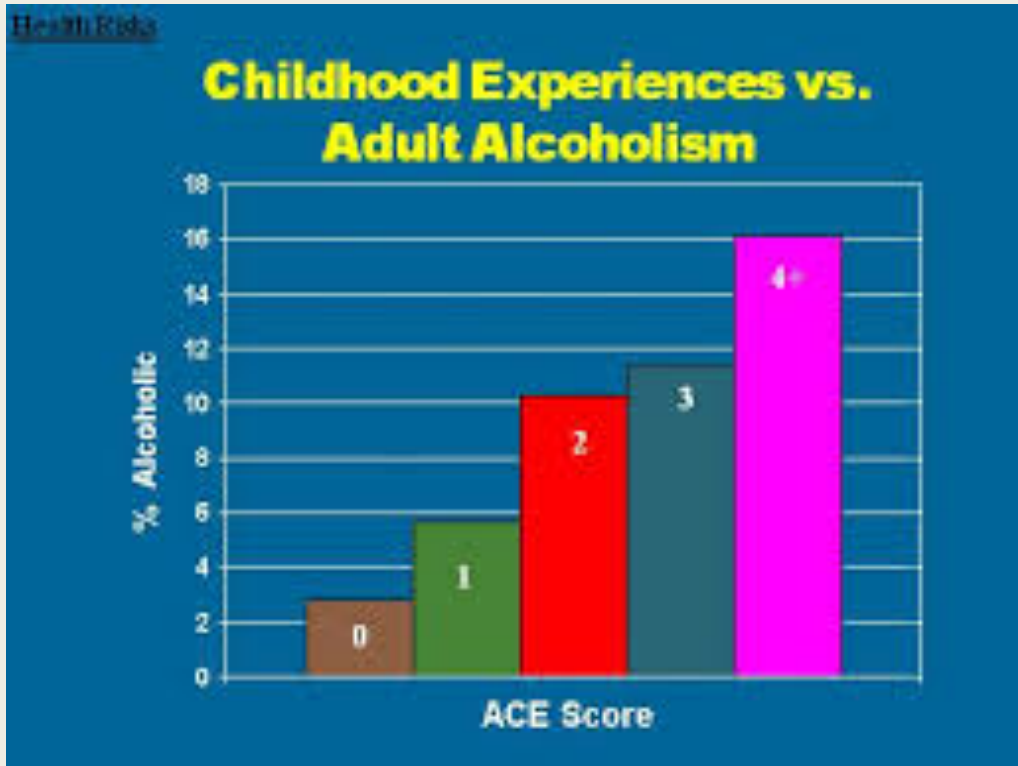
- *Obesity*
- *Damaged blood vessels*
- *Ulcers*
- *Occult blood*
- *Peripheral nerve damage*
- *Lower sperm counts*
- *Anemia*
- *Kidney, liver, lung, heart disease including heart attacks*
- *Diabetes and chronic increases in blood sugar, insulin resistance*
- *IBS (36% have PTSD)*
- *Chronic pain (substance P increases)*
- *Reduced ability to fight disease and heal tissue (immune system)*
- *Insomnia*
- *Autoimmune (including higher ANA): fibro, RA, CFS, "the rare ones & MUSs"*
- *PTSD: associated with arterial disorders, GI disorders, skin disorders, musculoskeletal disorders even after adjusting for age, smoking, BMI, and alcohol use. More likely to be seen in medical settings and had poorer outcomes functionally and with disease course.*

**BUT What
Happens
When the
System
Gets
Stuck?**

Behaviors

- *Alcohol and drug use including IV*
- *Smoking*
- *Unprotected sex and HIV (including faster disease progression)*
- *Eating disorders*
- *Suicide*
- *Impulsivity*

ACE Study



- 1998 Kaiser and CDC: Dr. Felitti
 - Affects physical, not just emotional, health
- 4+/10 categories increases risk of developing x, y, z by huge percentages
- Not cause and effect but very strong, dose dependent correlations

ACE Categories

ACEs = ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

Some Statistics

A person with an ACE score of 4:

- 260% more likely to have COPD
- 240% more likely to have hepatitis
- 250% more likely to have a STD
- 460% more likely to have depression
- 500% more likely to develop alcoholism
- 1220% more likely to attempt suicide
- 4600% more likely to be an IV drug user

Than a person with a score of 0.

