WEBVTT

1 "Russell, Wanda" (3781270528)
00:00:01.499 --> 00:00:21.570
Hello, thank you for joining us for sickness substance use awareness series today. My name is Wanda Russell and along with my Co workers Stephanie gets so, Jordan, Nelson and Carrie Mac. We appreciate you for joining us.

2 "Russell, Wanda" (3781270528)
00:00:21.570 --> 00:00:37.530
We are a team of nurses and behavioral clinicians for the substance use disorder team here at North behavioral, which is part of stigma due to the format of the seminar. You will not be able to ask questions during the presentation.

3 "Russell, Wanda" (3781270528)
00:00:37.530 --> 00:00:57.530
But you are able to ask questions at any time in the Q and a section from at the lower right side of your screen. We will try to address as many questions as time permits during the last, 15 minutes of our hour together. Please limit your questions to the seminar topic and if you have specific questions.

4 "Russell, Wanda" (3781270528)
00:00:57.530 --> 00:01:17.730
Regarding substance, use disorder, treatment, cognitive, behavioral, pain management, or your policy please contact me or 1 of my teammates our contact information can be found on the last slide of the PowerPoint. Today's PowerPoint will be part of the presentation here in the web X.

5 "Russell, Wanda" (3781270528)
00:01:17.730 --> 00:01:34.320
Or you can click the link found in the chat section near the Q and a right now today, I have the pleasure of introducing alena for our June webinar pain, reprocessing therapy and evidence based treatment for chronic pain.

6 "Russell, Wanda" (3781270528)
00:01:34.320 --> 00:01:52.650
Paulina is a licensed clinical social worker and the CO, founder of the pain reprocessing therapy center. She earned her master's degree from the University of Southern California. She specializes in pain reprocessing therapy and draws influence from cognitive.

7 "Russell, Wanda" (3781270528)
00:01:52.650 --> 00:02:08.160
Behavioral and psychodynamic theories to help clients better understand their own mind body connection and deactivate fear signals

in the brain. She encourages clients to approach their pain and
subsequent healing.

8 "Russell, Wanda" (3781270528)
00:02:08.160 --> 00:02:23.280
Not with expectation, but rather through a lens of empowerment,
Paulina helps her clients to increase their self compassion and self
care as essential tools in chronic pain recovery as well as personal
growth.

9 "Russell, Wanda" (3781270528)
00:02:23.280 --> 00:02:42.090
In addition to her clinical work, Paulina presents at various chronic
pain conferences, aiming to build comprehensive network of certified
practitioners to treat the millions who suffer from chronic pain.
Paulina spearheads the development of new initiatives.

10 "Russell, Wanda" (3781270528)
00:02:42.090 --> 00:02:57.480
Professional trainings and educational resources to expand the reach
of paying reprocessing therapy and improve access to care. Paulina all
has also has experience working with juvenile justice and system.

11 "Russell, Wanda" (3781270528)
00:02:57.480 --> 00:03:15.180
Involved with you as well as adults, suffering from anxiety OCC and
disordered eating. Now it's my pleasure to turn the presentation over
to Paul. Lena are paying reprocessing presenter.

12 "Paulina Soble" (3559358976)
00:03:15.180 --> 00:03:35.270
Great Thank you so much. Thank you for the warm introduction and the
invitation to be here. It's so nice to meet you. All as mentioned. My
name is Paulina. I am a licensed clinical social worker, and I
specialize in the treatment of chronic pain. So, I work as a clinician
in private.

13 "Paulina Soble" (3559358976)
00:03:35.270 --> 00:03:56.150
Practice where I treat patients with a psychological technique for
pain and after seeing so much success with this treatment approach
called pain reprocessing therapy that I will dive into today, I really
saw the need for more education in the nuances of how we work with the
chronic pain population.

14 "Paulina Soble" (3559358976)
00:03:56.150 --> 00:04:16.940
And most people that I spoke to about this alternative form of
treatment had never heard of it before. So I went on to Co, found and
launch the pain reprocessing therapy center with an aim to train more

healthcare and mental health providers in this treatment. So that they could use this.

15 "Paulina Soble" (3559358976)
00:04:16.940 --> 00:04:40.019
Modality with their patients in our own practices. So so far we have trained about 2000 professionals in this treatment approach, and we hope to keep expanding that. So, I'm really looking forward to introducing you all to this psychological treatment today and giving you a bit more information on pain, chronic pain why pain persists and how we can.

16 "Paulina Soble" (3559358976)
00:04:40.019 --> 00:05:00.019
Utilize neuroplasticity and the power of our brain to actually heal from chronic pain and not only manage it. Okay. So we can get into our next slide. Perfect. So I am going to be giving you a brief introduction to pain reprocessing therapy. And this is an evidence based treatment for.

17 "Paulina Soble" (3559358976)
00:05:00.019 --> 00:05:16.829
Chronic pain, we ran a clinical trial a couple of years ago, and we have a new 1 that is underway. Right now the current trial is actually comparing pain reprocessing therapy to cognitive behavioral therapy. So we're hoping to get great results there.

18 "Paulina Soble" (3559358976)
00:05:16.829 --> 00:05:34.859
But the clinical trial that is already done and published, we actually saw 98% of participants achieve pain reduction and 66% of participants who received pain reprocessing therapy as I'll call it throughout this.

19 "Paulina Soble" (3559358976)
00:05:34.859 --> 00:05:54.509
Presentation 66% of these participants were paying free or nearly pain free at the end of treatment. So we use this treatment in its entirety when we are dealing with primary pain. So, this is pain that is not rooted in physical damage or disease.

20 "Paulina Soble" (3559358976)
00:05:54.509 --> 00:06:11.129
But we also treat patients who do have some underlying physical issues or physical disease. And the goal is a little bit different in that case. So I wouldn't be telling this patient that I'm going to completely eliminate their pain. But I can certainly help to.

21 "Paulina Soble" (3559358976)
00:06:11.129 --> 00:06:31.129

Lower the intensity and the severity of their pain symptoms with this treatment. So there are many aspects of that can be used to minimize pain levels or to eliminate pain symptoms that are not due to any physical, acute injury or disease itself.

22 "Paulina Soble" (3559358976)
00:06:31.129 --> 00:07:04.579
So I'm going to go into the distinction between these different types of pain, you know, purely brain based pain versus more of a mixed pain where there's some structural elements and some brain based elements. So I'll get into that more today. But really simply pain reprocessing therapy will help reduce symptoms that are amplified due to anxiety fear, preoccupation, anything where the brain has the power to influence how we experience.

23 "Paulina Soble" (3559358976)
00:07:04.579 --> 00:07:24.179
Pain which you'll see a lot throughout today's presentation. So, pain reprocessing therapy is a system of brain rewiring techniques to help people interpret sensations from their body correctly and this can reduce, or even eliminate pain.

