Whole Health for Pain and Suffering
Day 1 Afternoon

• Self-Care and Pain: An Overview
• Self-Care and Pain I: Moving the Body, Food & Drink
• Self-Care and Pain II: The Other Circles

5. Self-Care and Pain:
An Overview

The Self-Care Circles
Whole Health for Pain and Suffering
Day 1 Afternoon

Module 5

Part 1:
• Veteran Self-Care

Part 2:
• Clinician Self-Care

Self-Care and Pain

*It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.*

- William Osler

The Pain Cycle

*Promoting self-management of pain empowers patients to proactively address their pain and shifts how patients and clinicians relate to one another.*
Victorious & Vicious Pain Cycles

- Victorious Cycle:
  - Improve mood
  - Build strength
  - Approach activities
  - Enhance coping
  - Pain with progressively less activity

- Vicious Cycle:
  - Fear of pain/damage (activities avoided)
  - Muscles weakened by lack of activity
  - Social isolation
  - Decrease in functioning


Promote Self-Management of Chronic Pain

- Use “Third Person Statements” to discuss a self-management plan (e.g., “Many people with chronic pain feel…”)
- Validate the experience of chronic pain, including the many losses
- Understand the mindset of many individuals with pain
- Educate about the limitations of pain medications
- Encourage patients with pain to move
- Provide positive feedback for any reported attempts at self-management
- Involve significant others to encourage self-management behaviors

Effective Communication about Chronic Pain

- When pain is chronic, focusing on intensity, location, duration, etc., is not necessarily productive.
- All pain does not have to be gone in order to set functional goals, to start doing more physical activity or work on improving quality of life.
- Educate about the difference between what “hurts” and what “harms” their body.
- Address fear of pain and over anticipation of pain that leads to avoidance behaviors.
- Enhance self-efficacy by focusing on what they can still do, as opposed to what they can no longer do.
**Effective Communication about Chronic Pain**

- What language do you use to discuss pain with Veterans? (see Workbook)
  - What has worked well?
  - What has not worked well?

**Self-Management Action Plan**

- Exercise
- Relaxation/meditation/quieting response
- Social support/social activity
- Meaningful life activities
- Pleasurable activities
- Attitude/mood/thinking
- Sleep Hygiene
- Activity Pacing
- Self Management of Flare-ups

**Three Areas of Focus**

1. Explore what matters most:
   - What do you want your health for?
   - What health goal will help you connect to what is most meaningful in your life?
2. Identify strengths:
   - But in spite of...you have been able to ...
   - Some of the strengths or signs of resilience that you bring to the present situation are ...
3. Identify support needed to achieve health goal
Whole Health for Pain and Suffering
Day 1 Afternoon

Three Areas of Focus

• Explore what matters most to patient:
  — What do you want your health for?
  — Why do you want to be healthy or improve your pain management?
  — What is a health goal that will help you connect to what is most meaningful in your life?
• Identify patient’s strengths:
  — But in spite of ..., you have been able to ...
  — Some of the strengths or signs of resilience that you bring to the present situation are ...
• Determine the support they need to achieve their health goal
  — Moreover, some of the people (resources) you can call upon (access) are ... And they can be helpful by doing ...

SMART Goal Setting

Collaborate on Setting A SMART Goal
• S: Specific
• M: Measurable
• A: Action-oriented
• R: Realistic
• T: Timed
• What 3-6 month SMART Goal would help you to meet the change you desire?
• Example: “I plan to take a 15 minute walk five times a week.”

Identify Strengths
Create an action plan that also addresses barriers
Identify Skills, Resources, and Tools Needed
Identify support and follow-up needed

SMART Goal Setting

Collaborate on Goal Setting. - Pick one Goal to get Started.
• What 3 – 6 month SMART Goal would help you to meet the change you desire?
  • SMART: Specific, Measurable, Action-Oriented, Realistic, Timed
  • Example: “I plan to take a 15 minute walk five times a week.”

Strengths. What strengths and inner resources do you have to achieve this goal?
Barriers / Action Plan. Are there any potential barriers to your meeting this goal? Create an action plan that also addresses overcoming barriers.
Resources. Check in with your health care team to make sure you have all of the skills, resources and tools you need for success.
Follow-up Plans. Identify support and follow-up needed.
Module 5

Part 1:
• Veteran Self-Care

Part 2:
• Clinician Self-Care

Developing Personal Resilience: Your PHI

• Take a 10 minutes to complete a PHI for yourself
• Find a partner
• Discuss with your partner:
  – Do you have a personal mission?
  – Is there an aspect of your health you would like to commit to work on?

