A Biopsychosocial Approach in the Treatment of Chronic Pain

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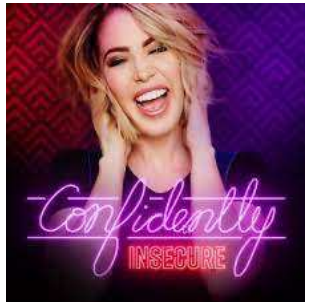


PAIN REPROCESSING
THERAPY

BEHAVIORAL HEALTH TODAY
A TRIAD NETWORK PRODUCTION

The Stats

- Chronic pain affects 20% of people in the US.
  - Related estimated annual cost of more than $600 billion
- The most common type is chronic back pain (CBP).
- Per the National Health Survey, people with chronic pain reported:
  - 22% reduction in ADLs
  - 25% reduction in social engagement
  - 49% work limitations

Ashar, et al., 2022; Hurt, 2022

The Definition of Pain

- In 1979, the International Association for the Study of Pain (IASP) defined pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of tissue damage, or both.”

- In 2020, the IASP introduced a revised definition to “an unpleasant sensory and emotional experience associated with, or resembling that association with, actual or potential tissue damage.”

Moayedi & Davis, 2013; IASP, 2020

IASP Expansion

1. Pain is always a personal experience that is influenced to varying degrees by biological, psychological, and social factors.

2. Pain and nociception are different phenomena. Pain cannot be inferred solely from activity in sensory neurons.

3. Through their life experiences, individuals learn the concept of pain.

4. A person's report of an experience as pain should be respected.

5. Although pain usually serves an adaptive role, it may have adverse effects on function, as well as social and psychological well-being.

6. Verbal description is only one of several behaviors to express pain; inability to communicate does not negate the possibility that a human or a nonhuman animal experiences pain.

IASP, 2020

Cartesian Dualistic Theory

- Early theories believed that pain was the consequence of committing immoral acts and that the suffering they endured was the person's way to repent.
- One of the first alternative scientific pain theories was introduced by French philosopher, Renee Descartes in 1644.
- He hypothesized that pain could be a result of physical injury or psychological injury; but they did not influence each other, making pain a mutually exclusive phenomenon.
- Fails to explain why no two chronic pain patients have the same experience with pain even if they had similar injuries.

Trachsel, Munakomi & Cascella, 2022

Specificity Theory of Pain

- In 1811, Charles Bell postulated that the brain was not the homogenous object that Descartes believed it was, but instead a complex structure with various components.

- Johannes Muller concluded that there was an infinite number of receptors in the skin, and this surplus of receptors accounted for the ability of an individual to discriminate between different sensations.

- In the late 1800's, Maximillian von Frey made another critical addition to the theory with the discovery of the four separate somatosensory modalities found throughout the body.
  - Cold, pain, heat, and touch

- Fails to account for factors other than those of physical nature that result in the sensation of pain and also lacks an explanation for why sometimes pain persists long after the healing of the initial injury.

Trachsel, Munakomi & Cascella, 2022

Pattern Theory of Pain

- In 1929, American Psychologist, John Paul Nafe indicated that there are no separate receptors for each of the four sensory modalities.
  - Directly opposed the ideas suggested in Specificity Theory
- He suggested that each sensation relays a specific pattern or sequence of signals to the brain.
- The brain takes this pattern, deciphers it, and the pattern the brain reads correlates with the sensation felt.
- It can be stated with certainty, that this theory is an inaccurate explanation for how we feel pain given the discovery of unique receptors for each type of sensation.

Trachsel, Munakomi & Cascella, 2022

Gate Control Theory of Pain

- Researchers Ronald Melzack and Patrick Wall proposed we view pain through a mind-body perspective in 1965.
  - Initiated the idea that pain was not solely a result of physical injury, but rather a complex experience, influenced by cognitive and emotional factors
- This theory proposes that neurological gateways in our brains decide which pain signals get to come through and which are kept out.
- "Gate control theory posits that the sensation of a noxious stimuli can be blocked by a non-noxious stimuli carried by nerve fibers that reach the brain before the painful input because those nerve fibers are slower."
  - Noxious stimuli are threatening to the body (i.e., pinching, exposure to an irritant, extreme temperature).
- Think about what a regular gate does: it creates a barrier between what is allowed in and what stays out.
  - When the gates are open, the body will feel more pain; when they are closed, it feels less pain.

