

WEBVTT

1 "Jordan nielsen" (3797097216)

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Hello, and thank you for joining us for signals substitute.

2 "Jordan nielsen" (3797097216)

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Disorder awareness series my name is Jordan Nielsen, and along with my coworker Stephanie. So.

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Carrie Mac and Wanda. Russell we appreciate you for joining us today. We are a team of nurses and behavioral clinicians from the opioid pain management and substance use disorder team here at.

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Which is part of Cigna due to the format of the seminar. You will not be able to ask questions during the presentation. You are however able to add questions at any time in the Q and a section found in the lower right hand side of your screen.

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We will try to address as many questions as time permits during the last 15 minutes of our hours together.

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Please limit your questions for the seminar topic if you have any specific questions regarding substance use disorder treatment, or your policies, please contact me or 1 of my team members.

7 "Jordan nielsen" (3797097216)

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Our contact information will be found on the last side of the power point.

8 "Jordan nielsen" (3797097216)

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Today's PowerPoint presentation will be part of our presentation here in Webex or you can click the link down in the chat section. You're the Q and a exception as well.

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Today I have the pleasure of introducing Dr Evan Espinoza from Google via, for August webinar on chronic pain and addiction.

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As an Espinoza ID is a clinical psychologist license them, both Arizona and Mexico.

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Evan has been in the field of psychology for 13 years with 6 of those years, working in health, psychology and chronic pain.

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He currently works for Nicole via an integrated treatment center with a specialty and chronic pain as the director of clinic research leadership. Excuse me? I will now turn over over to our presenter from a calvia. Dr Evan, thank you.

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For the introduction, it's a pleasure being here with everybody today. So today we're going to be going over a, um, a pretty large topic of chronic pain and addiction. So, um, without further ado since we're kind of time limited. We will get started by just talking about what what actually is paying. So, for this might be a refresher for a lot of you. Um, but I think it's good to understand.

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And chronic pain, and then how addiction fits in and then maybe possible routes the treatment after that. So That'll be the flow of our presentation today. But 1st, just kind of understanding what exactly is pain. So, as we all know, pain is a very complex experience that differs from person to person. Um, pain is oftentimes unnoticeable.

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It can be mild or it could be explosive. And that's what makes the treatment of pain. Very complex is that it's it could be a gamut of different symptoms again, different responses from the person. It could come express as Franklin tingling, tingling, burning, shooting, aching, electric sensations.

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Um, it could be undescrivable at times, so it's very complex in terms of expression of pain. Um.

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But what we do know about pain, and we'll talk about this a little bit later in the slide is that it is a warning system, right? So, it's letting, you know, that's something isn't quite right in your body.

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And, um, that's a really interesting statement cause that really lens, um.

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A lot of that, uh, how complex campaign can be.

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Based on our psychology, and we'll talk about that little bit later in the slide, but basically pain is a protection system that wants us to avoid certain actions, or avoid certain things that might become painful. Right? But we do know that it significantly impacts a quality of life.

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So, University affects us physically, um, but also Kim could be an emotion can have a lot of emotional responses as well to be upsetting to relationships to families, coworkers, friends, locational habits, hobbies. All these things are limited when we're experiencing strong amounts of pain.

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So, with that, what is chronic pain? Right? So all the research I've done, there's a couple of things that most people agree upon is that chronic pain is persistent or recurring pain, lasting longer than 3 months. So usually, prior to 3 months, it's acute, it's still acute systems of pain. So, after that 3 month spot.

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Um, we tend to move into that chronic period that we're still experiencing experiencing certain levels of pain and it might not necessarily be for a physical reason or it might be for physical raising for complications. It could be for a variety of reasons. We'll we'll speak about during this presentation as well, but the severity of pain can be rated in terms of intensity.

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Stress functional impairments that's how chronic pain could be

measured, and it could persist without any history or injury or operation. So, a lot of times we see people with chronic pain who may be discussed through a, that procedure or a knee replacement or certain lines of interventions. That require, um.

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To operations, but oftentimes pain. Well, acronyms, chronic pain can manifest without any types of surgeries without any kind of.

