Getting to Grips with the Pain Protocol

EMDR Yorkshire regional workshops

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Aims

- To overview putting the pain protocol into practice-
- To discuss and increase skills in applying it
- Areas to apply the protocol
  - Pain memory
  - Current pain
  - Impact of pain
  - Resource installation

Background

- Pain affects a large number of people that come for treatment
- Often chronic
- May be connected specifically with traumatic event
- May have come on suddenly, gradually,
- May have no identified cause/ diagnosis

In pairs/ small groups

- Think about someone who you have worked with where pain was an issue
  - What was the impact of the pain on their life
    - E.g. Relationships, functioning at home, work, mood
    - Their view of the future
  - What was their priority/goal in seeking help
  - What were the outcomes
  - What was the impact on you as a practitioner

Assessment

- Need a thorough understanding of the situation-
  - Understanding pain and its impact- e.g *'What do you miss the most?' (This can be a better question than 'how bad is the pain?')*
- Educational component:
  - How fear of pain can make pain worse
  - How avoidance of activity can make pain worse
  - Helpful cognitions?

EMDR and pain treatment

- Context of providing interventions- not stand-alone
  - Optimum medical treatment (when to stop as well as when to intervene)
  - Medication
  - Physiotherapy- activity, rest
  - CBT
  - Self-management, mindfulness, acceptance, complementary therapies etc

When is EMDR indicated?

- Pain started during a traumatic event
- Pain coincides with PTSD
- Pain worse with stress or trauma-related triggers
- Pain memory

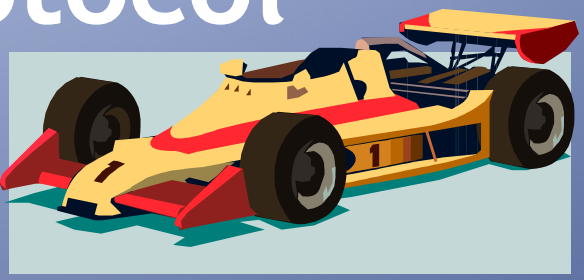
Caution

- Legal process, medical accidents
- Medications- such as
  - Benzodiazepines
  - Opiates
- Confidence in knowing enough about medications, tolerance, learning and addictive effects
- - or obtaining good advice!

The Protocol

- Grant and Threlfo- the pain protocol-
- Luber- scripted protocols for somatic and illness presentations
- deRoos and Veenstra- antidote imagery

Explaining the protocol



- Reducing stress
- Taking the foot off the accelerator- fuel for the pain
- Hope for: Increased coping, changed attitude to the pain
- Relaxation
- Decreased intensity of pain - (*caution about offering pain reduction as goal)*

Exercise

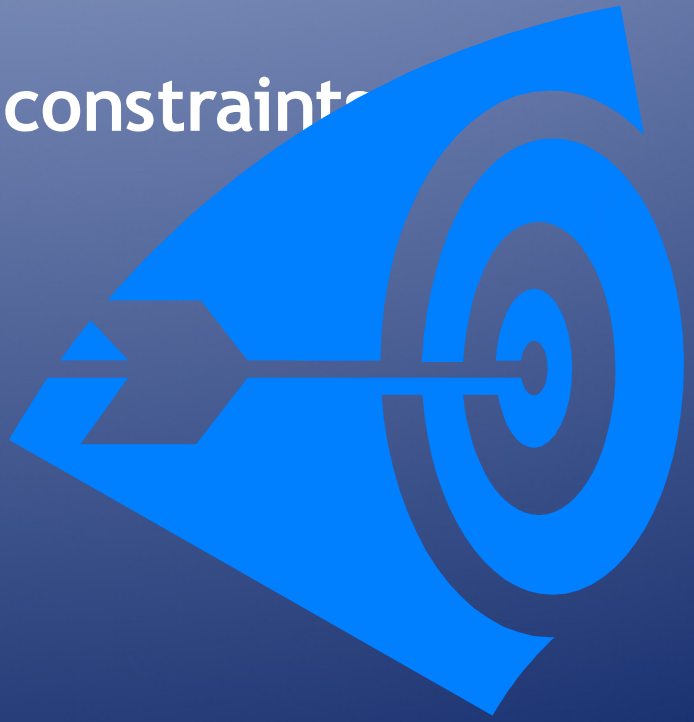
- Pain words:
- In small groups- how many pain words can you think of?
  - Quality, type, experience….
- Timed 2 minutes

Getting to grips with understanding the pain and eliciting a target

Sore, **burning**, twisting, hot, cramping,, **cutting**, aching, crushing, exquisite, unbearable, overwhelming, smarting, cold, nagging **niggling**, *lacerating*, angry, bright, **acute**, deep, scraping, blistering, freezing, heavy, red, dark, blazing, jarring, itching, pinching, stabbing, pressing, nauseating, pressing, piercing, penetrating, radiating, agonizing, torturing, nagging, dreadful, suffocating, **stinging**, sickening, **shooting**, boring, dull, **pulsing**, pounding .....

