Objective: Part I Anderson Rice, LPC

Help audience members understand trauma from a behavioral perspective and presenting symptoms

Discuss a particular approach to treating PTSD in some detail

Expand understanding of the therapeutic relationship as it relates to deactivation of symptoms

Point providers towards resources in terms of referral and your own ongoing understanding of trauma
Objective: Part 2: Nora Stern, PT

- Participants will identify phrasing for pain care that decreases threat and promotes safety and hope
- Participants will identify role of pain education in treatment intervention
- Participants will make appropriate referrals to rehab services for persistent pain care

Case discussion:
38 year old Caucasian female, married, no children

History
- Physical and sexual abuse
  - Including torture and incest, with PTSD Dx.
- Multiple foster homes during pre-teen years.
- In recovery for Alcohol Use Disorder (severe)
  - Active member of AA
  - Support group, > 1 year of sobriety.

Symptomology:
- Cannot handle being in crowds
- Acute startle response
- High sympathetic and parasympathetic arousal simultaneously
- Emotionally labile
- Physical tightening in her chest, feels like she is being hit.
Descriptions of Trauma

“Trauma happens when the organism is strained beyond it’s adaptational capacity to regulate states of arousal.”

“Humans possess regulatory mechanisms virtually identical to those in animals, these systems are often overridden by net-cortical inhibition (through the rational mind). This restraint leads to the formation of a constellation of symptoms including pain, patterns bracing and collapse, cognitive dysfunction, anxiety, and a sense of intrusion.”

- Peter Levine

“Traumatized people chronically feel unsafe inside their bodies: The past is alive in the form of gnawing interior discomfort. Their bodies are constantly bombarded by visceral warning signs, and, in an attempt to control these processes, they often become expert at ignoring their gut feelings and in numbing awareness of what is played out inside. They learn to hide from their selves.”

- Bessel van der Kolk
A Healthy Nervous System – Observables

- The person will be relaxed and at ease
- The body and its senses will be relaxed, yet alert
- They are present through all layers of self (physical, emotional, psychological, spiritual)
- Physiology is appropriately responsive to a variety of circumstances
- Responses are fluid and resilient
- Available for connection, emotionally stable
- Experience of having choices and options
- Capacity for healthy relationships

For her project titled *Marked*, photographer Claire Felicie shot close-up portraits of the marines in the 13th infantry company of the Royal Netherlands Marine Corps before, during, and after their deployment from 2009-2010. She then arranged the portraits into haunting triptychs that show the toll war has on a person’s eyes and face.
Somatic Experiencing – Peter Levine, PhD

Massive energy is mobilized as part of the survival system
Animals spontaneously ‘discharge’ this energy
Prey animals are rarely traumatized
SE facilitates that completion of self-protective motor responses
Not driven by content, or ‘re-telling’ of the story
Slow and supported

**Fight** - sympathetic nervous system (SNS)

**Flight** - sympathetic nervous system (SNS)

**Freeze** – parasympathetic nervous system (PNS)
(emergency shutdown)

**Social Engagement** – parasympathetic nervous system (PNS)

(Stephen Porges – Polyvagal Theory – Vagus Nerve)
You have a tense interaction with somebody and voices are raised.

**SNS arousal**
You decide to take a break from the conversation and go for a walk to ‘clear your head’.

**PNS response** increases

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**Traumatic event occurs, and traumatic stress is not discharged. System becomes dysregulated PTSD**

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**Symptoms of Un-Discharged Traumatic Stress**

- Anxiety, Panic, Hyperactivity
- Exaggerated Startle
- Inability to relax, Restlessness
- Hyper-vigilance, Digestive problems
- Emotional flooding
- Chronic pain, Sleeplessness
- Hostility/rage

- Depression, Flat affect
- Lethargy, Deadness
- Exhaustion, Chronic Fatigue
- Disorientation
- Disconnection, Dissociation
- Complex syndromes, Pain
- Low Blood Pressure
- Poor digestion
Symptoms of Un-Discharged Traumatic Stress

**SYMPATHETIC (SNS) “FIGHT/FLIGHT”**
- Anxiety/Panic
- Hypersensitivity
- Exaggerated Startle Response
- Inability to relax
- Restlessness
- Hyper-vigilance
- Digestive Problems
- Emotional Flooding
- Chronic Pain
- Sleeplessness
- Hostility/Rage