24 "Paulina Soble" (3559358976)
00:07:24.179 --> 00:07:44.179
So, as you see on this slide here, pain is a danger signal. This is the best way to understand pain. Pain is protective and pain is necessary for survival. Pain is not all bad. Oftentimes, pain exists when there is a real threat or a real danger. And it.

25 "Paulina Soble" (3559358976)
00:07:44.179 --> 00:08:08.089
Of this threat or danger, so that we can protect ourselves and we have a better chance of survival. So, a classic example is, if I were to put my hand on a hot stove, then there are fibers in my hand would send a danger signal to my brain. And my brain would immediately generate pain. And it does this very quickly. So that I can move my hand away.

26 "Paulina Soble" (3559358976)
00:08:08.089 --> 00:08:28.849
From that danger, the hot stove, and I don't cause further tissue damage. So, in this way we want to experience pain. There's actually a very rare disease or disorder where people cannot feel pain. They do not experience pain and the life expectancy for that.

27 "Paulina Soble" (3559358976)
00:08:28.849 --> 00:08:52.319
Is actually pretty low, because, you know, they can have something going on in their body that is structural, like an appendix ruptures or something extreme like that. And they don't feel the pain. So they

don't have the signal. I need to act to protect myself and to help myself get away from this danger. So we can go to the next side.

28 "Paulina Soble" (3559358976)
00:08:52.319 --> 00:09:09.119
What we treat with pain reprocessing therapy, as you see here, we call it neuroplastic pain. So neuroplastic pain is basically when our brain makes a mistake, and our brain will misinterpret safe signals from our body as if they are dangerous.

29 "Paulina Soble" (3559358976)
00:09:09.119 --> 00:09:29.119
So, neuroplastic pain has a lot of terms. So far I've been saying, you know, brain based or brain generated pain. If you have ever heard of this type of pain, you may have referred to it as this was coined by John psychogenic.

30 "Paulina Soble" (3559358976)
00:09:29.119 --> 00:10:00.169
Disorder mind body syndrome. It is also called, no, see plastic pain, which is sort of explained as pain from just a sensitized nervous system or primary pain. This means it is not secondary to an injury. The pain is like the primary presenting problem without any injury that it is following. So I just mentioned this because there are so many terms to describe what we are talking about today. What we use is neuroplastic pain.

31 "Paulina Soble" (3559358976)
00:10:00.169 --> 00:10:20.599
But this is a very widespread significant issue in the world people experiencing some sort of brain based or neuroplastic pain. There's actually about 1.2Billion people worldwide and 50Million people in the U. S. that suffer from chronic pain. So whether that is structural.

32 "Paulina Soble" (3559358976)
00:10:20.599 --> 00:10:42.019
Or brand, based chronic pain is a huge problem that a lot of people are looking for treatment for so, next slide. I want to get into how pain can be constructed by the brain, because actually all pain that comes from the brain, whether it is due to a structural issue in the body, or just.

33 "Paulina Soble" (3559358976)
00:10:42.019 --> 00:11:06.929
Interpretation of signals from the brain. The reason we experience pain is because of a signal that our brain sends and kind of informs us up and puts into our conscious reality. So this is a little bit more technical, but to generate pain the brain integrates sensory input. Which, if you look at this chart here is the blue curve.

34 "Paulina Soble" (3559358976)
00:11:06.929 --> 00:11:26.929
And internal predictions, which is the yellow curve, so sensory input refers to bottom up processing. So this is from the nerve endings in our body up to our brain. So, this is what happens when in my example, I touch the hot stove, right? Sensory receptors in my hand.

35 "Paulina Soble" (3559358976)
00:11:26.929 --> 00:11:52.279
From my body travel up and send a message to my brain that this is dangerous, but there's also the added layer of internal predictions and this refers to talk down processing. So this is what I expect to feel before performing activity or certain movement, for example, and it's basically your brain's prediction about what it feels like.

36 "Paulina Soble" (3559358976)
00:11:52.279 --> 00:12:23.239
To put your hand on that surface on the hot stove, because of a past experience oftentimes, we work with people who get injured, let's say, playing a sport and I worked with the client who was injured playing basketball and he hurt his shoulder while he was shooting basket and then he had a real structural injury he ended up getting surgery, he recovered, but when he would go back out to play basketball, his brain made this internal prediction. It had this talk down.

37 "Paulina Soble" (3559358976)
00:12:23.239 --> 00:12:54.859
Processing of what he would expect to feel when he went to shoot the basket he had a lot of fear and worry that he would experience pain because he had in the past. So, with the actual pain experience, we get this middle curve on the chart, which is the green and it's a combination of the blue and the yellow and this reflects the actual pain experience. So the bottom up processing from the body and the top down processing, what you expect to feel.

38 "Paulina Soble" (3559358976)
00:12:54.859 --> 00:13:13.529
And that's how we experience pain. So, what I'll get into here is that with neuroplastic pain, sometimes it's only top down processing and there is no input structurally from the body. And sometimes there's both, but we can lower the intensity or the severity of the pain experience.

39 "Paulina Soble" (3559358976)
00:13:13.529 --> 00:13:28.649
Where the pain perception by sort of changing the way that we are predicting what is going to happen, understanding that we are safer than perhaps we made it out to be. So.

40 "Paulina Soble" (3559358976)

00:13:28.649 --> 00:13:48.649
Laura Mosley is a pain scientist that I think is so wonderful. He has a lot of TED talks out there that I would recommend watching and 1 of his TED talks. He gave such a great example of what I'm speaking about here. He described the pain he experienced when he was bitten by a snake while he was hiking in this.

41 "Paulina Soble" (3559358976)
00:13:48.649 --> 00:14:20.219
Area in Australia, and it was like a near death experience. He was out on this high. He was bitten by poisonous snake, but thankfully, he was able to be rushed to the hospital and he recovered and he was okay. But the next time that he went out to hike again, sort of in a remote area, which I'm kind of surprised he ever did again but he did, he was sort of walking through this area and just a twigg scratched his leg.

42 "Paulina Soble" (3559358976)
00:14:20.219 --> 00:14:39.479
But this twigg scratched his leg in the same sort of place where he had been bitten previously by the snake and this happened and all of a sudden he was in agony he was in so much pain, you know, almost as much pain as when he was bitten by the sink, or maybe even the same level.

43 "Paulina Soble" (3559358976)
00:14:39.479 --> 00:14:59.479
But it's interesting because he wasn't in danger. This was a tiny, harmless scratch by this twigg. And there was no real threat to him to his body to his safety. So, all he had physically was a light scratch, you know, no skin was broken, but his brain completely overreacted.

44 "Paulina Soble" (3559358976)
00:14:59.479 --> 00:15:30.359
Because of his previous experience, getting injured in the same location in the same leg and same environment. So, his brain had made this association with a fairly neutral sensory input with the danger of being bitten by a poisonous snake. And in this way, his pain was just so amplified his brain learned to experience a high level of pain when feeling any sensation in his leg when hiking in a remote area.

