A TRAUMA INFORMED APPROACH TO CHRONIC PAIN

POTRERO HILL HEALTH CENTER

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CHRONIC PAIN

• Chronic pain is pain that persists beyond the ordinary time that an injury needs to heal, lasting from months to years.

• Chronic pain is the most common cause of long term disability.

• Nearly 40 million American adults (17.6 percent) experience severe levels of pain.

NIH.GOV
PTSD

- An anxiety disorder that can occur after an individual experiences a traumatic event
- Persists for months to years
- Involves re-experiencing, avoidance and increased arousal
- 6.8% of American adults will experience PTSD at some point in their lives (NIMH)
PTSD AND PAIN OFTEN OCCUR TOGETHER

AMONG PATIENTS IN SPECIALTY TREATMENT FOR CHRONIC PAIN, ONE THIRD TO TWO THIRDS HAVE BEEN DIAGNOSED WITH PTSD OR REPORT SIGNIFICANT LEVELS OF TRAUMA RELATED SYMPTOMATOLOGY

ASMUNDSON, ET AL 2009
RISK FACTORS FOR CHRONIC PAIN AND/OR PTSD AFTER A TRAUMATIC EXPOSURE

<table>
<thead>
<tr>
<th>HISTORICAL/ENVIRONMENTAL</th>
<th>PSYCHOLOGICAL</th>
<th>PHYSICAL</th>
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</thead>
<tbody>
<tr>
<td>1. FAMILY HISTORY OF PTSD</td>
<td>1. ANXIETY SENSITIVITY</td>
<td>1. AUTONOMIC/NEUROENDOCRINE RESPONSE</td>
</tr>
<tr>
<td>2. CHILDHOOD ADVERSITY</td>
<td>2. FEAR OF PAIN</td>
<td>2. DEGREE OF INJURY</td>
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<tr>
<td>3. SOCIAL SUPPORT</td>
<td>3. PAIN SENSITIVITY/SEVERITY</td>
<td>3. PREEXISTING STATE OF HEALTH</td>
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<tr>
<td>4. MATERIAL RESOURCES</td>
<td>4. DISSOCIATION</td>
<td>4. GENETICS</td>
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<td>5. COPING STRATEGY</td>
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ADAPTED FROM COUGHLIN 2014
### PTSD AND CHRONIC PAIN TOGETHER

**FACTORS THAT MAKE THE DISABILITY WORSE**

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<tr>
<th>ENVIRONMENTAL</th>
<th>PSYCHOLOGICAL</th>
<th>PHYSICAL</th>
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</thead>
<tbody>
<tr>
<td>1. ISOLATION</td>
<td>1. AVOIDANCE</td>
<td>1. AUTONOMIC NERVOUS SYSTEM OVER-ACTIVE</td>
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<tr>
<td>2. DISABILITY</td>
<td>2. CATASTROPHIZING</td>
<td>2. DECONDITIONING</td>
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<td></td>
<td>3. UNABLE TO DIFFERENTIATE PTSD SYMPTOMS FROM OTHER PHYSICAL SYMPTOMS</td>
<td>3. CHANGE IN PAIN SENSITIVITY</td>
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<tr>
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<td></td>
<td>4. SUPPRESSED IMMUNE SYSTEM DUE TO ABNORMAL REGULATION OF STRESS HORMONES</td>
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Adapted from Coughlin 2014
PAIN AND PTSD

PEOPLE WITH CHRONIC PAIN AND PTSD ARE MORE DISTRESSED AND IMPAIRED THAN THOSE EXPERIENCING ONLY ONE OF THESE CONDITIONS

GEISSER, ET AL 1996

...AND DO NOT RESPOND AS WELL TO STANDARD TREATMENT (THAT ONLY TREATS ONE OF THESE CONDITIONS AT A TIME)

OTIS, ET AL 2006
SIMULTANEOUS TREATMENT OF PAIN AND PTSD

CURRENTLY THERE ARE NO PROGRAMS THAT TREAT BOTH PTSD/TRAUMA AND CHRONIC PAIN SIMULTANEOUSLY, ALTHOUGH A FEW VA SITES ARE TESTING NEW INTEGRATIVE APPROACHES

HOWEVER, THERE IS A WELL-TESTED PROGRAM THAT TREATS PTSD/TRAUMA AND SUBSTANCE ABUSE TOGETHER:

SEEKING SAFETY

DEVELOPED BY LISA NAJAVITZ
HOW DOES IT MAKE SENSE TO USE THE MODEL TO TREAT PAIN?