From Dr. Felitti

- Adverse childhood experiences are surprisingly common, although typically concealed and unrecognized.
- ACEs still have a profound effect 50 years later, although now transformed from psychosocial experience into organic disease (chronic pain, chronic illness), social malfunction, and mental illness.
- **Adverse childhood experiences are the main determinant of the health and social well-being of the nation.**

Central Sensitization



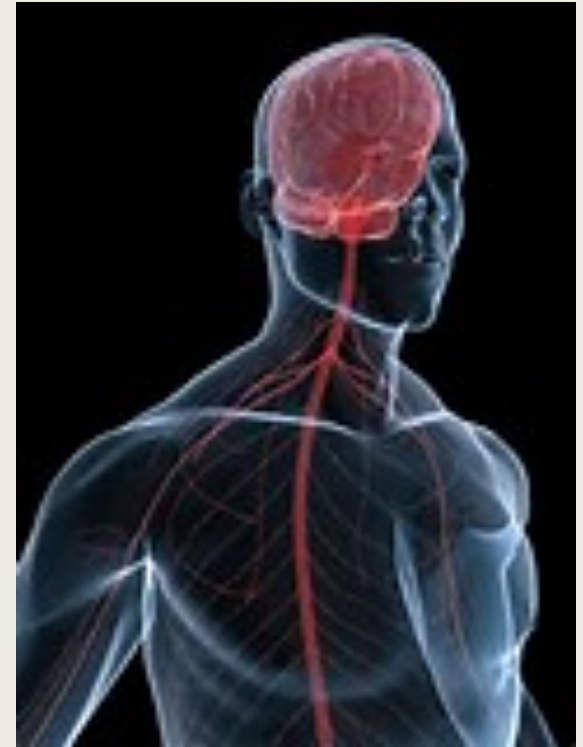
- With Chronic Pain, the pain “signal” is always there.
- How “loudly” the brain “hears” pain varies.
 - *Likely set by genes we are born with and*
 - *Modified by neurohormonal factors and neuroplasticity (trauma affects both of these).*
- You can learn to minimize and/or modulate down pain experiences by working with all 3 areas.



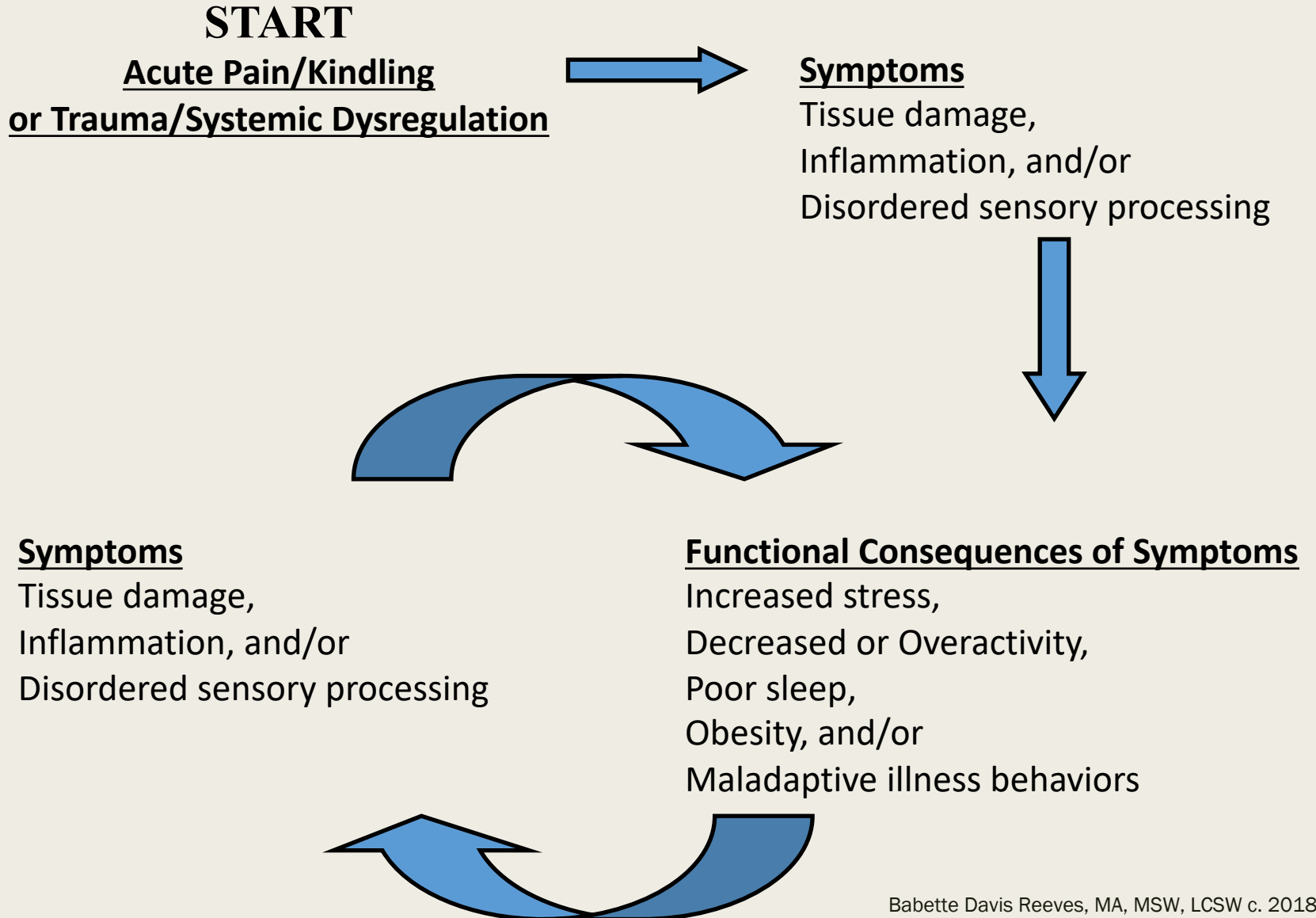
Can someone **PLEASE**
invent a fire alarm/
smoke detector that
shuts off when you yell
"It's just food!"