45 "Paulina Soble" (3559358976)
00:15:30.359 --> 00:15:50.359
So, you know, the slight scratch ended up feeling like a poison a snake bite because of his brain's internal prediction. And so I love to explain this story to patients because I find it really resonates and oftentimes patients can come up with something that, you know, a similar story in their own lives.

46 "Paulina Soble" (3559358976)
00:15:50.359 --> 00:16:18.809

And, you know, similar to Laura, mostly in the story, I have a huge fear of snakes. I always say it's 1 of my biggest fears, and I was hiking in Los Angeles years ago, and I was out alone, just enjoyed my day and I came across this huge snake in the trail in front of me. So I saw it. I screamed and I turned around and I ran back to my car and I was very smooth, but I was okay. I didn't get her.

47 "Paulina Soble" (3559358976)
00:16:18.809 --> 00:16:38.809
So, what I noticed is that I have a history of knee pain that has been diagnosed as neuroplastic, and I've sort of proven to myself that it is neuroplastic with a lot of evidence that I've gathered around the pain, which will also get into, in a few slides, but what I notice is that if I go.

48 "Paulina Soble" (3559358976)
00:16:38.809 --> 00:17:01.039
A long hike in my neighborhood. My knee doesn't hurt. Um, what used to trigger my pain was really just like, long walks running any sort of input to my leg. That was kind of extend, maybe over an hour. So, if I'm walking in the city in my neighborhood, whatever it is for a long time, I don't.

49 "Paulina Soble" (3559358976)
00:17:01.039 --> 00:17:18.629
Really experience pain, but if I go out and take a hike more so in nature, I do experience a lot more pain and, you know, maybe the distance is shorter than when I'm walking my neighborhood. Maybe it's the same incline level. But all of a sudden, I have this pain spike.

50 "Paulina Soble" (3559358976)
00:17:18.629 --> 00:17:36.299
So, basically, I think that my brain is evaluating that my body is in potential danger. There's more of a threat when I'm somewhere where I could potentially run into another snake. And so my danger signals are activated, and I experience pain, even though there's nothing necessarily going on in my body, or in my knee.

51 "Paulina Soble" (3559358976)
00:17:36.299 --> 00:17:56.299
So, there are a lot of research studies that demonstrate how the brain can really increase pain, increase, suffering, based on belief based on fear and based on anxiety. So, this top down processing that I was speaking about refers not only to internal predictions, but also, general feelings.

52 "Paulina Soble" (3559358976)
00:17:56.299 --> 00:18:08.669
Of uncertainty, or the presence of any sort of threat, maybe like snake that can increase our vigilance, you know, our hypersensitivity

to what is going on around us.

53 "Paulina Soble" (3559358976)
00:18:08.669 --> 00:18:28.669
So, this anxiety can be, like, we kind of say general general anxiety, it can be any life stressors can trigger pain it could be being in a bad relationship it could be past emotional experiences childhood trauma all of this can cause someone to have an overly active nervous system.

54 "Paulina Soble" (3559358976)
00:18:28.669 --> 00:18:50.809
And sort of exist in a state of high alert where they are constantly scanning their environment for potential threats because perhaps at 1 point, they needed to and that did help, keep them safe. So the relationship with the world, and, you know, with other people in our lives, our peers, our family, our friends is really intimately connected with how.

55 "Paulina Soble" (3559358976)
00:18:50.809 --> 00:19:13.619
We experience sensations in our own body and our brains threat predictions. So let's go to the next slide. I think a great way to explain this is thinking about we call it horror movie mode. So think about how you feel, if you were to put on a horror movie alone in your house, late at night, it's dark out.

56 "Paulina Soble" (3559358976)
00:19:13.619 --> 00:19:34.909
And, you know, someone came up, maybe your kid, your husband, someone that lives in the house and tap to you on the shoulder. All of a sudden this would sort of send you into a frenzy and you would anticipate the worse. And you would think that, you know, there's an ax murderer in your house, because you are coming from a state of such high alert.

57 "Paulina Soble" (3559358976)
00:19:34.909 --> 00:20:01.339
Fear and anxiety, or whatever it is, that this horror movie, you know, kind of put you into this certain mode. So when we are in a state of high alert or hyper vigilance, we are more likely to interpret neutral stimuli through this new lens. Right. We're interpreting something as threatening even when it really is not when we're feeling anxious or.

58 "Paulina Soble" (3559358976)
00:20:01.339 --> 00:20:28.489
Were fearful or emotional were much more likely to be everything, including sensations through a lens of danger. And so you can think about that same stimuli. You know, let's say you have your favorite sitcom on the middle of the day. It's light out. You're feeling pretty

relaxed and someone comes up and taps you on the shoulder. We'll probably respond in such a different way, even though that input that stimulus is actually exactly.

59 "Paulina Soble" (3559358976)
00:20:28.489 --> 00:20:49.309
The same and this happens often with pain sensations. So let's go to the next slide. Perfect. So you can see this equation here. Pain equal sensation plus fear. So why does our brain misinterpret safe or neutral signals? It's because of.

60 "Paulina Soble" (3559358976)
00:20:49.309 --> 00:21:18.229
This additional layer of fear, our brain generates pain in an effort to protect us when it is afraid, or when it perceives a threat and fear can refer to fear of bodily damage. You fear that there is something going on with you physically and that you need to attend to potentially or it can be a more general more general sense of safety you know, like, when you're watching a horror movie, you kind of.

61 "Paulina Soble" (3559358976)
00:21:18.229 --> 00:21:28.469
Feel really unsafe in your own safe home, because you are interpreting everything in your environment through a new lens and you're very hyper vigilant.

62 "Paulina Soble" (3559358976)
00:21:28.469 --> 00:21:48.469
Okay, next slide. So I put here the umbrella of fear, because I think the word fear can be a little tricky at times often. I'll have patients say to me, you know, I'm actually not afraid of my pain. I wouldn't describe myself as being. So, fearful of the pain. Maybe I've lived with it for long enough. I.

63 "Paulina Soble" (3559358976)
00:21:48.469 --> 00:22:03.749
Know how to manage it, but it's really frustrating. It's really annoying. You know, they'll use a different term and so another word that you can substitute with fear is threat. Um, many chronic pain patients have the same.

64 "Paulina Soble" (3559358976)
00:22:03.749 --> 00:22:23.749
Fear or general term of fear, is that there has to be something going on in my body that is causing this. You know, there has to be some form of threat to my body or else why would I be feeling pain for so long? And really what you can say or if you experience pain yourself, what I try to.

65 "Paulina Soble" (3559358976)

00:22:23.749 --> 00:22:50.719
Help patients understand is when the brain believes that our body is damaged or that there is a threat, it will respond with pain in an effort to keep you safe. You know, it's trying to help you. It's trying to be the good guy here, but I think fear of the pain can be frustration hopelessness that it will never get better that your situation will never change stress. It can be anxiety.