Care for the Caregiver

• It is challenging to work in modern health care.
• It is tough to bear witness to other people’s suffering.
• It is especially hard to work with people in chronic pain.

How are you doing?
Burnout Check-In

1. I feel emotionally burned out or emotionally depleted from my work.

2. I have become more callous toward people since I took this job—treating patients and colleagues as objects instead of humans.

What Are Some of the Causes of Burnout?

1. Too many bureaucratic tasks
2. Spending too many hours at work
3. Present and future impact of Affordable Care Act
4. Feeling like just a cog in the wheel
5. Income not high enough
6. Lack of professional fulfillment
7. ‘Inability to provide patients with quality care they need’
8. Too many difficult patients
9. Increasing computerization of practice
10. Difficult colleagues or staff
11. Compassion fatigue
12. Difficult employer

1 = Not at all important
7 = Extremely important
**Burnout in Pain Clinicians**

207 Pain Specialists surveyed for 3 elements of burnout:
- Emotional exhaustion high in 60%
- Depersonalization 36%
- Low sense of personal accomplishment 19%

#1 contributor: Job dissatisfaction


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**What Leads to Burnout?**

**Institutional**
1. Lack of control over office processes
2. Lack of control over schedule
3. Excessive paperwork
4. Difficult and complicated patients
5. Not enough time in the day; not enough for self care

**Individual**
6. Lack of coping skills for stress
7. Personal bad habits (smoking, drug use)
8. Not enough time in the day
9. Regret over chosen career
10. Perfectionism*

Eckleberry-Hunt et al., Acad Med 2009; 84:269-277

*Perfectionism, and other traits, need not be a liability.
And we can’t blame the victim!

---

**Key Drivers of Burnout**

**THE KEY DRIVERS OF BURNOUT**

- Resilience & Tumourment: More Optimal
  - Hope
  - Resilience
  - Positive
- Efficiency & Flow:
  - Mindful & purposeful
  - Work life integration
- Burnout
  - Distress
  - Interpersonal
  - Inefficacy

Why Does it Matter?

**Burnout’s Effects**

- Relationship problems
  - Marital discord
  - Conflicts with colleagues
  - Poor patient relationships
- Accidents
- Poor decision making
- Less empathy
- Medical errors
- Poor communication
- Health problems
- Quitting, early retirement

---

**Empathy**

- Affective, emotional resonance
  - Intrinsic self-connection
  - Cognitive appraisal
    - Perspective taking, empathy

**Compassionate Empathy**

- Affective, emotional resonance
  - Intrinsic self-connection
  - Cognitive appraisal
    - Perspective taking, compassion

**Distancing Empathy**

- Affective, emotional resonance
  - Intrinsic self-connection
  - Cognitive appraisal
    - Distracting, distancing

**Distressed Empathy**

- Affective, emotional resonance
  - Intrinsic self-connection
  - Cognitive appraisal
    - Overwhelmed, emergercy, avoidance

---

So...How Do We Work With This??
Whole Health for Pain and Suffering
Day 1 Afternoon

Reflections

In your workbook:
1. Describe a time when you were burned out – specifically noting the sensations, thought patterns, and emotions present during burnout
2. Reflect on how you got through this challenging time
3. Who helped you through this experience of burnout?
4. How are you changed from this experience?
5. How might you identify and help others going through burnout?

Discussions

Small Group
- Play/Pass sharing for 2 minutes each person
  - Practice Mindful Speaking/Listening
    - One person speaks for 2 consecutive minutes, others listening only
    - This time there will be eye contact and body language cues!
    - Consider themes that arise amongst the group

Large Group Debrief
- Sharing small group themes
- Other noticings
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Day 1 Afternoon

What Does Resilience Mean to You?

- What is going well in your practice of providing pain care to Veterans?
- What are the challenges of providing pain care to Veterans? Where do you struggle?
- How do you feel you are doing at this time with respect to burnout? How does this compare with other times?
- What areas of self-care would most contribute to building and maintaining your resilience?

Burnout → Resilience: What Helps?

- Self-Care
- Meditation, relaxation, massage
- Support group for clinicians
- Talking about feelings
- Professional counseling
- Sense of control over one’s schedule
- Time management

Resilience Can Be Learned!