Brain & Spine, 2022; Trachsel, Munakomi & Cascella, 2022

Role of Large vs Small Fibers

- Large nerve fibers send your brain information about things like being touched or feeling pressure on your skin.
  - Messages are sent quickly.
- Small nerve fibers send your brain information about pain and temperature.
  - Messages are sent more slowly.
- So, increasing large fiber activity helps a person perceive pain as being less painful.
  - By getting to the brain first, they help close the gates.
- This explains why rubbing your knee or clutching a stubbed toe can help take away some of the pain.

Neuromatrix Theory of Pain

- Melzack's exposure to amputees that were experiencing phantom limb pain in well-healed areas prompted his inquiry into this more accurate philosophy of pain.

- The neuromatrix consists of multiple areas within the central nervous system that contribute to the signal, which allows for the feeling of pain.
  - The signal that these areas of the CNS work together to create is responsible for allowing an individual to feel pain, and he referred to it as the "neurosignature."

- The idea that peripheral signals can alter the neurosignature highlights the effect that nonphysical factors have on an individual's experience with pain.

- He claimed when there is an alteration in a certain signal, this allows for memory formation of these particular experiences, so if the same circumstances occur again in the future, it is this memory that allows for the same sensation to be felt.

- Still fails to account for social constructs of pain

Trachsel, Munakomi & Cascella, 2022

How Did We Get Here?

- George Engel worked to to reverse the dehumanization of medicine and disempowerment of patients.
- He offered a holistic alternative to the prevailing biomedical model that had dominated industrialized societies since the mid-20th century.
- The biopsychosocial model is a way of understanding how illness and suffering are affected by multiple levels of organization.
- Practically, it is a way of understanding a client's subjective experience as an essential contributor to accurate diagnosis, health outcomes, and humane care.
  - Psychosocial variables are more important determinants of susceptibility, severity, and course of illness than had been previously appreciated by those who maintain a biomedical view of illness.

Borrell-Carrio, Suchman, & Epstein, 2004

Biopsychosocial Model

- Anesthesiologist, Dr. John Loeser has been credited as the first person to use this model in association with pain.
- He suggested that four elements need to be taken into consideration when evaluating a patient with pain:
- Nociception is the signal that is sent to the brain from the periphery to alert the body that there is some degree of injury or tissue damage.
- Pain, on the other hand, is the subjective experience that occurs after the brain has processed the nociceptive input.
- He posits that suffering is an individual's emotional response to the nociceptive signals and that pain behaviors are the actions that people carry out in response to the experience of pain.

Trachsel, Munakomi & Cascella, 2022

Biopsychosocial Model

- Biology: Genetics, tissue damage, hormone levels, diet, sleep hygiene
- Psychological: Thoughts, beliefs, biases, coping skills
- Social: Support network or lack thereof, hobbies, culture, religion, SES

- In addition to better outcomes and increased patient satisfaction, this approach serves to reduce the financial costs associated with caring for chronic pain patients.

- Research comparing an interprofessional biopsychosocial pain management protocol to alternative methods concluded that the former is 21 times more cost-effective compared to other methods.
  - This reduction in cost can be attributed to a decreased need for pain medication, reduced calls for health care and emergency room visits, and decreased disability payments.

Zoffness, 2019; Trachsel, Munakomi & Cascella, 2022

The Central Nervous System

- The body's receptors send the sensory information from around you up your spinal cord and to your brain.
  - This information can be interpreted as safe or dangerous.
- If you believe you are in danger, your brain will do what it does best.
  - Protect you by communicating pain
- Imagine if I were to toss you a baseball, but your brain thought it was a hand grenade. You'd respond as if it was dangerous even though it's safe.
- Pain is not an accurate indicator of tissue damage, but rather your brain's best guess based on the information available.