66 "Paulina Soble" (3559358976)
00:22:50.719 --> 00:23:11.959
Annoyance anything that puts your brain on high alert falls under this umbrella of fear. So when I will encourage patients to ask themselves, is, does this feeling make my brain feel more in danger or less in danger? Does this feeling, you know, whether it is stress.

67 "Paulina Soble" (3559358976)
00:23:11.959 --> 00:23:29.129
Anxiety frustration, annoyance, does this make my brain feel more safe or less safe? And if the answer to that question is more danger or less safe than it is technically a form of fear. So we can use that term fear if it's explained or, you know.

68 "Paulina Soble" (3559358976)
00:23:29.129 --> 00:23:46.439
Tailor it exactly to what your patient is saying, you know, it's for me, it's, it's annoyance, it's frustration, which I hear very often next slide. So this is the pain fear cycle, which is 1 of the.

69 "Paulina Soble" (3559358976)
00:23:46.439 --> 00:24:06.439
Main ways that we can fall into a cycle of chronic pain is because, as I emphasize due to the fear, so often when pain appears, we respond with fear because maybe we don't know what's going on this pain came on out of nowhere or, you know, we really did enjoy ourselves.

70 "Paulina Soble" (3559358976)
00:24:06.439 --> 00:24:29.189
And we're afraid of how bad it is, or how long it's going to put us out of the activity that we want to do. But when we respond with fear, this reinforces danger to our brain. And the more danger our brain thinks is present, the more pain. The brain will generate in an effort to protect us and so then we have this pain fear cycle and.

71 "Paulina Soble" (3559358976)
00:24:29.189 --> 00:24:48.119
Often it can be very difficult to break this cycle, especially when you've existed in it for, you know, a number of months or years, chronic pain, we say, is generally 3 months or more if it's consistent pain. So, what we want to do in pain reprocessing therapy is approach the cycle and try to find a way out.

72 "Paulina Soble" (3559358976)
00:24:48.119 --> 00:25:08.119
Basically, next slide. Okay so with pain reprocessing therapy, simply put we say it's this sort of 2 pronged approach, because we're trying to tackle fear. We are trying to get rid of it and in order to do this, we want to 1st address the fear around the symptoms. So the.

73 "Paulina Soble" (3559358976)
00:25:08.119 --> 00:25:29.089
Fear around the pain or whatever chronic symptom is appearing, which I'll go into this more as well, but it's not just pain. We can treat chronic fatigue, insomnia, achiness, chronic nausea. There's a lot of other symptoms that I wouldn't necessarily describe as painful, but maybe uncomfortable or.

74 "Paulina Soble" (3559358976)
00:25:29.089 --> 00:25:50.749
Rotating in some way. So fear around the symptom can include your beliefs. What you think is happening in your body frustration as I said, annoyance dread anything that keeps the brain on high alert. And then the 2nd prong is addressing general fears that again, keep us in the state of high alert or hybrid.

75 "Paulina Soble" (3559358976)
00:25:50.749 --> 00:26:11.539
Vigilance and this might be unrelated to the pain, but in the patient's environment or in their social life, that is activating pain signals and amplifying sensations. If something puts you in a state of pilot, maybe it's a scary boss. You know, a very demanding boss at work. And so.

76 "Paulina Soble" (3559358976)
00:26:11.539 --> 00:26:22.469
Say you're sort of existing and walking on eggshells to make sure you don't set this person off that can actually increase the amount of pain that you're going to feel.

77 "Paulina Soble" (3559358976)
00:26:22.469 --> 00:26:42.469
Okay next slide. Perfect. Okay, so there are a lot of fears and threats as I'm mentioning, it's going to influence the pain that you experience. So this may include, you know, environmental or situational triggers.

78 "Paulina Soble" (3559358976)
00:26:42.469 --> 00:27:11.209
Help stressors, if you do, have a diagnosis that you're working with, it can be very stressful. You know, I've worked with a patient that had a diagnosis of breast cancer and so I wasn't treating her with

pain reprocessing therapy. Only, she was working alongside her doctors and medical team, but it was very scary to think what does this diagnosis mean what is it going to bring in my future? You know, there's a lot of.

79 "Paulina Soble" (3559358976)
00:27:11.209 --> 00:27:26.939
For vigilance around any sensation she would feel in her body. Is this due to the cancer is this novel? Do I need to inform my doctor of this? It can be very stressful and then, you know, of course, psychological structures, social family stressors. Um.

80 "Paulina Soble" (3559358976)
00:27:26.939 --> 00:27:46.939
And also, there can be fears of even certain emotions. Sometimes there's a fear of conflict, a fear of disorder a fear of intimacy I think this list can go on. And so, as I mentioned, perhaps with chronic pain, there's a fear of the diagnosis itself, whatever it might be, even something.

81 "Paulina Soble" (3559358976)
00:27:46.939 --> 00:28:06.939
Fibromyalgia or central sensitization, it can be confusing and it can be fearful to think, how is this going to impact my life or my loved ones how am I going to care for my children with this diagnosis? How is this going to hold me back from my goals or my plans moving forward? I think that can also be fear of.

82 "Paulina Soble" (3559358976)
00:28:06.939 --> 00:28:33.749
A loss of agency, or just fear physically feeling bad from your pain, or from the treatment that you're getting or treatment side effects. So, anything that puts our brain on high alert can be considered a danger signal and can activate our nervous system and can amplify the pain that we experience. So, let's go to the next slide to talk about this amplification of symptoms.

83 "Paulina Soble" (3559358976)
00:28:33.749 --> 00:28:50.909
So imagine if you are wearing a hearing aid, or even like, airpods design wearing, let's say, right now I'm talking, you know, at a regular indoor voice level of a 3 out of 10 volume of speech.

84 "Paulina Soble" (3559358976)
00:28:50.909 --> 00:29:10.909
But imagine you cranked your hearing aid all the way up, or you turn the AirPod sound on your phone up all the way you would be hearing me it may be an 8 out of 10 volume. So, I'm still talking at the sort of 3 out of 10 volume, but your brain interprets the sound of my voice as louder than it is because you.

85 "Paulina Soble" (3559358976)
00:29:10.909 --> 00:29:28.919
The hearing aid so far, so this is the same thing that happens with neuroplastic pain, brain base pain. There's actually a volume knob in our brains and if the volume knob gets turned up, we can interpret sensations as louder than they are.

86 "Paulina Soble" (3559358976)
00:29:28.919 --> 00:29:48.919
And the thing that determines whether the volume knob gets turned up or down is how much danger your brain thinks there is, how intensive a signal does your brain think it needs to send in order to keep you safe? So, if the fear around your symptoms is very high, or you are more hyper vigilant due to.

87 "Paulina Soble" (3559358976)
00:29:48.919 --> 00:30:15.809
External stressors that we went over, then you are more likely to interpret the sensations is louder than they are, because your brain thinks you are in more danger than you are. And so, if there is some sort of underlying physical issue or disease, it's definitely possible to reduce the volume of symptoms. The intensity of symptoms that this patient is experiencing. And if there is really.