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Of complicated injuries I can just be because that person is experiencing pain and might not exactly know why. And adopters might not exactly you know, why.

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And that's why paid is very tricky to define. So, it's a subjective report. So there isn't any 1 test that's going to give us a precise definition for any individual about what is painful and what is not it has a lot to do with our past experience. That experiences pain has to do with how we are predicting experiences.

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The future it does have to do with physiologically how we are understanding our body, but also pain has a lot to do with our psychology.

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That mind body connection and how that influences routes of pain, because we can be in physical pain. Um.

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Because our promotions are high, or because we're experiencing some environmental stressors that need to physiological expressions of pain. Um, so it's a very complex, um.

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And personal experiences with pain makes a difference for everybody.

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So, not any 1 person is gonna is gonna respond the same in terms of, um, pain scales pain rating. 91 person is gonna respond the same. Um.

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Symptoms of pain, so they could have the same diagnosis, but maybe experience pain in a very different way. So very complex. Very hard to measure. Um, very individualized and individualized approaches are definitely where we are going. Um.

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In terms of treatment of chronic pain, and we will talk about that in just a bit as well.

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So agents who experience this chronic pain, right? So really everybody.

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To be very honest. Pain is positively correlated. So with AIDS. So as age goes up, usually key symptoms go up but it doesn't mean that, um, children as young as infants as young as toddler's experienced chronic pain. Maybe sometimes for other reasons. But all ages.

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For experiencing chronic, and usually when we think of chronic pain, we're thinking of that 65 and up age range. And that's what the data shows usually the expression of chronic pain in terms of research that is kind of, um.

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The hotbed of age range when it comes to chronic pain, that could be associated with significant suffering and isolation disabilities a great cost in terms of insurance burden, healthcare systems, things of that nature. But it doesn't mean that it's not worth taking a look at other injuries. Just under.

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Because really chronic pain can affect everybody. Um, but what age does have a hand in is when we do use interventions for paying how impactful those interventions are. So, chronic pain and older adults is usually only, partially effective and is opt in limited by side effects. So, as we know as age goes up.

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When you distribute medications or certain interventions, the

possibilities side effects and complications goes up too, which means we're not necessarily manage managing pain as well as we would like with, um.

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The pharmaceutical interventions that we usually use for pain.

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Um, but also in the opposite side of the spectrum, um.

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When we have children who deal with chronic pain or toddlers or influence, um, it's hard to track their pain because they're not exactly verbal about it. Or they express things in a much more semantic.

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Ways or it's hard to capture. It's hard to know about side effects. Hard to know about what interventions are and are not working, which makes again chronic pain very difficult to treat across all ages. Um.

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But chronic pain has been found to be a, an issue in childhood so the study uses a little bit older. I like the study a lot, though. It's very in depth. Very precise and researching chronic pain in adolescence and younger. The data's really kind of showing the same thing that anywhere from 11 to 38.

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7th and 38% seems significantly high, but in this research, 11 to 38% of children are experiencing some kind of pain. Um, and that's interesting because we don't associate a lot of heavy duty, medical complications with this page range. They're not getting any replacements or.

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Not getting spinal surgeries, things of that nature, but what we will talk about in this presentation, moving forward in the next couple of slides or so is the emotional side of chronic pain and how that impacts the physiological expression. How things like other emotional types of challenges that can be collected or abuse.

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Can be a very strong part of how semantically adolescence and children are experiencing chronic pain. So it really affects all age ranges.

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All right, so all genders are susceptible to chronic pain. Right? So, in most modern studies, it still indicates that women are reporting higher levels of chronic pain. So that 70% of people who are reporting chronic pain, identify themselves as women. Um.

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Women also people identify themselves as agreement also experienced team longer for longer periods of time for more areas of their body and more intensely.

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All right, so many women differ in the responses to pain with increased pain, sensitivity and risk for clinical pain, commonly amongst women. So kind of ask yourself why why isn't this? Right? Some things will be a psychologist I think about things from, from that perspective obviously. So, maybe it's.

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Week's recipe, um, how people from a young age um, when it comes to, um.

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The expression opinion identified in males and females that society has a large part to do with that in terms of how we're allowed to express.