Deutsh & Gasienica, 2022; Zoffness, 2019

How I Became a Professional Tap Dancer

- Practice makes perfect and my tapping neural pathway got super strong!
- The brain can also become really skilled at pain.
- Persistent pain is practiced pain and those neural pathways strengthen too.
- This leaves your nervous system *sensitive*.
  - Small signals from the body feel magnified.
  - Your body's warning system becomes highly reactive.
    - Like when the fire alarm blares loudly, lights flash, but no fire

Zoffness, 2019

Faulty Alarm System Metaphor

- It is logical for the brain's alarm system to go off and produce pain after an accident or medical procedure.
  - Once you address the danger, it also makes sense that the alarm would be deactivated and return to its normal, resting level of activity.
- For some, the nerves that have communicated danger calm down very slowly and remain electrically charged.
- With extra sensitive nerves, activity such as sitting, reaching, or bending causes the nerves to fire danger messages to the brain.
- A typical response when you sense danger is to feel fear.
  - Stress and fear further sensitize the pain system, making it worse.

Louw, 2013; Zoffness, 2019

Terrible Pain in the Absence of Bodily Harm

- In 1995, the British Medical Journal reported that after jumping onto a plank, a 7-inch nail pierced a 29-year-old construction worker's boot clear through to the other side.

- He was given opioids to manage the pain in the ER, but when the doctors removed his boot, they discovered the nail never penetrated his skin and had actually just passed between his toes.

- Sensory receptors in the man's body reported to his brain that a nail had punctured his boot *and* his foot!

- His brain, perceiving a potential threat to his safety, used context to determine what had occurred.

Zoffness, 2019b

Pain is Never Purely Physical

- In order to determine what happened and how to respond, his brain collected:
  - Sensory information
    - Including the visual of a nail sticking out of his shoe
  - Knowledge of the risky, somewhat dangerous work environment
  - The verbal and nonverbal cues provided by his co-workers who witnessed this occur

- Thoughts, beliefs, and emotions set off a ripple effect of biological and neurochemical processes.

- Synthesizing the sum total of this information, his brain decided that he was in danger, so pain was created to protect him.
  - Real pain was generated a result of factors having nothing to do with actual tissue damage.

Zoffness, 2019b

Little Pain in the Face of Real Damage

- There was another construction worker using a nail gun when it unexpectedly discharged, hitting him in the face.
- His injuries: a mild toothache and a bruise under his jaw.
- He went to the dentist six days later and an X-ray revealed a 4-inch nail embedded in his head!
- But because contextual cues failed to put his brain on high-alert, his pain system remained quiet despite actual bodily harm and the need for medical attention.

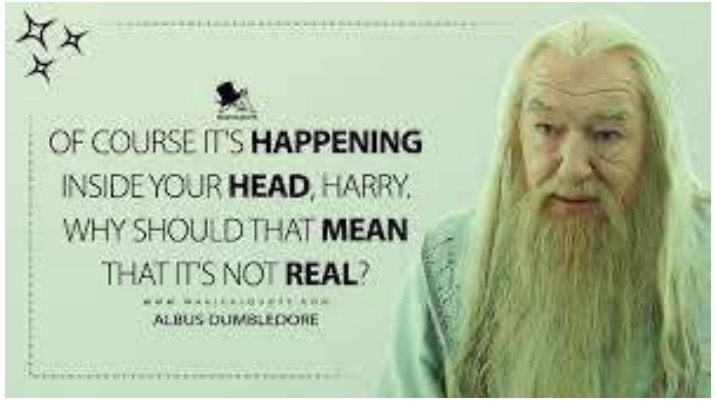
Zoffness, 2019b

“It’s All in Your Head”

- The implication is that it is not real.

- Pain is located in your head, in your brain!
  - When you have pain, your brain is actively processing it.
  - How that processing occurs determines how your pain is experienced.

- “Just as going to the gym to exercise your body doesn’t necessarily mean there’s something wrong with your body. Going to therapy to exercise your mind doesn’t mean there’s something wrong with your brain!”