88 "Paulina Soble" (3559358976)
00:30:15.809 --> 00:30:35.809
No underlying physical cause, which also often I see very often then it's possible to, like, truly eliminate pain with pain reprocessing therapy. If we're working with truly neuroplastic pain. Okay. So how do we do this? Let's go to the next slide. How do we reduce.

89 "Paulina Soble" (3559358976)
00:30:35.809 --> 00:31:04.219
Or eliminate this pain with pain reprocessing therapy. There are sort of 5 main steps that will go through in this treatment model. So, number 1 is assessment for neuroplastic pain, assessing for mixed pain, neuroplastic, pain or structural pain. And then the next slide, I'm going to go through some diagnostic criteria to understand. What am I working with here? Or maybe if you are experiencing.

90 "Paulina Soble" (3559358976)
00:31:04.219 --> 00:31:25.739
Pain, how do I know if this pain is due in my brain misinterpreting signals? Or if this is an accurate reflection of damage so that's the 1st step is, like, what are we working with? How do we treat this person? Do we refer them out? Do we work with them alongside another provider? We want to assess what sort of pain they are experiencing and why.

91 "Paulina Soble" (3559358976)
00:31:25.739 --> 00:31:45.739
And I'm going to get into this a little more, but the next step and what I see is probably the most important. Although that can be argued is psycho education. So you are providing education about how pain develops and why it persists. Um, maybe how.

92 "Paulina Soble" (3559358976)
00:31:45.739 --> 00:32:06.469
How you can have an oversensitive nervous system and the importance of breaking the pain for your cycle. I think patients need to understand that pain can exist in the absence of damage or threat which before I started this work, I never conceptualize that. I never knew that. So, I'll often.

93 "Paulina Soble" (3559358976)
00:32:06.469 --> 00:32:27.499
To start a ground 1 with my patients, unless they come in with so much prior knowledge of this and then step 3 is gathering evidence. So this is evidence that is personal to this patient and the next slide after this is going to explain what kind of evidence the patient is going to be looking for. But they.

94 "Paulina Soble" (3559358976)
00:32:27.499 --> 00:32:47.499
They want to understand, you know, how can I prove to my brain that I am actually save or that this pain is not due to structural damage in my body does this pain behave differently than purely structural pain should or would and we want to gather that evidence so that when we go to the next step, which is like, pain safety, learning.

95 "Paulina Soble" (3559358976)
00:32:47.499 --> 00:33:17.509
Client can look at the pain through new lens in a new way, with maybe less fear than they could if they believe that there was something going on structurally in their body. So, pain, safety, learning number 4 is exposing the patient to the pain in a safer way. Rephrasing the sensation as safe or as less dangerous than they once believed it to be. And then finally number 5, which I think I've spoken about a lot is, you know.

96 "Paulina Soble" (3559358976)
00:33:17.509 --> 00:33:45.929
Dressing other fears that really come into play what are other stressors, what are other threatening emotions that may be keeping you in the state of high alert, or of a state of hyper vigilance why might this client be scanning their environment for potential danger? And can we work on producing that finding pockets of safety in their life? Yeah, find more felt safety throughout their day.

97 "Paulina Soble" (3559358976)
00:33:45.929 --> 00:34:03.089
If at all possible. Okay, so, let's go to the next slide assessment. So I am, as I mentioned, I'm a licensed clinical social worker. I'm a mental health clinician therapist. I'm not a doctor. I'm not a.

98 "Paulina Soble" (3559358976)
00:34:03.089 --> 00:34:18.269
Position so I don't want to work outside of my scope, um, in terms of assessment and diagnosis, but we do have a lot of guidelines that help us come towards a diagnosis of neuroplastic pain and gives us a lot of clues into the.

99 "Paulina Soble" (3559358976)
00:34:18.269 --> 00:34:33.299
Possibility of neuroplasticity at play with this pain. So these diagnostic criteria that I've listed here, basically look out for pain that does not behave or present in the same way that structural pain.

100 "Paulina Soble" (3559358976)
00:34:33.299 --> 00:34:53.299
Would so, you know, if the pain comes on, only when you're stressed or the pain really began at a very stressful time, it can be a great clue. It's something we're going to notice and keep in our back pocket. Does the pain improve when this person is feeling a lot calmer? A lot more relaxed?

101 "Paulina Soble" (3559358976)
00:34:53.299 --> 00:35:12.449
Interesting to note often we see a lot of different chronic pain symptoms maybe throughout the person's life or when they come in they'll say, you know, I have had chronic pain in my shoulder but also in my knee and also in my back and I also have.

102 "Paulina Soble" (3559358976)
00:35:12.449 --> 00:35:32.969
Although this is not pleasant for the person to experience it can kind of get me excited, because it is so much more likely to have 1 underlying cause, which is the brain, rather than all of these distinct and totally unrelated physical causes that are causing pain in these different areas of the body.

103 "Paulina Soble" (3559358976)
00:35:32.969 --> 00:35:52.969
So, excuse me, this can be something to look out for what we often see also is just pain presentation. Does the pain move around the body? We often see with back pain or? I will in the morning, the pain is in the upper back, but throughout the day, it travels down down down.

104 "Paulina Soble" (3559358976)

00:35:52.969 --> 00:36:15.289
All the way to the lower back by nighttime that is really interesting, because physical pain won't always present in that same way. Pain can spread behave in some sort of inconsistent manner. We see a lot. Let's say again with back pain sitting is a trigger for the pain.

105 "Paulina Soble" (3559358976)
00:36:15.289 --> 00:36:30.569
But some chairs feel safe and clients consider them without pain and then other chairs that are more unfamiliar spike pain, which is interesting. If the body positioning is the exact same.

106 "Paulina Soble" (3559358976)
00:36:30.569 --> 00:36:50.569
So, just to look out for these inconsistencies and use them as clues into what this patient might be experiencing. And there's a lot more that I've listed here. Um, I think the main 1 is what a doctor say about your pain, have they found any reason for your pain? Oftentimes I'll see patients that say, you know, I've had a whole work up at the office for years and.

107 "Paulina Soble" (3559358976)
00:36:50.569 --> 00:37:20.959
1 can tell me why I'm still in pain. Well, that's a good clue. You know, if you have clear imaging, if medical providers are stating, they cannot find any reason for your pain. Then that gives us more evidence. That it could be due to your brain. So, as a paint therapist, I will ask a lot of questions to learn about the client's pain and assess them assessment symptoms for neuroplastic pain or at least somewhat neuroplastic pain and just seeing what evidence we can gather. I would say 1.

108 "Paulina Soble" (3559358976)
00:37:20.959 --> 00:37:39.299
Assessment criteria does not tell the full story, but see if patients can start building up a list and building evidence for neuroplastic pain. You know, what are they, what are the inconsistencies that they noticed throughout their day that might clue them into how much their brain is impacting.