Remember

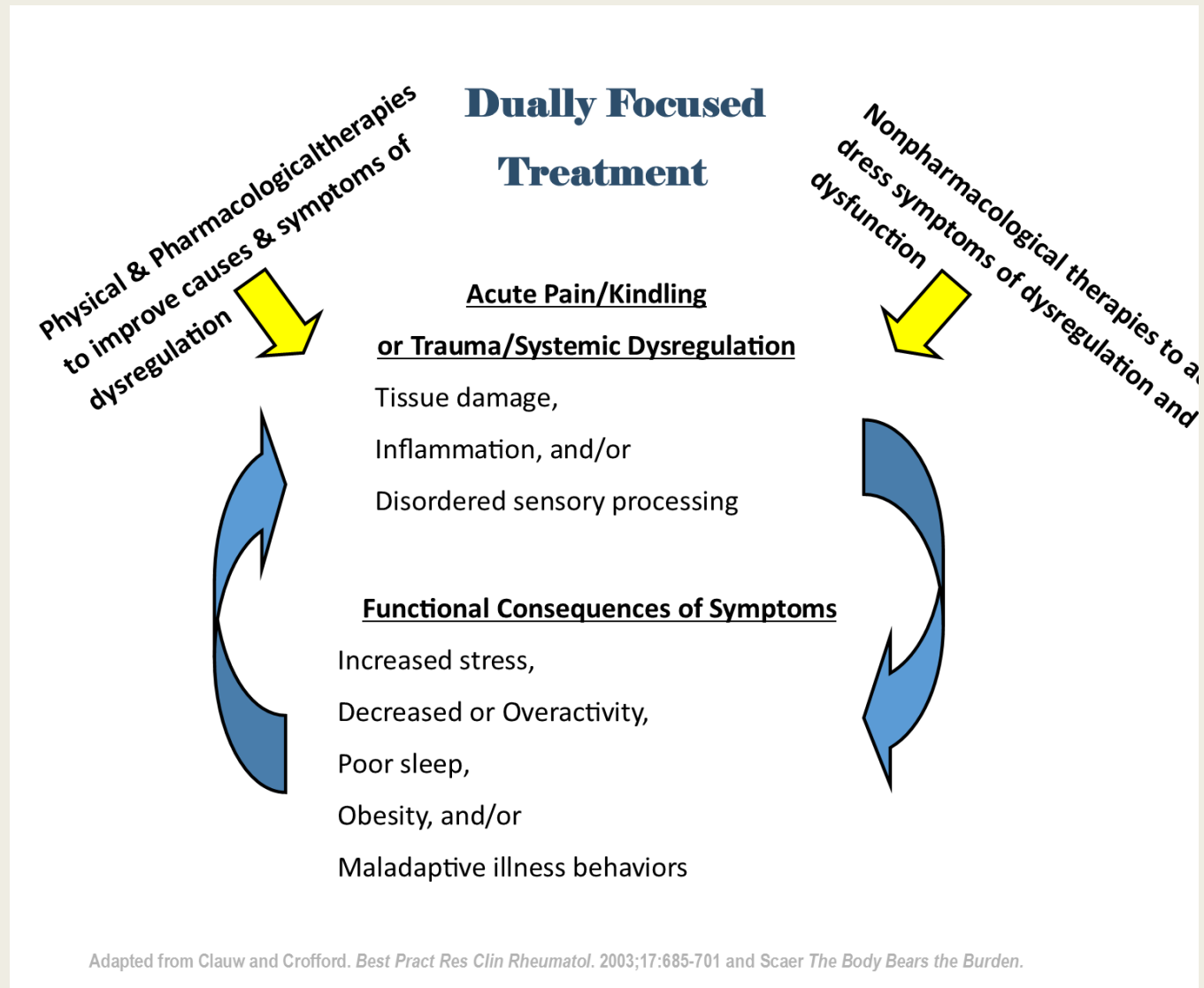
- It's a **BRAIN THING**.
- Long-term “ramp up,” either from pain or trauma, makes changes in the nervous system (central sensitization).
- Another way to say it?
Chronic pain is about ***systemic, autonomic dysregulation.***