Louw, 2013; Zoffness, 2019

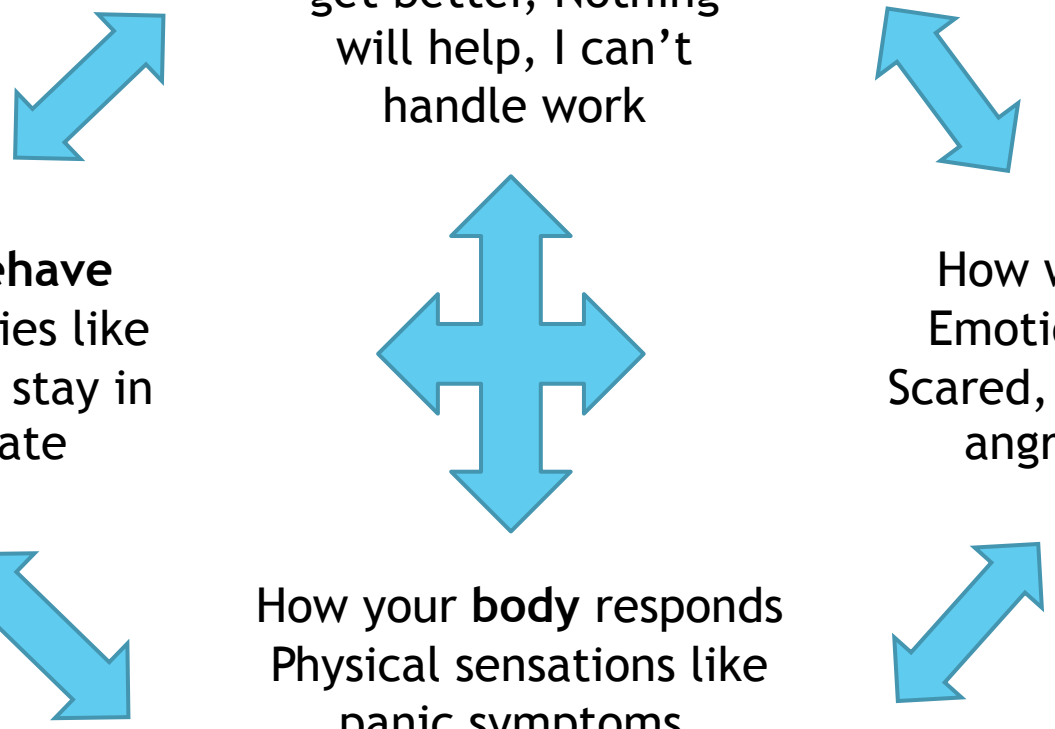
CBT Pain Cycle

What we **think**
I'm broken, I'll never get better, Nothing will help, I can't handle work

How we **feel**
Emotions like Scared, stressed, angry, sad

How your **body** responds
Physical sensations like panic symptoms, stomachache, headache