PAIN, TRAUMA AND SUBSTANCE ABUSE ALL INVOLVE:

- LOSS OF CONTROL
- ALTERATION IN SELF IMAGE
- ALTERATION IN HOPES FOR THE FUTURE
- ALTERATIONS IN INTERPERSONAL RELATIONSHIPS
- INVISIBILITY - OTHERS CANNOT SEE THE AMOUNT OF DISTRESS AND SUFFERING
- STIGMATIZATION BY SOCIETY
POTRERO HILL HEALTH CENTER

A NEW INNOVATIVE GROUP APPROACH IS BEING TRIED AT THE POTRERO HILL HEALTH CENTER:

SEEKING SAFETY TO TREAT PAIN, IN ADDITION TO TRAUMA

(AND SUBSTANCE ABUSE WHERE CO-OCCURRING DISORDERS OCCUR)
THE SEEKING SAFETY MODEL

- The first empirically studied integrative treatment approach for PTSD and substance abuse, developed in the late 1990’s
- A concrete application of the basic principles of cognitive behavioral therapy and interpersonal theories
- Flexible enough to be used with groups or individuals; can be used for conditions other than substance abuse such as overeating and gambling

Seeking Safety Website: www.seekingsafety.org
PRINCIPLES OF SEEKING SAFETY

- SAFETY IS THE FIRST PRIORITY
- INTEGRATED TREATMENT OF SUBSTANCE ABUSE AND POST TRAUMATIC STRESS (WE ADDED PAIN)
- FOCUS ON IDEALS, AND POTENTIAL RATHER THAN PATHOLOGY
- COGNITIVE, BEHAVIORAL, INTERPERSONAL AND CASE MANAGEMENT CONTENT
- ATTENTION TO THERAPIST PROCESS
PROGRAM STRUCTURE:
POTRERO HILL HEALTH CENTER

➢ SAME GENDER GROUPS

➢ CLOSED GROUP OF 12 WEEKLY SESSIONS, 1.5 HOURS LONG

➢ INTERDISCIPLINARY CO-FACILITATION TEAM

➢ IN THIRD COHORT, WE ADDED A PAIN CURRICULUM AND LENGTHENED THE SESSIONS BY 30 MINUTES

➢ MINDFULNESS AND GROUNDING STRATEGIES INCORPORATED INTO EVERY SESSION

➢ REGULAR USE OF THE 1-10 LIKERT SCALE TO DESCRIBE INTENSITY OF EMOTIONAL AND PHYSICAL PAIN

➢ RESOURCES EXPANDED TO INCLUDE FORMAL AND INFORMAL SUPPORTS
PARTICIPANT RECRUITMENT

WE ASKED CLINIC STAFF TO REFER PATIENTS ON CHRONIC OPIOATES WHO WOULD BE WILLING TO COME TO A GROUP

WE CALLED THESE PEOPLE AND INVITED THEM FOR AN HOUR LONG INTERVIEW IN WHICH WE EXPLAINED THE PROGRAM, HAD THEM SIGN A CONSENT AND SCREENED THEM FOR CHILDHOOD ADVERSITY, GLOBAL FUNCTIONING, PAIN, AND TRAUMA SYMPTOM SCORE

ALL THE PEOPLE WE SCREENED PARTICIPATED, WITH THE EXCEPTION OF ONE PERSON WHO DIDN’T HAVE TRAUMA
PILOT GROUP POPULATION

- All with chronic pain, most on opiates
- All with trauma, most with PTSD
- Most with current or past substance use
- Most have significant childhood trauma (ACE score > 4)
- Racial, cultural and sexual orientation diversity
- Overwhelming burden of physical health issues
STRUCTURE OF SEEKING SAFETY GROUP
POTRERO HILL HEALTH CENTER

• GROUNDING EXERCISE
• 5 MINUTE CHECK-IN
• QUOTE-READ AND DISCUSS
• SESSION MATERIAL TO READ AND DISCUSS
• 5 MINUTE CHECK OUT
CHECK-IN
SINCE YOUR LAST SESSION

1. HOW ARE YOU FEELING?

2. HOW HAS YOUR PAIN BEEN?

3. WHAT GOOD COPING HAVE YOU DONE?

4. HAVE YOU USED LESS OR MORE OF YOUR OPIATE PAIN MEDICINES THAN PRESCRIBED?

5. ANY SUBSTANCE USE OR UNSAFE BEHAVIOR?

6. COMMUNITY RESOURCE UPDATE
TOPICS DISCUSSED

• SAFETY
• PTSD - TAKING BACK YOUR POWER
• DETACHING FROM EMOTIONAL PAIN (GROUNDING)
• ASKING FOR HELP
• COMPASSION
• RED AND GREEN FLAGS
• HONESTY
• COPING WITH TRIGGERS
• SETTING BOUNDARIES IN RELATIONSHIPS
• CREATING MEANING
IMPLICIT MODELING

- Use of comfortable chairs that are easy to get into and out of

- Healthy snacks which reduce inflammation (e.g. nuts, fruit, veggies, crackers, dark chocolate as opposed to donuts and pizza)

- Non-stimulant drinks (e.g. herbal teas and water as opposed to coffee and sodas)

- Permission to get up and stretch when in physical discomfort

- Noting emotional discomfort and using safe coping handout to reduce distress
TRAUMA INFORMED FEATURES OF GROUPS

- Focus on creating a safe and confidential space
- Individual intake to explain program and answer questions
- Facilitator participation in check-in and check-out
- Participants are encouraged to arrive on time, but it is ok to arrive at any time and join the group
- Group discusses present issues, focuses on skills building, and avoids distressing participants with past traumatic stories
PILOT OUTCOMES

- No change in pain scores

- 69% attendance among all 14 participants over three 12-week groups

- Improvement in global functioning scores (PROMIS)

- Improvement in trauma symptom scores (PCL-C)

- Universal participant satisfaction with the program