**PARASYMPATHETIC (PNS) “FREEZE”**
- Depression
- Flat Affect
- Lethargy/Deadness
- Exhaustion/Chronic Fatigue
- Dissorientation
- Disconnection
- Dissociation
- Pain
- Low Blood Pressure
- Poor Digestion

*“I SS, you goin’... Was that a Cape or just a hill too steep for ya, Grif?”*

*“Yeah, how nature says, “Do not touch.””*

*“It’s behind me... Isn’t it..?”*
Fight - sympathetic nervous system (SNS)

Flight - sympathetic nervous system (SNS)

Freeze – parasympathetic nervous system (PNS) (emergency shutdown)

Social Engagement – parasympathetic nervous system (PNS)

(Stephen Porges – Polyvagal Theory – Vagus Nerve)
Social Engagement – Creating Conditions

**Ventral Vagus Nerve** – “getting the ventral vagal system online”

Social Engagement – “down-regulates” the sympathetic (SNS), calming, often this is a first attempt to create safety. Unique to mammals.

• How does this impact how we interact with our patients?
• How do we start our sessions/appointments?
• What is the content of our patient discussions?
• Tone of voice? Body language?
• How do we roll with resistance?

• What are their interests?

• What is their body language telling us?

• How are the surroundings?

• What was going on in your life when the pain started?

• “I think this is important, but…”

• Many patients report that they don’t feel like their MD believes them
Common Symptoms:
Traumatic response coupled with physical injury

Recovery may be slow
Scars may appear that they’ve not healed properly
General amnesia about that happened
Fragmented reports of the experience
Unrealistic fears associated with the experience
General malaise
Often ill
Chronic inflammation
Hypochondriasis

Syndromes

Examples of common syndromes with possible sympathetic/parasympathetic-mediated dynamics include:

Migraines
Fibromyalgia
Autoimmune disorders
Pain syndromes
IBS
Chronic fatigue
Exposure Therapy:

Rooted in behaviorism
Gradual exposure to stimulus in order minimize fear

Imaginal Exposure Therapy

EMDR – Eye Movement Desensitization and Reprocessing

CBT - Cognitive Behavioral Therapy with a trauma focus – recognizing negative thought patterns and beliefs in order to change behavior
DBT - Dialectic Behavioral Therapy – embraces the seemingly opposite ideas of acceptance and change with skills that are taught to modify behavior, feelings, thoughts and beliefs.

- Distress tolerance
- Emotional regulation
- Mindfulness
- Interpersonal effectiveness

www.psychologytoday.com

www.traumahealing.org

www.emdria.org

http://www.findcbt.org/xFAT/
Book Recommendations:

In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness
   - Peter Levine, PhD

The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma
   - Bessel van der Kolk, M.D.

The Body Bears the Burden: Trauma, Dissociation, and Disease
   - Robert Scaer, M.D.

Pain and Trauma: Creating Safety in Patient Care

Role of Pain Education and Rehab in Pain Care

NORA STERN, MS, PT
PERSISTENT PAIN PROJECT
PROVIDENCE HEALTH AND SERVICES
Disclosure

Providence Health and Services is packaging this pain education material for training and use to outside entities

Nora.stern@providence.org

Case

Chief complaints of pain:
- Low back pain x 10 years
- Spread in last 3 years to hips and up into upr back
- Hard to tell where it is sometimes.
- Also headaches and shoulder and neck pain.
- Entire body diagram black, with places circled at low back and neck, head, shoulders.
- 15 years of pelvic pain, which you learn on the second session.

Function:
- Not working.
- Feels like she needs to be doing more around the house, tries to, ends up in bed or watching TV because she is so painful.
- Is afraid of making her pain worse so does as little as possible.

Xrays:
- Multiple, shows moderate degeneration throughout spine.
Context and meaning

Childbirth vs. Trauma

Adapted from Louis Gifford’s Mature Organism Model
PARADIGM SHIFT

**PAIN ≠ HARM**

**PAIN IS AN OUTPUT FROM THE BRAIN AND NERVOUS SYSTEM**

**ALL PAIN IS REAL PAIN**

**NOCICEPTION IS NEITHER NECESSARY NOR SUFFICIENT FOR PAIN**

adapted from material from G. Lorimer Moseley: Understand and Explain Pain course material 2010

What you say matters!!