1. Positive attitude
2. Cognitive flexibility
3. Moral compass
4. Role model
5. Face fears
6. Develop active coping skills
7. Social support
8. Physical well-being
9. Train regularly
10. Recognize and foster signature strengths
Time to Pause and Create

- You have the answers
- This is time to put them into action

Pause
Be Present
Proceed Towards Whole Health

6. Self-Care and Pain I:
Moving the Body
and Food & Drink

Whole Health for Pain and Suffering

Nutrition and Movement: Questions to Consider

- Does nutrition impact pain?
- What are different dietary intervention options?
- What are some nutrition resources?
- My patient has pain. What are some exercise options they may not have considered?
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Day 1 Afternoon

Frank

- 62 y.o. Gulf War Veteran (Army)
- Osteoarthritis (OA) – knees, hands
- Given oxycodone
  - Hates how it makes him feel
  - Fatigue an issue
- Offered injections
- Comorbidities: HTN, Obesity, COPD, DM, Depression, Anxiety, ED, BPH
- Job in construction he can’t do much longer, applying for SSDI

OA: Not-so-fun Facts

- By 2030, ¼ of Americans will have OA
- Complex – not just ‘wear and tear’
  - Physiological pathways go awry
  - Chondrocytes, osteoblasts
  - Microfracture – callus – microfracture
  - Interleukins and cytokines
  - Soft tissues get involved
- Options can seem limited
  - Pills
  - Procedures (surgery, injections)

Frank Completes the Brief PHI

Frank’s Vitality Signs

Rate how you feel you are on the scale below from 1-5, with 1 being miserable and 5 being great:

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Well Being</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health / Well-Being</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life: How is it to someone on a day-to-day basis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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Frank: Where He Is and Where He’d Like to Be

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>OA</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Activity</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Frank starts with:

“I need more pain meds and disability paperwork completed…”

OA and Activity

- Recommended in all guidelines
- Best support for knee OA
  - Hip generally favorable
  - Hands by consensus opinion
- Types: aerobic, resistance and flexibility
  - Aquatic exercises have moderate quality evidence of benefit
- How much: start 20’ three times weekly
  - Shoot for 180’
  - Lessen if pain not returning to baseline a few hours after activity
- Studies support individualizing activity by preference (class, with trainer, at home)

De-Mythologizing

Exercise Does NOT Tend to Worsen OA

2014 review of reviews
- No association of leisure activity and incident knee OA
- Moderate and vigorous activities don’t wear out joints
- Odds ratio with walking and knee OA was 0.8 in one study
- Hip studies show the same
- Work-related joint use (heavy lifting, heavy tools) seems to be the biggest contributor
- Not sports so much


OA and Activity: The FAST Trial

• 365 seniors with knee OA exercised for 18 months
• Aerobic exercise improved function by 10%, pain by 12%
• Resistance training improved function by 8%, pain by 8%


Tai Chi and Qi Gong

Photo: VA.Reno.gov
**Whole Health for Pain and Suffering**

**Day 1 Afternoon**

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**Tai Chi for Chronic Pain**

- QUERI Evidence Map
- Note locations for “Pain” and “Osteoarthritis”
- Reviews have found benefit for OA, back pain, fibromyalgia
  - More study needed
  - Not as much for RA or headache


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**Tai Chi and OA**

- 2014 review – 6 studies
  - “...effective way of relieving pain and improving physical function”
  - OA of knee


- 2013 systematic review found support for Tai Chi in OA of knee
  - Moderate quality
    - Pain
    - Physical function
    - Stiffness


---

**Yoga and Pain**

**A 2013 Review and Meta-Analysis**

“Evidence suggests that yoga is an acceptable and safe intervention, which may result in clinically relevant improvements in pain and functional outcomes associated with a range of musculoskeletal conditions.”

- 17 studies (12 good quality), n=1626
- Moderate overall effect for function and pain
  - Pain in OA, RA, LBP
  - Function in LBP and fibromyalgia

---
Brief Movement Break!

Frank then shares:

“I don’t understand why I’m gaining weight when I’m hardly eating anything.”

