Getting to Grips with the Pain Protocol

EMDR Yorkshire regional workshops
16th October 2009
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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, feeling **niggling**, lacerating, angry, bright, acute, deep, scraping, blistering, freezing, heavy, red, hot, 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’
- Body scan
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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