How we **behave**
Avoid activities like working out, stay in bed, isolate



Zoffness, 2019

Language Matters

Weak
Damaged
Powerless

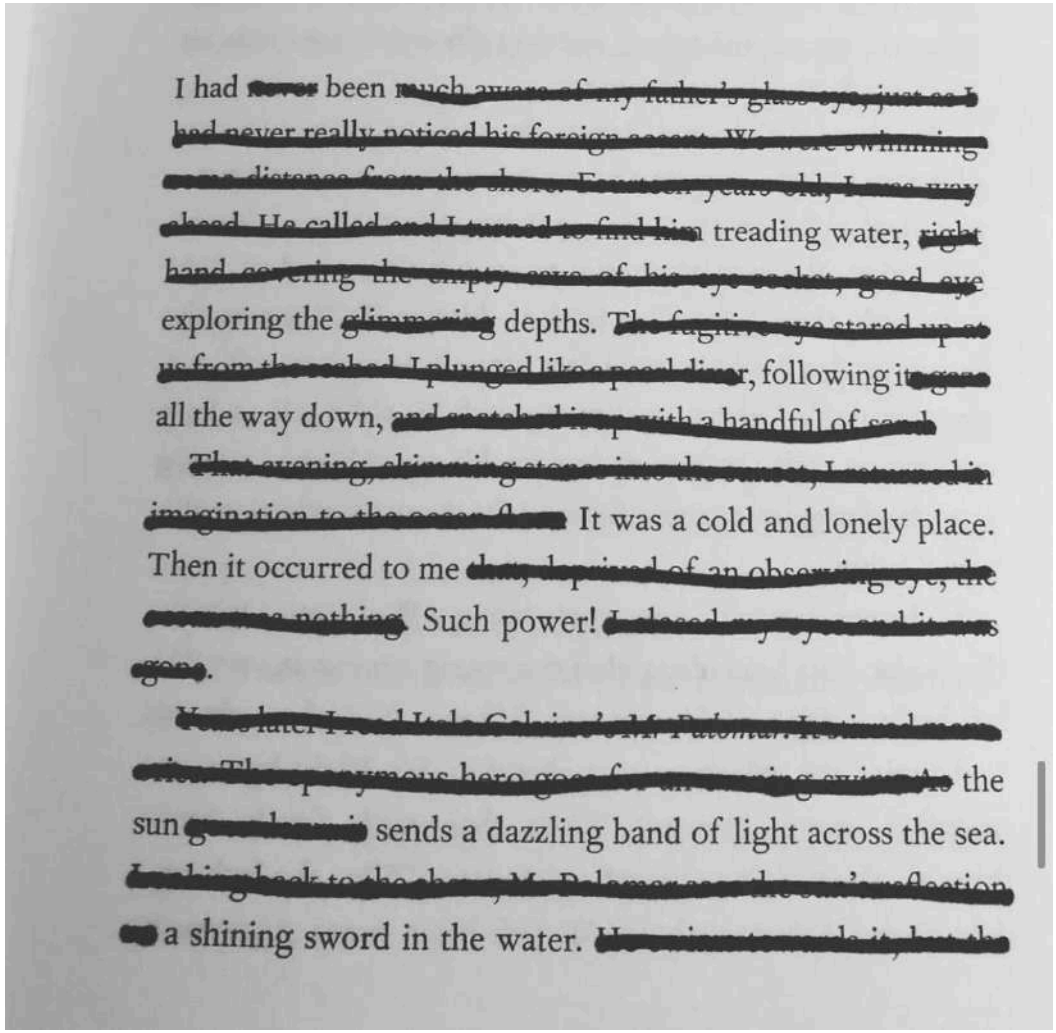
Strong
Capable
Powerful

Write, Voice Memo, Share with your People

- Describe a time when you were distracted, happy, relaxed, or having fun, and your pain felt a little less bad.
- What lifts your mood?
- What relaxes your body?
- What relaxes your mind?
- What distracts you?
- What emotions trigger your pain?
- What situations trigger your pain?

Zoffness, 2019; Arnoff, 2023

Blackout Poetry



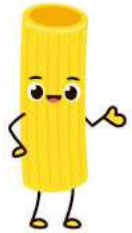
I had [redacted] been [redacted]
[redacted] treading water, [redacted]
exploring the [redacted] depths. [redacted]
[redacted], following it [redacted]
all the way down, [redacted]
[redacted] It was a cold and lonely place.
Then it occurred to me [redacted]
[redacted] Such power! [redacted]
[redacted].
[redacted] the
sun [redacted] sends a dazzling band of light across the sea.
[redacted]
[redacted] a shining sword in the water. [redacted]

The Five Senses

- Sight: Watch movies, read, take or look at pictures, dim the lights
- Sound: Certain playlists, audiobooks, sound machines, guided meditation
- Touch: Soft materials, things that squish, hot soak, ice packs, furry friends
- Smell: Flowers, familiar food, scented candles, scratch and sniff
- Taste: Chocolate, spicy, sour, familiar food

Tension

- Provide psychoeducation about how we carry tension in our bodies but might not realize when and where.



- SPAGHETTI!
  - You cannot be afraid to be silly.
  - Normalize it so kids will be less likely to shrivel away from the embarrassing “therapy exercise.”
  - Have the family engage as well so they feel less like the “identified patient.”

- Progressive Muscle Relaxation Exercise

Pain Reprocessing Therapy (PRT)

- PRT provides patients with a causal model of pain.
  - Due to brain processes in the absence of structural damage
- Markets pain as a false alarm
  - It emphasizes that the pain is reversible, and the body is healthy.
- Promotes the expectation that *neuroplastic* pain can be substantially reduced or eliminated with psychological treatment
  - Treatment involves teaching the brain that the signals it is receiving from the body are actually safe.
- Studies have found that pain neuroscience education alone typically has limited effects on reducing or preventing chronic pain.