Food & Drink: Does Nutrition Influence Pain

- Modulates inflammation
- Influences hormones
- Influences vitamin and mineral deficiencies
- Food intolerances can trigger pain symptoms
- Modulates multiple systems
- Affects overall function (sleep, mood)
- Influences obesity
**Nutrition & Inflammation: It’s Complicated...**

- Ways that diet alters inflammation:
  - Processed foods altering insulin response
  - Influence on obesity
  - Vitamin and mineral deficiency
  - Microbiome disruption and immune dysfunction

---

**Nutrition and Obesity in OA**

Increased BMI contributes to increased risk of knee OA
- Zheng, et al, 2015 review

10% of weight loss...
- Led to a 28% increase in function
- N=80, intervention a low energy diet
- NNT to improve WOMAC scores by >50% was 3.4

Weight loss slows knee cartilage degeneration (n=760)
- Diet plus exercise and diet alone were more effective than exercise alone

---

**Pain influencing food: It goes the other way too!**

- Chronic pain linked to dietary shifts
  - More overeating, reduced satiety
  - Altered palatability of food
  - Ventral striatum and prefrontal cortex changes
  - Changes regardless of obesity

What dietary intervention options do we have for Frank?

**Food & Drink: General Health Plan Options**

1. Calories
2. Eating Out
3. Processed Foods
4. Meal Timing
5. Food Groups
6. Fats
7. Proteins
8. Carbohydrates
9. Food Safety
10. Fruits/Veggies
11. Nuts
12. Beverages
13. Portion Size
14. Food Labels
15. Mindful Eating
16. “Mindless” Eating

**Making it Practical: Examples**

- Apps
  - My Fitness Pal
  - FitBit
  - VA-specific apps
- EWG: Clean 15 and Dirty 12
  - [https://www.ewg.org/](https://www.ewg.org/)
- Mindful Eating
  - [https://www.eatingmindfully.com](https://www.eatingmindfully.com)
Nutrition Tools - Passport Chapter 8

- Anti-Inflammatory Diet (p.138)
- Elimination Diet (p. 141)
- Microbiome (p.148)

AID – Highlights

- What affects inflammation?
  - The fats we eat
  - Omega-3’s and 6’s (ratio matters)
  - Anti-oxidant foods
  - Glycemic index and load
  - The microbiome

14 Ways to Eat Toward an AID

1. Keep non-fish animal fats intake low
2. Eat more fish
3. Limit omega-6 fats
4. Eat more omega-3’s
5. Keep vegetable and fruit intake high
6. Eat whole grains
7. Eat dietary fiber
8. Eat legumes
9. Eating nuts and seeds
10. Eat anti-inflammatory herbs and spices
11. Don’t char food
12. Pay attention to glycemic load
13. Avoid obesity
14. Ensure adequate magnesium intake
Elimination Diets

- **Types of Elimination Diets**
  - Junk Food Elimination
  - Common Trigger Elimination
  - Classic Elimination

- **Junk Food**
  - Low hanging fruit
  - Typically easier to find a dietary smart goal—many nutrition goals to choose from
  - Often a good place to start in patients who haven’t considered dietary changes
  - Many Resources Available (Passport)

- **Common Trigger Elimination**
  - Eliminates foods that have high suspicion (dairy, gluten, etc)
  - Good if there is a high index of suspicion

- **Classic Elimination Diets** (Whole Health Library website, "Digestive Health")
  - Several variations, but eliminate multiple foods at once
  - Higher chance of success initially at identifying triggers

- **Simple**: wheat, dairy, eggs
- **More Restrictive**: again, several variations.
  - Wheat, dairy, eggs, soy, corn, tomatoes, shellfish, peanuts, grapefruit, caffeine, additives, high sugar foods
  - FODMAP

- **Foods avoided for 3 weeks**
- **Reintroduced 1 food at a time, every 3 days. Most suspicious foods first.**
Supporting the Microbiome

- Diets high in fruits, vegetables and fiber
- Avoiding highly sugared and processed foods
- Including probiotic foods: yogurt, kombucha, sauerkraut, many others
- Consider probiotic supplements

Dietary Supplements

The "Supplements for Pain" on Whole Health Library website

Passport Chapter 15

Supplements for Inflammation

- Omega 3 fatty acids
- Food-based anti-inflammatories
  - Turmeric
  - Ginger
- Herbal anti-inflammatories
  - Boswellia
  - Devil's Claw
  - Willow Bark
Supplements for Inflammation

- Cannabidiol (CBD) Oil
  - A low-THC component derived from the plant Cannabis sativa
  - Clinical trials support use in intractable epilepsy syndromes
  - Lack of regulation in production/distribution
  - Pending future research may be helpful for pain management


NOT SUPPORTED BY THE VA HOSPITAL SYSTEM

Avoiding Death by PowerPoint... P. 45

Let’s Practice!