The Chronic Pain Cycle Begins



Modifying the Cycle



Future Classes?

- More in-depth on topics presented today
- Tools for managing pain such as
 - *Graded activity*
 - *Pacing*
 - *Managing tension*
 - *Regulating the nervous system & CS*
 - *Nutrition for pain management*
 - *And more!*

Summary

- Chronic pain is real.
- Chronic pain is not *caused* by stress, emotions, or mental health struggles.
- Chronic pain can be treated, managed, and usually reduced.
 - *It takes a comprehensive, team approach.*
 - *It cannot usually be eliminated.*
 - *There are no “magic bullets.”*

Summary

- Both chronic pain and trauma change the brain (central sensitization). So they often go hand in hand.
- Effective treatments
 - *tailor treatments to the type of pain and*
 - *use the 3-legged stool/dually focused treatment plans*
 - *treat functional consequences (the “side effects”)* of chronic pain and
 - *treating trauma as a significantly contributing (not causative) factor.*

Finally, a Reminder

- There is a difference between
 - *Pain Management and*
 - *Pain Specialists.*



Sources/Readings

- ***The Relation Between Adverse Childhood Experiences and Adult Health: Turning Gold into Lead***, Dr. Vincent Felitti, Winter 2002
<http://www.thepermanentejournal.org/files/Winter2002/goldtolead.pdf>
- ***Persistent Pain as a Disease Entity: Implications for Clinical Management***, Dr. Philip Siddall & Dr. Michael Cousins, 2004
- ***The Body Bears the Burden***, Dr. Robert Scaer, 2014
- ***The Kindled Brain:***
- ***Should the kindling concept direct mental health treatment***, Elizabeth Svoboda, October 3, 2017
- ***Origins of Addiction***
<http://www.nijc.org/pdfs/Subject%20Matter%20Articles/Drugs%20and%20Alc/ACE%20Study%20-%20OriginsofAddiction.pdf>

Sources/Readings

- *The Pain Survival Guide* by Turk and Winter
- *Managing Pain Before It Manages You* by Caudill
- *Back Sense* by Ron Siegel;
<http://www.mindfulness-solution.com/DownloadMeditations.html>
- *How to Be Sick; How to Live Well with Chronic Pain and Illness* by Toni Bernhard
- The Mighty, <https://themighty.com/>

A scenic view of a river flowing through a forested valley. The river is surrounded by lush green trees and rocks, with mountains visible in the background under a blue sky with white clouds. A dark rectangular box is overlaid on the right side of the image, containing the word "QUESTIONS?".

QUESTIONS?