Ashar, et al., 2022

Therapeutic Influences

- PRT builds upon existing psychological treatment models
- Cognitive Behavioral Therapy
  - Decreasing pain catastrophizing
- Exposure-based Therapy
  - Emphasizing that painful activities are not injurious
- Acceptance and Commitment Therapy
  - Enhancing pain acceptance
- Mindfulness-based Interventions
  - Promoting nonreactive attention to bodily sensations

Ashar, et al., 2022; Cherkin, et al., 2016; McCracken & Vowles, 2014; Vlaeyen, et al., 2012

PRT Breakdown

- Education about the brain origins and reversibility of pain
  - Studies have shown that your nerves will immediately start calming down when your awareness regarding the root of your pain increases.
- Gathering and reinforcing personalized evidence for the brain origins and reversibility of pain
- Attending to and appraising pain sensations through a lens of safety
- Gravitating toward positive feelings and sensations
- Addressing other emotional threats

Ashar, et al., 2022, Louw, 2013

Why Evidence Can be Challenging

- We are evolutionarily wired to associate physical pain with physical injury.
- Many CBP patients have been given structural diagnoses (bulge, herniation, disc degeneration, etc.).
- Many CBP patients have developed learned associations.
  - Physical positions (e.g., sitting, standing) or activities (e.g., walking, running, bending) that have come to be associated with the onset of pain, reinforcing the belief that there is something structurally wrong with them.

Ashar, et al., 2022

Assessing for Neuroplastic Pain

1. Did the pain originate during a time of stress? Is it also triggered by stress?

2. Did the pain originate without a preceding injury? Was there a delay?
    1. It could start with tissue damage, but then persist after the injury healed.

3. Is there a lack of physical diagnosis?

4. Are symptoms inconsistent?
    1. Structural pain doesn't typically vary in trigger and degree.

5. Are there a large number of symptoms?
    1. Having multiple unrelated physical conditions in less likely.

6. Do your symptoms spread or move? Are they symmetrical?

Deutsh & Gasienica, 2022

Childhood Adversity

- People who have experienced trauma in their childhood are more likely to develop chronic pain as adults.

- Significant family history
  - Mental health
  - Substance abuse

- Anything that made you feel unsafe growing up can predispose you to chronic pain.
  - Cyberbullying
  - Ultra-competitive high school

- When you have these kinds of experiences growing up, it can cause you to see the world through a lens of danger, which makes you more susceptible to neuroplastic pain.

Deutsh & Gasienica, 2022

Common Personality Traits

- Self-criticism
- Perfectionism
- People-pleasing
- Anxiousness
- It is not surprising that these traits are associated with neuroplastic pain, as each of them puts the brain on high alert in their own way.

Deutsh & Gasienica, 2022

Guide to Somatic Tracking

1. Identify feared stimulus
2. Bring awareness to somatic manifestation
3. Provide cognitive psychoeducation
4. Link emotion to physical sensation
5. Help your brain to feel safe
   - Mindfulness
   - Safety Reappraisal
   - Positive Affect Induction

Deutsh & Gasienica, 2022

Mindfulness

- Familiarize yourself with your internal state and bring your attention to a physical sensation in your body.
  - What is the quality of the sensation?
  - Can you describe the location of the sensation? Is it widespread?
- It can be as simple as attending to the warm sun on your face or cold water on your hands to start.
- You don't need to do anything or change or move it in any way, just notice it, explore it curiously, without fear or judgement.
  - What happens as you pay attention to it?
  - Does it intensify? Subside? Move around?
- The more you are able to watch the sensation from this perspective, the more you train your brain to go there automatically in the future.

Deutsh & Gasienica, 2022

Child-Friendly Mindfulness Games

- It is sometimes easier for clients to practice mindfulness first without being asked to attend to their physical discomfort.
  - Once they build upon their skills, then they can redirect their attention inward.

- Favorite smell/birthday candle breathing
- Coin Toss
- Inside/Outside Sounds
- ABC Game
- Mindful Eating
- Never-ending Story
- Scribble Art

Safety Reappraisal Quotes

- Validate
  - “Now I know it feels like something is going on in your body.”

- “Your muscles are all healthy, your tendons are all strong, your ligaments and nerves are all perfectly intact.”

- “Your brain is overreacting to a perfectly neutral, safe sensation.

- “See if you can pay attention to this sensation. You don’t need to get rid of it... in fact, there’s nothing to even get rid of. It is simply your brain making a misinterpretation.”

Deutsh & Gasienica, 2022

Positive Affect Induction

- Humor
  - Smurfs
  - Snorkeling
- Stories
  - “I know someone who likes to invest in the stock market. They say it doesn’t matter what happens with the stock day-to-day. It’s what happens to it in the long term. It’s the same thing with pain. It doesn’t matter what happens in the moment, so just observe it.”
- Relaxing Imagery
  - “You don’t want to pay attention to it like the way you do when you’re studying for a test, with a sense of scrutiny or intensity. You’re just paying attention with a real sense of effortlessness and ease.”