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In some societies, it is, it's okay for we need to express and men not so much. Right um.

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It's okay to for emotional expression and for women, and in some societies where it's not okay for men to do the same. So that expression, I think pays plays a pretty important role and understanding how painting how.

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How pain it manifests and identified when, uh, women and men um.

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And it's good to understand the overall contextual aspect of somebody's life. And maybe there are some sociopolitical, socio, economical, or just some gender rules that tend to lead.

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Into different expresses expressions and experiences of pain. I would like to think that it's not that women experience chronic pain more often than men that could very well be, but we also have to take into consideration. That may be.

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Men identified men aren't as good as expressing that, or they are trained to hide certain things about thinking about their pain to kind of suck it up. Be tough. That kind of of.

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That kind of thinking that kind of adopted nation within our within certain societies might just skew these numbers a little bit when it comes to chronic pain. Um, but again, all these slides are to kind of indicate how complex, um, how broad understanding you have to have of somebody's unique situation to understand.

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How pains manifesting in them.

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So experience, chronic pain to go along with these slides is cultural influences. We kind of touched on this a little bit with the last slide, but evidence, of course, the idea that culture can't influence many pain related factors, including, but not limited to how individuals communicate about pain. We just talked about that a little bit, whether it's okay. It's.

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Not okay, certain people can certain people can't individual's emotional response to someone else's pain. So how much that society your culture kind of wraps around people in pain or maybe they isolate that.

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Look at the different pain, intensity and tolerance. So how our society how our culture helps us tolerate intense pain um.

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Certain cultures do a lot of spiritual work around pain. Certain cultures do a lot of of of socio work around pain. So they wrap up.

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Grandmother's grandfathers, uncles, aunts, cousins that gather to help people who were in that kind of chronic pain beliefs about coping and what causes pain. What is actual pain? Um.

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Is being looked at is something as suffering, or is pain looked at as something that is meant to be.

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Strived through and kind of, um.

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Stripe through, we're certain realizations about yourself can be found. Right? So there's a lot of understanding culturally about what actually means is panic a catastrophic event, or is paying something that is able to be worked through and still have a meaningful life. Right? So, across most studies, African American individuals.

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Found to have higher higher levels of chronic pain as well as Hispanic and Latin populations when, compared to non Hispanic whites. So, those areas are something about the cultural aspects where they are identifying and recording more pain and very well could be because of the things we talked about in terms of how culture influences their attitude our beliefs how we talk.

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About our faith or religion, um, all that all of those cultural aspects lead to the identification of team within an individual.

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So, we talk about chronic pain and this slide is to really get to the idea that chronic pain to really go along with any type of diagnosis

or diagnosis. So oftentimes how psychology work UC chronic pain. This is not a limited.

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List of different diagnoses, but oftentimes chronic pain can be found and things like auto immune disease, cancer, rheumatoid arthritis. Fm. I did a lot of undergrad research and my dissertation was on FM, HIV, AIDS ligament damage, muscular skeletal issues IV, his kidney disease headaches.

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Wear and tear, so all of these things can really be.

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Triggers or something that goes along with chronic pain, but as we are starting to find out when this conversation chronic pain could be very tricky and very complex because sometimes none of these.

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Have anything to do with product pain sometimes it's more emotional trauma. Sometimes it is childhood neglect. It's abuse whatever it might be. These are some of them are common medical diagnoses. I've seen when it comes to.

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Chronic pain, but sometimes, I don't see any of these and people are still in chronic pain. You might ask yourself why is that where people still expressing chronic pain without necessarily unattached diagnosis or diagnoses? And that is because what we just talked about in terms of.

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Cultural representation, a pain test as traumas that they've been through physical or emotional traumas. It could be.

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Somebody's age range could be how they identify. Um.

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Their sexuality supports that they get it could be a very socio environmental issue without any diagnosis. A combination of those things can create chronic pain in the body as well. So, um, it makes

it very interesting conversation and topic, but also very complex to treated at times for sure.

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So maybe asking yourself, Where's the addiction fit into office? So we kind of define the pain we define chronic pain. Some of the broad global aspects that go into chronic pain. And hopefully, at this point, you're kind of understanding chronic pain on a spectrum.

