

The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance.

# **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**

### **HISTORICAL/ENVIRONMENTAL**

1. FAMILY HISTORY OF PTSD
2. CHILDHOOD ADVERSITY
3. SOCIAL SUPPORT
4. MATERIAL RESOURCES

### **PSYCHOLOGICAL**

1. ANXIETY SENSITIVITY
2. FEAR OF PAIN
3. PAIN SENSITIVITY/SEVERITY
4. DISSOCIATION
5. COPING STRATEGY

### **PHYSICAL**

1. AUTONOMIC/NEUROENDOCRINE RESPONSE
2. DEGREE OF INJURY
3. PREEXISTING STATE OF HEALTH
4. GENETICS

ADAPTED FROM COUGHLIN 2014

# PTSD AND CHRONIC PAIN TOGETHER

## FACTORS THAT MAKE THE DISABILITY WORSE

### ENVIRONMENTAL

1. ISOLATION
2. DISABILITY

### PSYCHOLOGICAL

1. AVOIDANCE
2. CATASTROPHIZING
3. UNABLE TO DIFFERENTIATE PTSD SYMPTOMS FROM OTHER PHYSICAL SYMPTOMS

### PHYSICAL

1. AUTONOMIC NERVOUS SYSTEM OVER-ACTIVE
2. DECONDITIONING
3. CHANGE IN PAIN SENSITIVITY
4. SUPPRESSED IMMUNE SYSTEM DUE TO ABNORMAL REGULATION OF STRESS HORMONES

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](http://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**
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# 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 OPIATES 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**
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# 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