Deutsh & Gasienica, 2022

Imagery

- Mental images can control physiological responses.
- Stressful events will initiate a stress response.
  - Increased adrenaline
  - Muscle contractions
  - Increased heart rate
- The opposite is true for imagining a safe and calming place.
  - The beach, a trail in the woods, a family cabin
- Describe each of the 5 senses to enrich your memory
- You can carry this relaxing place with you everywhere you go.

Levine & Phillips, 2012

Breathing as a Positive Sensation Prompt

- Attend to the inhale and exhale in the area that feels most pleasant or comfortable for you as you breathe.
  - Stomach, Chest, Nose
- Lean into this sensation in this nice and easy way, knowing that you are communicating messages of safety to your brain in the best way that you can.
- Engage in safety reappraisal and positive affect induction
- Now just see if you can enjoy focusing on the breath knowing that the very act of attending to this pleasant sensation is the best thing that you can do for your brain.
- Enjoy the physical sensation of your breath while simultaneously giving your brain the practice to pay attention through a lens of safety.

Deutsh & Gasienica, 2022

Applications

- **What's Up:** Uses CBT and ACT techniques to help manage depression, anxiety, anger, self-esteem, and stress that provides general information, as well as short- and long-term coping skills to use when needed
- **Calm Harm:** Uses comfort, distraction, expression, release, and breathing activities when an urge presents itself, followed by a mood and effectiveness tracker, as well as a list of contacts if still needing support
- **Insight Timer:** Thousands of guided meditation exercises and group discussion on message boards
- **Combined Minds:** A strength-based approach for family and friends to be supportive about anxiety, depression, self-harm, disordered eating, and digital addiction
- **Achy Penguin:** Child-friendly pain management, including belly breathing, distraction games, and progressive muscle relaxation
- ***Thinkladder:** Offers a choice of themes, shared distorted beliefs, and insights to use to challenge those negative beliefs and redirect your automatic thoughts when overwhelmed
- ***Flowly:** Combines virtual reality and biofeedback training to regulate breathing and reduce anxiety

The Boulder Back Study

- Designed to test whether PRT provides substantial and durable pain relief from primary CBP and to better understand treatment mechanisms.
- Participants randomized to PRT participated in 1 telehealth session with a physician and 8 psychological treatment sessions over 4 weeks.
- Treatment aimed to help patients reconceptualize their pain as due to non-dangerous brain activity rather than peripheral tissue injury, using a combination of cognitive, somatic, and exposure-based techniques.
- Participants randomized to placebo received an open-label subcutaneous saline injection in the back.
- Participants randomized to usual care continued their routine, ongoing care.

Ashar, et al., 2022

Study Findings

- 33 of 50 participants (66%) randomized to 4 weeks of pain reprocessing therapy were pain-free or nearly pain-free at posttreatment evidenced by rating scale assessments and fMRI results.
- Compared to 10 of 51 participants (20%) randomized to placebo and 5 of 50 participants (10%) randomized to usual care
- Gains were largely maintained through 1-year follow-up.
- Conclusion: Psychological treatment focused on changing beliefs about the causes and threat value of primary CBP may provide substantial and durable pain relief.

Ashar, et al., 2022

Does it Generalize?

- The results of the Boulder Back Study support changes in fear-inducing beliefs as a potential mechanism for the success of PRT.

- This is consistent with extinction-based treatment approaches to anxiety disorders.
  - 85% of patients became free of panic symptoms following treatment focused on reappraising somatic symptoms as caused by non-dangerous central nervous system processes (e.g., false alarms).

- Personally, I've effectively integrated somatic tracking into my work with trauma, phobias, panic disorder, and depression.