- Your task: create a dietary plan or goal for Frank
- Work together at your table
- Get a better dietary history from Frank (Passport, p. 129)
- Come up with initial recommendations: AID, elimination, or smart-goal based (Be specific!)

Frank’s Personal Health Plan P. 40

- Focus on Food & Drink
  - Consider role of inflammation
  - Smart Goal focused on adding fruits and Vegetables
- Focus on Moving the Body
  - Exercise prescription that works for him
  - Array of activities (tai chi, yoga, etc. worth considering)
  - Tie in his love of the outdoors (Surroundings)
- Other self-care areas
- Professional care
  - Consider acupuncture
  - Consider massage
  - PT a given
  - Address MJ use, naloxone, UDS
Video: What’s Possible

Arthur’s Story
https://www.youtube.com/watch?v=qX9FSZJu448

Time to Pause and Create

• You have the answers
• This is time to put them into action

Pause
Be Present
Proceed Towards Whole Health

7. Self-Care and Pain II:
The Other Circles
Whole Health for Pain and Suffering
Jennifer

Subjective: 37 yo female diagnosed with fibromyalgia seven years ago, approximately six months after returning from an Air Force deployment to Afghanistan. Developed neck, back and leg pain on deployment which persisted. Ongoing fatigue. Non-restorative sleep.

Past Medical History: Mild depression, that resolved w/o meds. Frequent migraine headaches, MST

Meds: Gabapentin, amitriptyline, nonsteroidal anti-inflammatory drugs (NSAIDs), Tylenol, and intermittent short-acting opioids.

Social History: Divorced, two daughters. Medically retired from the Air Force five years ago and unable to keep her job as an air traffic controller. No tobacco. Limited exercise, fair nutrition.

Jennifer Completes the PHI

• What REALLY matters to you in your life?
  My 2 daughters and parents.

• What brings you a sense of joy and happiness?
  Spending time with my 2 daughters, swimming, solving problems.

• What do you want your health for?
  Spend more time with my daughters, and work again.

What else are you curious about? Jennifer’s PHI

• Take 3 minutes to discuss Jennifer’s PHI with your table
Whole Health for Pain and Suffering
Day 1 Afternoon

Potential Causes – A Circle Perspective
Green Circle

• Food & Drink
  – Pro-inflammatory diet
  – Food intolerance
  – Disordered microbiome
  – Missing nutrient (D, Mg)
• Dehydrated
• Recharge
  – Not enough
  – Poor sleep environment
• Moving the Body
  – Hormone balance
  – Inactive
  – Over-exercising
• Personal Development
  – No outlets, no fun

• Family, Friends & Coworkers
  – Abusive relationship
  – Isolation
• Surroundings
  – Toxins
  – Temperature
  – Ergonomics
• Power of the Mind
  – Stress, muscle tension
  – Addiction
  – Fear of pain
  – Neurotransmitter balance
• Spirit & Soul
  – Moral injury
  – Trauma

Root cause?

Self-Care: Around the Green Circle

What self-care strategies should we explore with Jennifer?

Some suggestions for Jennifer:

• Walking five minutes per day
• Take a class on mindfulness meditation
• Join a fibromyalgia support group
• Schedule time with her children in the mornings when her energy level is better
• Magnesium and vitamin D supplementation
Whole Health for Pain and Suffering
Day 1 Afternoon

**Recharge: Sleep to reduce pain!**

- Sleep and pain are **bidirectional**. With more pain, sleep quality suffers. As sleep quality suffers, people often experience more pain.
- Improving sleep quality may also be associated with long term improvements in pain.

**Recharge: Tips for the Patient**

- Recommend:
  - Cognitive-behavioral training
  - Exercise
  - Relaxation training (e.g., PMR)
  - Create a bedroom sanctuary
  - Blue filters on electronics
  - Melatonin and Valerian

**Family, Friends & Coworkers**

**Connection = Life**

- 2015 meta-analysis of 70 studies
  - Social isolation led to a 29% higher likelihood of dying
  - Loneliness = 26% higher likelihood
  - Living alone = 32%
  - Results “...consistent across gender, length of follow-up, and world region...”
- 2014 summary: Interviews with 23 Veterans who had attempted suicide
  - Two things would have helped the most:
    - Social support
    - More compassion and empathy from care providers
- Loneliness and poor social connection cause inflammation and chronic disease
Social Environment and Stress

The same stressor that, when given to an animal who is alone increases plasma cortisol by 50%, does not increase the cortisol level at all when the animal is surrounded by familiar companions.


How do we help Jennifer connect?