- Talking about pain changes beliefs
- Changing beliefs changes threat value
- Changing threat value changes the pain experience
Chronic Pain

Persistent Pain

Reference: “Relieving Pain in America: A blueprint for Transforming Prevention, Care, Education and Research,” Board of Health Science Policy, Institute of Medicine, of National Academies, Washington DC. www.nap.edu 2011

DANGER!

MRI and X-Ray results

Fear of movement

Medication is the only thing that can help me

Struggles in living with pain
3/9/2016

Kisses of time

20-60% of people with severe arthritis in the knee have no symptoms

Safety and Hope

Understand pain

Sore, but safe

Bring some fun back in your life

Before pain education:
Danger and threat

After pain education:
Safety and hope

<table>
<thead>
<tr>
<th>Patient says:</th>
<th>Danger</th>
<th>Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m worried about my xrays.</td>
<td>Your x-ray looks pretty bad.</td>
<td>20-60% of patients with joint degeneration have no pain.</td>
</tr>
<tr>
<td>I can’t do _____. It’s too painful.</td>
<td>You’d better avoid that then.</td>
<td>Because your system has gotten too good at protecting you, that pain does not mean that you are causing yourself harm. Let’s talk about slowly introducing activity a little at a time.</td>
</tr>
<tr>
<td>Medication is the only thing that will help me.</td>
<td>I have to stop your medication. There is nothing else I can do.</td>
<td>We now understand pain a bit differently. It turns out that there are a lot of things that produce pain, so I am thinking that if we explore together, we can find some things that will start to help you get back to the things you enjoy.</td>
</tr>
</tbody>
</table>

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Providence Rehab for sensitized pt:
4 treatment sessions for non-funded diagnoses

- **Pain Education**
  - Classes, videos, written material and phrasing

- **Physiological quieting**
  - Mindfulness including videos for home use

- **Pacing and Graded Exposure**
Pain Education made easily accessible: Videos for inpatient, outpatient, home health, written material and classes

Physiological quieting (relaxation training)
Pacing: Twin Peaks

Ideal rehab experience for patient with trauma history

- Decrease threat
- Less information, more experience
  - Pacing focused on non-threatening activity w graded exposure
  - Physiological quieting
  - Communication w Behavioral Health and Primary Care
Prepping the patient and working together: Primary Care, Rehab, Behavioral Health

- Pain education: framework for care plan and for decreasing opiates
  - Using the same language, aligning the message

- Consider patient motivation

- Timing of rehab treatment with complex mental health needs
  eg severe depression, anxiety, high catastrophizing, trauma

- Strongly endorse parts of your plan and ask about them at followup sessions

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Case continued

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Xrays:
- Multiple, shows moderate degeneration throughout spine.

What else would you like to know?

What does this not tell you about her?
Other important information:

- Used to ride her bike but is afraid of doing so because of pain.
- Wants to be able to return to walking her dog in the woods, but doesn’t walk much now.
- Spouse is supportive of the work she is doing.
  - Has pain with sex and avoids sex
  - Has a close group of friends and a supportive recovery community.

Other important information:

Riding her bike – “I negotiate obstacles all of the time, but I get to keep moving. I feel like I’m in control.”

Strong connection with nature – “I feel free in nature, like there is endless possibility. Trees are amazing.”

Loves her dog – “He provides me endless unconditional love.”

Loves her spouse – “My partner is very reassuring and supportive”.
Discussion of case

Fighting sensitization one patient at a time!
Pain Education As A Treatment Intervention

- Decrease in pain rating
  

- Decrease in fear of reinjury
  

- Decrease in pain catastrophizing
  

- Decrease in utilization of services postoperatively
  
  (Adriaan Louw , PhD, PT, et SPINE Volume 39, Number 18)

- Increase in function
  

- Increase in mobility
  
  (Moseley and Hodges, Clin J Pain. 2004 Louw et al Physiotherapy, 2011)