- Psychoeducation regarding neural pathways can be helpful in better understanding, thus managing stressful thoughts
  - Paved road example

Ashar, et al., 2022; Barlow, et al., 1989

The Psychological Toll of Pain

- Fear of injury or re-injury
- The stressors of navigating the medical field
  - Appointments
  - Expensive tests and interventions
- Family and friends who don't get it
- Distrust of the body
- Grieving of what once was
  - A little more fatigued, on edge, and easily frustrated
  - Hobbies may shift, passions may pause

Spoon Theory

- Writer, Christine Miserandino coined the term while explaining to a friend what chronic illness feels like.
  - She grabbed a handful of spoons to make her point.
- Each spoon represents a finite unit of energy.
- Healthy people may have an unlimited supply of spoons, but people with chronic illnesses have to ration them just to get through the day.
- Now, it is a shorthand for chronically ill people to explain how they are feeling and coping, as well as their capacity day-to-day.
- You might have heard someone refer to themselves as a “Spoonie.”

Latifi, 2023

Encouraging Clients to Share with Others

- Being vulnerable and sharing tough stuff can be uncomfortable.
  - Their pain is valid and they shouldn't have to carry it alone.

- They may have a pesky voice in their head might say something like:
  - It's not that bad.
  - Other people have it worse.
  - I don't want to seem like I'm always complaining.
  - I don't want to be a burden.

- Acknowledge the fact that it is likely easier to say, "*I'm fine*" or "*Better!*" when someone asks how they are doing or feeling.

- Remind them that by sharing their pain, they are not placing a burden on someone else, but they are starting to lift the burden off themselves.

Arnoff, 2023

Pre-Share Preparation

- Process beforehand.

- Doing so before sharing with someone else can make it easier to:
  - Organize their thoughts
  - Check-in about the feelings that arise
  - Prepare better once they recognize what might be most difficult to share

- There is not just one “right” way to do this.
  - Handwrite
  - Type
  - Voice memo
  - Traffic talk

Arnoff, 2023

Friendly Reminders

- Clients can experience more than one feeling at the same time.
  - An appropriate response is: “I’m not physically feeling great, but I’m glad to hear from you!”
- Empower them to communicate their needs.
  - “I’m actually hurting today and am binging this Netflix series so can we talk later?”
- They don’t owe anyone an immediate response.
- Let’s say a client starts sharing and all the sudden they get the message from themselves that it’s too much right now OR someone starts asking questions they aren’t feeling ready to answer in that moment…
  - No is a complete sentence.

Arnoff, 2021; Arnoff, 2023

For the Listener

- A pretty normal urge that sometimes follows someone opening up about their tough stuff would be to get all the details.

- Some people find it most helpful to share all of their "story," but it's case-by-case and it is best to let the person sharing take the lead.

- "If you are left wanting more, you can ask the person sharing if they feel comfortable with you asking them more about their experience."
  - If they say **yes**, let them know/remind them often that if at any point during the conversation they are feeling drained, you can talk about something else or simply end the call/text and chat again later.
  - If they say **no**, you need to be prepared to honor their feelings immediately. You can ask what might be helpful for them in the moment (e.g., a new topic, a funny distraction, listening to music together).

Arnoff, 2023

After the Conversation

1. Encourage them to do their own research.
   - It's not the responsibility of the person sharing to fill them in completely.

2. Learn their do's and don'ts.
   - What meds do they prefer in which situations? What foods and drinks help and hurt? Do they prefer ice or heat? What's their favorite movie to watch, music to listen to, clothing to wear?

3. Help them recognize that even with a full medical degree, if one does not personally live with chronic pain, they will never truly understand what it is like and that's okay. Remind them that they can still be a rockstar support to their person even without that lived experience.

4. Work on acceptance that sometimes there's nothing they can do.
   - Hopefully it's validating to both parties that it is so frustrating that there is not always a "quick fix" to the problem.

Arnoff, 2023

Radio Silence?

- To the clients stressing about how long it's been since they've reached out, wondering if their people are upset, hoping no one has noticed and it's not that big a deal:
  - "Cut yourself some slack. You are going through it, and ultimately you are the expert on how to get yourself through as unscathed as possible."
  - "Reach out to your people. You chose them for a reason. Give them a chance to remind you why."

- To those waiting in silence wondering what's up with the unread text messages, or worse the read messages that have gone unaddressed, a friendly reminder:
  - "Feel your feelings and let your person know if they have been ineffective in their communication. You are not a burden for also having needs in the relationship and they should be taken into consideration."
  - "Everyone gets overwhelmed with something at one time or another so be patient with your people."
  - "When your patience has run thin, and it will, because that's real life, gently reach out to let them know you miss them and want to dedicate some time to reconnect."

Arnoff, 2023

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Thank you!

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Any questions?