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Um, cause that's what it is, it's not the same for any for any 1 person for sure. But Where's the addiction fit into this? So, let's talk about our routes of interventions for these populations. So acute versus chronic interventions.

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Usually again, acute being that 3 months and earlier phase where we might have surgery search or medications, physical therapy, things of that nature that 3 months sometimes you're your doctor or surgeon or.

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Whatever whatever kind of medical person that a personal chronic pain is seen that Michael. All right you're all cleared from my end. You're good. You're PT looks good. Your Labs look good at your scans X rays all this thing all these things, but good. But yet, this person still might be, um.

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Still might be having some issues with chronic pain and reporting a lot of physical pain. So that's usually that 3 month and after. So that's kind of a no, no person zone when it comes to interventions and treatment. So, chronic pain treatment, um, isn't quite as precise. Is not necessarily a surgery that needs to be done to chronic pain. There isn't necessarily.

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Medication that needs to be prescribed to bring pain to a 0 point. So oftentimes chronic interventions are long term medication, use chronic pain, focus surgery. So nervous lesions. It could be steroid shots. It could be a spinal stimulator right? Opiate based.

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Relief is oftentimes something that was sought out now because of that

will be epidemic that we are in that's become less and less of a frequent occurrence. Um.

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But also, um, people who started opiate years, and years ago were feeling, kind of stranded, because now their provider, their prescribers limiting their dose are completely cutting off their dose. They've seen that a lot the last couple of years.

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Um, and if pain persists chronically, um, and the long term medications aren't working, maybe some of the inner, the medical interventions in terms of surgeries or procedures aren't working person might look to self driven types of relief. And this is where addiction does start to fit in. Um, they might start.

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Increase the use of elicit or prescribed drugs, they might start to tend towards alcohol benzodiazepines cannabis things of that nature to start to control pain. Cause they're just looking for any kind of relief.

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And sometimes the stress of looking for relief can exacerbate chronic pain. So it's a very, um.

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Interesting cycle when it comes to interventions for chronic theme that sometimes does lead to people being, um, either physically dependent, or mostly independent or both dependent on some kind of substance that if used long term could start to affect certain areas of their life and very.

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So, as we spoke about a little bit in the last slide, um.

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Long term, so this was a very common route of intervention. So let's understand why long term opiate used for chronic pain. Usually isn't the right way to go at least in my clinical and anecdotal experience in researching this for a while. Um, there's some certain problems that come with long term, and we'll discuss those.

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Put this slide, so 1 of the 1st problems is central sensitization. So basically, what that is, is your central nervous system undergoes changes that alters the process of how somebody experiences pain from a sensory level. And that's a very big fancy way of saying that your hyper sense.

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To things that aren't usually painful. So, chronic pain goes on for long enough. We continue to use opiates. We continue to use opiates and as 1 of these points States that's.

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The starting point of somebody's That'll be a based intervention that is prescribed. By the time they start by the time to the time that they end. It's usually about 10 times the starting dose.

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So because of that central sense, that central sensitization becomes a really big thing. Um, opiates don't take away pain. They mask it for a little bit. They kind of cover it, but the sensory information still has to go somewhere that that connection from your body to your brain is still trying to happen.

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So the body finds ways to reroute pain from the body to the brain to it starts to exacerbate pain from the body to the brain, because these channels are being blocked. And if we're starting at 1 dose, and it's tenfold by the time, maybe 2 year, 3 years, 4 years down the road that's going to.

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Increase pain in our hypersensitive to pain where maybe.

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00:21:51.389 --> 00:21:56.159

Um, it was lifting heavy things was painful and now just simply getting out of bed.

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00:21:56.159 --> 00:22:12.359

Becomes painful and not necessarily because anything in your body is different or anything has been injured or anything has acute issues. It could be just because pain signals in your body have been re,

routed for so long exacerbated.

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00:22:12.359 --> 00:22:19.979

For such a long period of time because again, opiates don't take away paying signals. They block them and the body's very clever. It wants to get this.