109 "Paulina Soble" (3559358976)
00:37:39.299 --> 00:37:59.299
Their experience of pain. Okay. Next slide is psycho education. So, as I mentioned, I think this is so important because cycle education helps establish report in the therapy relationship, or just provide our client relationship. You want to understand the client's pain.

110 "Paulina Soble" (3559358976)
00:37:59.299 --> 00:38:15.510
How their symptoms present making them feel validated your pain is

real no matter what all pain comes from the brains. It's not something you're making up and you want to make sure you have that report and that understanding with your patient.

111 "Paulina Soble" (3559358976)
00:38:15.510 --> 00:38:35.510
And I think using patient, friendly language can be helpful. Um, oftentimes when describing the brains, misinterpretation of neutral sensations, I'll ask people to use an analogy and ask people to imagine. Let's say they were to walk outside into their yard and they see.

112 "Paulina Soble" (3559358976)
00:38:35.510 --> 00:38:56.130
Their garden hose kind of curled up in the corner of the yard, and they mistake it for something threatening, like a rattle sync and then they would react to this as if there were a threat in their backyard. And in the same way, the brain can misinterpret a safe neutral sensation from the body.

113 "Paulina Soble" (3559358976)
00:38:56.130 --> 00:39:16.130
As if it were dangerous, even when it is not because when we believe there is danger, the body produces pain and I want patients to know that this is not their fault. It is really our hard wiring. We are wired to associate physical pain with physical damage. And it is important that our brains react this way.

114 "Paulina Soble" (3559358976)
00:39:16.130 --> 00:39:42.920
But that it's very easy to mistake what is going on or misinterpreted garden hose for a rattlesnake. It happens 1 of the most sort of like, famous stories that a lot of us paying clinicians will tell our clients is about the case of a construction worker on a job site who came down from. Like, he was working on top of a house or something, and he jumped down onto a 6 inch nail.

115 "Paulina Soble" (3559358976)
00:39:42.920 --> 00:40:13.670
And it went through his boot and out the other side. So he could see it poking through. And all of a sudden, he's in all this pain. He's very scared and he goes to the hospital, but when the doctors are able to remove his boot, they saw that. The nail actually went in between his toes and it didn't actually even puncture the skin. So, his pain was genuine. But his brain generated the pain. Because he perceived that he was severely injured and then when he.

116 "Paulina Soble" (3559358976)
00:40:13.670 --> 00:40:39.380
He saw that he was not and he had so much evidence. That his body was

actually saved the pain lessened and so, this can happen all the time. So, there's a lot of research studies. But I think I'll also ask, you know what resonates with the patient. If I tell that story, is there anything they can think of or that has happened in their life? Sometimes if you.

117 "Paulina Soble" (3559358976)
00:40:39.380 --> 00:41:09.200
Say go out to dinner with a friend and they call you and they say, I'm feeling really sick. I think that food was bad and before you were feeling completely fine, all of a sudden, you kind of think oh, just nice to my card. Am I feeling nauseous because you're just looking at your body through a new lens and you have some more fear so, you know, I want to tailor cycle education to my patient, based on their pain presentation. What will help them wrap their head around? What is going on?

118 "Paulina Soble" (3559358976)
00:41:09.200 --> 00:41:30.590
And how their brain can misinterpret signals so often as it does. Okay. Next slide. So, the next thing is using those 12 criteria that we spoke about those assessment criteria, help the patient, gather personalized evidence of their pain is.

119 "Paulina Soble" (3559358976)
00:41:30.590 --> 00:41:57.920
Plastic, and then how can we reinforce that evidence and pay attention to it throughout our day to start hopefully, having a new experience, or a new interpretation of what is going on with our pain and in our bodies. So, I think I mentioned this, but I think it is very helpful to have patients actually jot down evidence and start creating a physical evidence list because we are working at 1st, with the cognitive brain.

120 "Paulina Soble" (3559358976)
00:41:57.920 --> 00:42:28.010
Helping patients understand this idea of neuroplasticity and the only way for them to authentically turn off. The pain signals is if they really believe that they are not in danger. So, having that evidence on deck can be really helpful before. We move into the tools and techniques where I'm exposing them to their pain, because I want them to be exposed to their pain in a new way, which they probably haven't before with more safety. And I think that the evidence list is.

121 "Paulina Soble" (3559358976)
00:42:28.010 --> 00:42:32.760
What can bring them that safety and that reassurance.

122 "Paulina Soble" (3559358976)
00:42:32.760 --> 00:42:50.010

Okay, next slide. Perfect. So, this pain safety learning so we're working 1st with the cognitive brain and then I really want to help show the client's brain that the pain is not as threatening as they.

123 "Paulina Soble" (3559358976)
00:42:50.010 --> 00:43:10.010
Have 1 thought I want to help their brain relearn and reappraised that they are safe and that the sensation they experiencing is not indicative of danger. So we will use mindfulness exercises. We would use exposure.

124 "Paulina Soble" (3559358976)
00:43:10.010 --> 00:43:37.020
Techniques some of which all go through, but it can be very scary to expose someone to pain. No, no. 1 wants to be in pain. No. 1 wants to feel pain, so we can use different tools to try and help them reappraised the sensation as safe and enter this exercise with more confidence. So you can expose patients to movement that triggers their pain. Let's say, like the basketball player who got hurt.

125 "Paulina Soble" (3559358976)
00:43:37.020 --> 00:43:53.670
Throwing the ball, and now every time he throws the ball, he experiences pain, I would do this while practicing, regulating the anxiety that comes with the fear of getting re injured, because he wants, did it took him out of the game for however many months right? Um.

126 "Paulina Soble" (3559358976)
00:43:53.670 --> 00:44:12.750
You can also expose patients to pain while they're stationary they don't have to be moving. Sometimes people say, you know, I'm in pain all the time I don't have to do anything to expose myself to pain. It's just here. So, you can just have them turn in word notice what's going on with their body, watch the sensation.

127 "Paulina Soble" (3559358976)
00:44:12.750 --> 00:44:32.750
Notice any inconsistencies that might come up and something else that I think is very important is leaning into positive sensations and connecting with joy. I think when you experience chronic pain, you spend so much time attending to unpleasant sensations in your body that we kind of.

128 "Paulina Soble" (3559358976)
00:44:32.750 --> 00:44:50.940
Go any nice or pleasant sensations, because the painful ones tend to be a lot louder. So I want to encourage patients to attend to those nice feelings that they so often ignore. Maybe it is taking a deep breath.

129 "Paulina Soble" (3559358976)
00:44:50.940 --> 00:45:07.230
Maybe it is getting into the shower and feeling the hot water on your face, and not bypassing those, but actually giving your brain exposure to something that feels good. And starting to develop more of a connection with your body with.

130 "Paulina Soble" (3559358976)
00:45:07.230 --> 00:45:23.430
Sensations that authentically easily feel safe. There's nothing you really have to do to help it feel good. It just does spend some time with that because your brain needs that exposure to genuinely safe parts and sensations in your body.