- Support groups
- Hobbies with others
- Pain management group
- Volunteering
- Ask social workers for help
- Involve family and friends (including visits)
- Encourage regular contact with social network

Spirit & Soul

Aspects of Spirituality
- Religious
- Humanistic
- Nature
- Experiential
- Cosmos
- Mystery
- Other
Whole Health for Pain and Suffering
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Spirit & Soul: Growing and Connecting

Spiritual practices can improve a person’s sense of control, enhance coping skills, decrease the impact of stress, provide a network of social support, contribute to a sense of purpose or connectedness and can improve a person’s pain experience.

Ask your patients:
• What gives you a sense of meaning or purpose?
• What is it that makes you feel a part of something bigger than yourself?

Spirituality and Health

• Lowers systolic and diastolic BP
• Greater compliance with medication
• Exercise more
• Eat healthier
• Quit smoking more readily

Religion and Health

• Lowers mortality, especially in women
• Predicts social connections, better mental health
• 19x higher risk of death from all causes if no service versus weekly services over 8 years
  – And 7.5 longer life expectancy
• Lower stress hormones and lipids
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Day 1 Afternoon

Power of the Mind
A Spectrum of Techniques

- Biofeedback
- Progressive muscle relaxation
- Meditation
- Breathing exercises
- Cognitive behavioral therapy
- Eye movement desensitization and reprocessing
- Therapeutic disclosure
- Hypnosis
...and many others

Psychotherapies

- A meta-analysis of psychological interventions was supportive of cognitive-behavioral therapy for pain reduction in fibromyalgia, with a moderate effect noted.

- Controlled trials of mindfulness-based stress reduction have shown improvements in quality of life, coping skills, and depressive symptoms, although the trial results have been mixed.


Cognitive Behavioral Therapies for Fibromyalgia

Small incremental benefit over control interventions in reducing pain, negative mood and disability at the end of treatment and at long-term follow-up.
Whole Health for Pain and Suffering
Day 1 Afternoon

**Pain Symptoms and Abuse History**

| Pain Symptoms Among Nonabused, Physical Abuse, Sexual Abuse, and Multiple Abusers | Percent "Yes" In Each Group |
|---|---|---|---|---|
| | Nonabused (n=47) | Physical (n=50) | Sexual (n=16) | Multiple (n=12) |
| Pelvic | 13 | 10 | 31 | 41 |
| Abdominal | 11 | 10 | 36 | 44 |
| Stomach | 11 | 10 | 25 | 47 |
| Back | 36 | 80 | 75 | 76 |
| Head | 17 | 20 | 75 | 94 |


**Emotional Trauma**

- Significant physical or emotional stressors such as physical trauma or deployment have been implicated as potential syndrome triggers along with other types of trauma.
- Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) have been found to produce clinically significant improvement in PTSD symptoms in multiple randomized controlled trials.
- Although these treatments share many common factors, the focus of CPT is on changing maladaptive thoughts while the main mechanism of PE is exposure exercises.


**Surroundings**

What would you rather see from your hospital bed?

Wallpaperswala.com
Surroundings
Make One Small Change
Some Examples:

- Appeal to the senses
- Get organized
- Change work
- Improve emotional surroundings
- Create a healing space
- Remove/heal from toxins
- Get nature time
- Plant a tree
- Paint a wall
- Put a plant on your desk
- Take a media break
- Clean up the roadside
- De-clutter
- Add art
- Get a carbon monoxide detector

Personal Development
How do you learn/grow/live more fully?

- Abilities - talents and skills
- Gratitude
- Learning and education
- Creativity, hobbies
- Service and volunteering
- Healthy mood, humor
- Hope and optimism
- Balance
- Achieving dreams and goals
- Building resilience
- Wonder and amazement

Personal Development
Make One Small Change

All the topics so far can guide you:

- Hope and optimism
- Balance
- Create and Learn
- Give and Volunteer
- Be grateful
- Humor
- Resilience

Or set a different small goal:

- Develop self-compassion
- Increase happiness
- Work on your finances
- Set a new goal
- List your strengths
- Do a simple kindness for someone
"Just Like Me" Compassion Practice

Time to Pause and Create

• You have the answers
• This is time to put them into action

Pause

Be Present

Proceed Towards Whole Health

For Tomorrow...

• Consider a principle of PHP you would like to try with a patient
• How about an area to work on yourself?
• Consider how you can take implementation to the next phase
• Homework: one radical act of self care

Where the rubber meets the road