Choosing a Target

- Traumatic targets
- Pain related targets
  - Personal and physical constraints
  - Impact on life
- Pain itself



Exercise:

- Think about a pain experience you have had {which would score 6 or less on a scale of 0-10 where 10 is the worst!}
  - Try to describe it in as much detail as possible so that there is a really clear description of what it is like
- Detailed description- Refine it-
  - Sensory detail-Images-Size, shape, colour, detail, emotional content and reaction

Positive Cognition

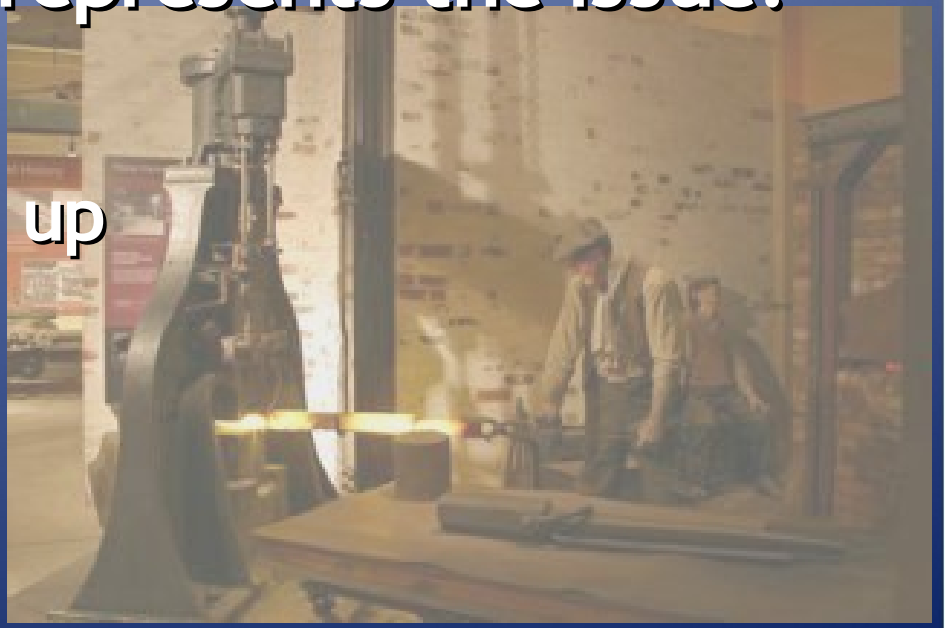
- When you think about the pain….what would you like to be able to say/think about yourself
- Recognising that it may not always be possible to identify one
  - Come back to it after processing if needed
- VoC- rating positive cognition if there is one

Targeting the pain itself

- De Roos and Veenstra, 2009
- Preparation: Pain may increase initially
- Observe the pain in detail during processing
- SUD- intensity of pain
- Emotion and cognition
- Stop signal- intense pain
- Report on associations/changes- then back to target

Processing

- Past memories- incident, picture, managing emotions, medical interventions, what represents the issue?
- Blocks-
  - Resources- speaking up about needs
  - Having needs met
  - Responses of others
- Location of sensation(s)



Present situations

- Personal situation
- Incident(s)
- Image of current situation
- Having needs met

Future Issues

- Medical,
- Family, social, work etc
- Emotional content
- Cognitions

Antidote imagery

- Interweave:
- What's there now where the pain was before
- Think of something that could take the pain away or make it better - antidote fantasy
- Imagery of healing
- Positive cognition if pain gone
- Installation of 'antidote imagery'

Future template

- Image of what would be healthy
- ‘Video’ of next 1-5 years
- Interweaves, resources, skills, information…

Closure

- Positive closure important
- Pain is often not gone
- SUDs for pain intensity often not 0

Self care

- Person who has pain- managing temporary increase in pain
- Processing if it occurs between sessions
- More general pain management procedures
- Clinician self-care- impact of working with people who have pain

Endings

- One thing you will do differently?
- Any questions?

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