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Chronic Pain
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Emotions drive the pain. Paradigm shift in pain. Used to be physical problem. It's exactly the opposite. Psychological problem with physical overlay. Anything you can do to reduce the emotions will reduce or eliminate the pain.

Sent people to psychologist who didn't respond to physical interventions in dentistry. Send them for emotional treatment first, then if any residual pain, send to the dentist. "Psychological approach"

add energy psychology, energy, and mindfulness to handout list

Visual Analog Scale -- 0-10 like suds, but a visual line that was 10 centimeters.
reducing emotional response to the pain after reducing

All of pain is 100% subjective

Classification of Chronic Pain -- IASP Press
International Association for Study of Pain
Spira & Swardlow

Fibromyalgia 11 out of 18 pressure points respond to 2 lb. pressure.

Control reduces pain
Continuous fast bls seems to effect pain
Burns = the worst pain
Worst pain = my pain (in grief counseling, the worst pain is your own)

Sensory component of pain = tissue damage
McGill scale for pain descriptors → well accepted

I have a lot of pain, but the semantic meaning is "I can't play ball any more"

Herb Benson 1975 relaxation response
teh reflex reduces heart rate and BP (therefore can't do panic)

Depression, frustration, anger, anxiety result in pain and vice versa
If pain receptor is peripheral (cut) and no memory network is created, then EMDR doesn't work to mediate the pain.

Use Lazarus Multi-Modal ID BASIC-ID questionnaire
P 7 Pain Quality Questionnaire then draw a picture

Sharp pain may be 2, Dull may be 10 at the same time.
If truly sharp may be neurogenic/neuropathic pain.
Patterns of pain -- am/p.m., etc

If rapid = neurologic, slow = psych

Cognitive Therapy for Chronic Pain

Use the measures to document, prevents malpractice suits. We care that pain is REDUCED
Use coping strategies questionnaire to identify areas for education and improvement.
Want folks to be able to detach from pain.

Nobody has ever asked these questions

Secondary gains may be blocking belief

Patient's bill of rights p 24 -- google it

Throbbing = vascular pain

You're treating the emotional component of the pain.

Fight or flight when pain kicks in (limbic system) counter with relaxation response

Parasympathetic down regulatory (exhale) want long slow exhale

Sympathetic when breathing in is stimulating

Hands on chest and belly -- practice!!!! 15-20 min 2x day

2 fingers together on non-dominant hand (so they can do things with the other hand) breathe in and out. In and out 10 times. 20 sec breath, 3 breaths for minute. Pavlovian conditioning. Fingers together = bell, fingers together = Baro reflex

Split screen session re: with and without pain. That plus breathing works great!
Address why they didn't do it to make it important.

Incoming pain, "nothing is good or bad, but thinking makes it so" Shakespeare

Google foods that increase and decrease inflammation

Doidge -- The Brain that Changes Itself --
woman with no retinas

Real pain has referred pain

Cluster headache is "cluster" around a period of time (for a day, week, month, etc)

The further away the amputation, the harder to treat.

2 handed interweave (hold yuck "in one hand", positive in another)

Prosthesis = lifesaving device

80% of all headaches are tension -- musculoskeletal, not centrally mediated, therefore NOT likely to resolve by EMDR unless there is an emotional component

Certain conditions will not worsen MOVE, FEEL IT, BE ACTIVE!!! Everyday they need movement
Low dose elivil, 10mg/day and anti-inflammatory foods.

Everyone to a nutritionist.

Peripheral pain has “zero” memory network -- nothing “stuck” in the brain, no emotions stuck, etc. It's data.

The majority of chronic pain is dysfunctionally stored def: = 3 mo or longer.

Emotions drive the pain

Symptoms are what the patient feels; signs are what you see.

Get SPECT scans! Pre & post

Breathing -- now make a fist (and they stop breathing)