131 "Paulina Soble" (3559358976)
00:45:23.430 --> 00:45:43.320
Okay, next slide some of these tools and techniques that I'm talking about 1 of the main tools and 1, we find most effective and actually rewiring the brain is called somatic tracking and this is sort of the bread and butter of pain reprocessing therapy. And it is made up of 3 components.

132 "Paulina Soble" (3559358976)
00:45:43.320 --> 00:46:03.320
So, if you are attending to pain, can you do it mindfully number 1 paying attention to the here and now, without judgment, allowing the pain to behave, however, is going to and simply just noticing it watching it and removing judgment or expectation. Then we have safety reappraisal. So this really.

133 "Paulina Soble" (3559358976)
00:46:03.320 --> 00:46:06.990
Communicating messages of safety.

134 "Paulina Soble" (3559358976)
00:46:06.990 --> 00:46:26.990
Now, this is, where all that evidence comes in, I have evidence that my body is strong and safe and adaptable, or perhaps of this pain is temporary and right now I'm in a pain spike, and I know it will pass. So this can land better when the messages are authentic and that's why we took so much time.

135 "Paulina Soble" (3559358976)
00:46:26.990 --> 00:46:47.970
And to gather evidence of what is going on with the body and reinforce legitimate safety and then the last component we call it positive aspect induction. But that is just a fancy word for lightening the mood, you know, breaking up the intensity looking at a pain sensation. With.

136 "Paulina Soble" (3559358976)
00:46:47.970 --> 00:47:07.970
Maybe like more humor, more jokes or more relaxing imagery pain can feel so intense. And as the therapist, I'm trying to remove some of that intensity to have a new experience while connected with the pain. Okay. So, I want to show you what this looks like in practice. So now we're going to watch it.

137 "Paulina Soble" (3559358976)
00:47:07.970 --> 00:47:36.110
Click clip if we can put up that video clip, and this is a clip of a somatic tracking exercise. Alan Gordon, who founded the pain psychology center, which is the private practice, where I see patients is the therapist in this clip, and he is doing a somatic tracking exercise with the pain patient here and taking a look at this. You'll see those 3 components of somatic tracking that I discussed.

138 "Paulina Soble" (3559358976)
00:47:36.110 --> 00:47:46.450
And you can just kind of note how Allen integrates these components, and how the patient responds. So we can watch it.

139 "Molloy, Donna" (3764568576)
00:47:46.450 --> 00:48:13.260
So, for the for the last year and a half or so, uh, Christie, and I have been using a set of techniques that we've come to call pain, reprocessing therapy. Steven is volunteered to partake in this live demonstration with us. So, coming up, Steven, we're gonna do a semantic tracking exercise for you.

140 "Molloy, Donna" (3764568576)
00:48:13.260 --> 00:48:33.260
Yeah, airplane rides are awful. Like, going out to restaurants with friends kind of socks. You have to make excuses to get up. Do you know what's going on in your body that's causing this pain? Yeah, I like to think I do, but I think there's still gaps in my understanding of what's actually going on.

141 "Molloy, Donna" (3764568576)
00:48:33.260 --> 00:48:56.000
Why do you think you have more pain after sitting for an hour than you do after sitting for 5 minutes? I'm sure there's many reasons. 1 of them is because I've been told by doctors that sitting for an extended period of time is bad for you. Bad. For your back, so I was assuming that I was doing. Like, I was picturing my spine just somehow degenerating when I'd say no longer than that.

142 "Molloy, Donna" (3764568576)
00:48:56.000 --> 00:49:19.220

Yeah, alright so I want you to close your eyes and honestly, I don't want you to feel trapped. Like, if you tell me, like, it's too it's too much like cool. This is not you on an airplane. This is not you at dinner with your friends like everyone here knows you have back pain if you're like oh, it's too intense. Let me know. And we'll stand up and stretch for it. Okay.

143 "Molloy, Donna" (3764568576)
00:49:19.220 --> 00:49:43.190
You didn't check in though? Is that the right side? Is it the left side? Is it the middle to answer that? Yeah. Yeah. That would be the weirdest rhetorical question ever. Alright it's in the middle and is the upper is it lower? Is it like, right in the middle of your spine? It's like the middle of radiating in both directions. It's rating in both directions. Okay. So, is it unpleasant? Is it.

144 "Molloy, Donna" (3764568576)
00:49:43.190 --> 00:50:04.050
Neutral is it pleasant that's kind of rhetorical. I know. It's all right. Would you say that this sensation is widespread or is it localized widespread? Okay and how would you describe the sensation? Remember this is a safe sensation. This is the sensation.

145 "Molloy, Donna" (3764568576)
00:50:04.050 --> 00:50:21.180
We all have in our backs right now there are normal messages that are getting sent your brain has just learned that that sensation is dangerous. So it's amplifying it. So, what I want you to do is see if you can just actually describe the characteristic of this localized, unpleasant sensation.

146 "Molloy, Donna" (3764568576)
00:50:21.180 --> 00:50:36.660
Is it tight? Is it burning? Is it tangling? How would you describe it? It's just tight and always present this and I want you to, like, breathe into it.

147 "Molloy, Donna" (3764568576)
00:50:36.660 --> 00:50:54.570
You've seen a ton of doctors you've gotten a lot of MRIs. Everyone's told you that there's nothing physically wrong with your back. So, we know that these sensations are just your brains kind of, you know, your brain is like the conductor and these sensations are like a symphony of your body.

148 "Molloy, Donna" (3764568576)
00:50:54.570 --> 00:51:11.400
And I want you to see if you can just kind of pay attention, and just like, you know, a regular symphony. It's like, you know, the violins could pick up and the tempo increases. And then, like, the tuba's come

along. I've never been to, as I've said, too much.

149 "Molloy, Donna" (3764568576)
00:51:11.400 --> 00:51:29.340
So I want you to just see if you could kind of pay attention to the sensation is watch at marvel at it. Notice it's just it's just kind of like this, this symphony that your body is putting on for you. And what do you notice as you pay attention?

150 "Molloy, Donna" (3764568576)
00:51:29.340 --> 00:51:47.190
It moves cool. Great. So, I want you to just see if you can follow it. Remember you're just a passenger in the car. It doesn't matter what happened. You know, if the pain intensified that's okay. If the pain some sides that's final. So, if the pain moves around, you just want to follow it.

151 "Molloy, Donna" (3764568576)
00:51:47.190 --> 00:52:04.050
Right. You're just alone for the ride, so just kind of follow the sensation and you're doing. Great just kind of breathe into it. You know, it's almost kinda like on the 4th of July or something like that and you're like, sitting there watching fireworks and yeah, it's this like a loud display.

152 "Molloy, Donna" (3764568576)
00:52:04.050 --> 00:52:21.120
But you're just kind of watching it. It's interesting. Now, if you're a dog and you see fireworks on the 4th of July, you think it's the apocalypse, you're freaking out, right? We want you to watch the sensations in your body, like a person watching fireworks, not like a dog watching fireworks. These are safe sensations.

153 "Molloy, Donna" (3764568576)
00:52:21.120 --> 00:52:37.410
Not even my analogies analogies, just watch these 7 stations and they're safe. You're just kind of noticing what's going on and you're getting practice paying attention mindfully what you're doing right now in this very moment.

154 "Molloy, Donna" (3764568576)
00:52:37.410 --> 00:52:55.080
You're familiarizing yourself, you're literally developing the neural pathways to pay attention to the sensation in your back without fear, without judgment, without any desired outcome. You're just gathering information. And what do you notice as you pay attention?

155 "Molloy, Donna" (3764568576)
00:52:55.080 --> 00:53:12.150
The most part it's gone, it's just like in my neck now. All right so

just keep following it. What you're doing is you're just teaching your brain that this sensation is safe. Literally sitting here.

156 "Molloy, Donna" (3764568576)
00:53:12.150 --> 00:53:30.360
Right now, in this moment, justify paying attention without any fear with that any objective without any ulterior motive, you're teaching your brain that these sensations are safe. So keep going and it doesn't matter what happens if it doesn't matter if.

157 "Molloy, Donna" (3764568576)
00:53:30.360 --> 00:53:47.400
Which is, or jolts in your body doesn't matter if the pain intensifies or if it disappears, it doesn't matter if it expands. Or if it contracts, it doesn't matter if it changes in consistency. Because we know that it's safe brave, just keep paying attention and follow wherever it goes.

158 "Molloy, Donna" (3764568576)
00:53:47.400 --> 00:54:03.540
Or pain, it's just your brain's opinion of what's going on in your body and you have a very opinionated brain. That's it. So.

159 "Molloy, Donna" (3764568576)
00:54:03.540 --> 00:54:22.050
As you pay attention, if your mind starts wandering late, I wander you don't need to stop it. You don't need to bring it back. Just let it wander and just keep a fraction of your attention on this really interesting sensation. And what do you notice is it's still in your back? Is it moving around again? It's mostly on.

160 "Molloy, Donna" (3764568576)
00:54:22.050 --> 00:54:38.850
Yeah, I want you to take a couple more breaths Omar breathe into it and when you're ready to let your eyes open and how do you.

161 "Molloy, Donna" (3764568576)
00:54:38.850 --> 00:54:57.750
Much better has that happened before where the longer you sit the pain actually decreases notice is not what usually happens. Well, how are you feeling right now? Just having experience that good. Very optimistic for all us sitting out to do in the future yeah.

162 "Molloy, Donna" (3764568576)
00:54:57.750 --> 00:55:13.440
You there can't be anything physically or structurally wrong with your pain or you're back. If your pain actually gets better the longer you said, like, if there is like, literally something that's getting crushed in your spine.

163 "Molloy, Donna" (3764568576)
00:55:13.440 --> 00:55:30.150
It's going to her worse the longer you say so what are you feeling right now? Has it come back? It started to come back on so great. You know, what bring it on you just proved that it is isn't dangerous. So, now you're in a place where great let's practice.

164 "Molloy, Donna" (3764568576)
00:55:30.150 --> 00:55:49.080
You know, you sat the pain started fading, it pretty much got to a place where it wasn't even there, and it may be started at 6. so we know it isn't dangerous. Now I'm serious to bring it back on. Can you do that? It's coming back out. Great. Is it there? All right. So I want you to see if you can just do the same thing.

165 "Molloy, Donna" (3764568576)
00:55:49.080 --> 00:56:09.080
I keep your eyes open meditative stuff. Now your brain kind of has a little bit of ammunition now. It's like, oh, I know that the 1st, time that I ever did this, and I got the pain to go down. I was like, I found the answer. So the next time I was like, I'm going to do this and make the pain go down again and it didn't work out.

166 "Molloy, Donna" (3764568576)
00:56:09.080 --> 00:56:31.460
And I did that again for a month and I realized, oh, the 1st time I did it. I really was, I would come independent, but then after I got that experience, then I was like, trying to recapture that. But that's kind of like falling back into the outcome independence trap. So I want you to see if you can do the same thing. And honestly, it doesn't matter if the pain goes away or not. I don't want you to feel like.

167 "Molloy, Donna" (3764568576)
00:56:31.460 --> 00:56:54.000
You need to do it to maintain your optimism. I don't want you to feel like you need to do it for them. All we're trying to do is get a few reps in so, bring the pain back on see if you kind of pay attention to it. Notice that remember all you need to do is watch this sensation, knowing that it's safe. Right? Just kind of paying attention to it without any fear. No judgment.

168 "Molloy, Donna" (3764568576)
00:56:54.000 --> 00:57:11.220
No, ulterior motive you don't have any desired outcome you're just kind of noticing what it does whatever it does is okay, right? If it turns into a tingling sensation, that's okay. If it explodes in a supernova of payment. That's okay. Because we know it isn't dangerous. If it fades, that's all right to.

169 "Molloy, Donna" (3764568576)

00:57:11.220 --> 00:57:31.220
If it changes inconsistency to a fluttering or tingling sensation that's all right. You're just along for the right and what do you notice sitting here? Just kind of watching this thing. Hey, this is bad when I look at that. So, what you've done is, you've actually got to experience is just paying attention.

170 "Molloy, Donna" (3764568576)
00:57:31.220 --> 00:57:52.340
Into the pain, developing the neural pathways to attend to this sensation without fear and that's all you need to do. And this thing will become a memory. All right. Looking forward to it. All right again for Thank you so much. That was great.

171 "Molloy, Donna" (3764568576)
00:57:52.340 --> 00:58:03.495
Okay.

172 "Paulina Soble" (3559358976)
00:58:03.495 --> 00:58:14.880
Okay, thanks for sharing that. So I know we're basically out of time Thank you so much for having me on our last slide here. If we can bring it up.

173 "Paulina Soble" (3559358976)
00:58:14.880 --> 00:58:34.880
We just have our website link here right here yeah. Payment processing therapy dot com. So you will, if you go on to the website, you can see a portal for practitioners and a portal for patients. So, if you're looking for training, or if you're looking for pain, reducing resources materials, for chronic pain patients, we have all of that on our.

174 "Paulina Soble" (3559358976)
00:58:34.880 --> 00:58:44.402
Website and I also put our email address in case you want to get in touch.

175 "Gissal, Stephanie" (1590786816)
00:58:44.402 --> 00:59:04.880
Thank you for that great presentation and information we are at the top of our hour so we're going to kind of get over the question. Sorry? There is a 5 question survey.

176 "Gissal, Stephanie" (1590786816)
00:59:04.880 --> 00:59:29.035
On the side panel, we kindly ask that you take a few moments to fill this out to help us keep our seminars relevant to you and please join us again next month for our presentation with families anonymous on Wednesday, July 17th at 12 o'clock. Central 1 Eastern. Thank you and

have a great day.

177 "Paulina Soble" (3559358976)
00:59:29.035 --> 00:59:30.084
Thank you.