104 "Evan Espinosa, Psy. D." (481395968)

00:22:19.979 --> 00:22:28.979

Keep those danger pain signals to the brain. I mean, when it doesn't for a long period of time, it actually gets better at producing pain signals.

105 "Evan Espinosa, Psy. D." (481395968)

00:22:28.979 --> 00:22:48.979

And hence the central sensitization, so hybrid jz has another issue when it comes to long term opiate use, which is basically, that's things that aren't, that are painful, that we should feel a normal amount of pain. We have much more severe pain to what than what the action, or what is actually going on at the time. That's for very similar reasons.

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00:22:48.979 --> 00:23:06.719

So, basically, in combination, these 2 things are same longterm opiate use, it helps us become much more sensitive and kind of puts us in a Hypercube phase to the expression experience of pain where things that aren't painful become painful and things that are painful. Become really painful.

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00:23:06.719 --> 00:23:26.719

And we have to understand how the impact, somebody's quality of life, and we'll do that in a slide in just a 2nd here but this could be part of the understanding of that will be academic and the addiction issues. So this isn't people who necessarily are getting any kind of of illicit drugs from the street. This could be somebody who's just been prescribed.

108 "Evan Espinosa, Psy. D." (481395968)

00:23:26.719 --> 00:23:38.549

Over a long period of time, and weren't necessarily given this education weren't giving other other treatment options besides just the interventions that are good for acute pain, but not so much for chronic pain.

109 "Evan Espinosa, Psy. D." (481395968)

00:23:38.549 --> 00:23:45.599

And I think opiates fit into that category. Great for a cute pain. Not

so great for, for long term chronic pain.

110 "Evan Espinosa, Psy. D." (481395968)

00:23:49.349 --> 00:24:04.889

So treatment, what do we exactly we do about this so I ran to the other slides a little bit fast. So I apologize for that. I wanted to spend a lot more time in this section and beyond so again, questions or comments happy to answer those at the end of of this. But.

111 "Evan Espinosa, Psy. D." (481395968)

00:24:04.889 --> 00:24:24.889

We have to ask ourselves to opiates really help a person to restore function. And that could be set for anything. Does alcohol do benzos do multiple access to any do nervous lesions? Do shots do these things really help a person who has chronic pain? Because again, there's interventions for acute and there's interventions for chronic pain and that's we're discovering chronic pain is a.

112 "Evan Espinosa, Psy. D." (481395968)

00:24:24.889 --> 00:24:32.249

Very, very global process in some ways brand that has to do with physiological expression emotional expression cognitive expression.

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00:24:32.249 --> 00:24:37.289

But do okay, it's really help a person, a store function. So when it comes to restoring, meaning.

114 "Evan Espinosa, Psy. D." (481395968)

00:24:37.289 --> 00:24:44.459

With some definitions that I personally gave to these categories, but meaning being a connection to behaviors that offer physiological benefits.

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00:24:44.459 --> 00:24:59.609

Right. Do they help restore somebody's purpose a reason for continuing to give effort to help restore somebody's function overall increase in my activities? I don't know about you all, but I haven't I haven't seen any 1 intervention. Um.

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00:24:59.609 --> 00:25:11.969

Surgery any 1 type of session, and what type of behavioral health session 1 type of medication that's going to help in these 3 categories because these are the categories that chronic pain and effect.

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00:25:11.969 --> 00:25:31.969

Right. So they under the affect my connection to behaviors that offer me psychological benefits, chronic pain effects. My reason for continuing to get after it affects my overall increase of just how I function in life. And in order to really make a stride and an impact in these 3 categories, we have to think bio psycho.

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00:25:31.969 --> 00:25:38.339

And that's a shadow to this, this Venn diagram here. I'm a sucker for a good Venn diagram, but.

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00:25:38.339 --> 00:25:58.339

As you all are probably understanding, at this point, that's a chronic pain we have to treat and understand from a bio psycho social model because chronic pain has to deal with every 1 of these categories culture, friends, community, physical health conditions, disabilities, injuries, mental health, coping self esteem past traumas, all of the.

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00:25:58.339 --> 00:26:10.319

These have to do with chronic pain right? And this is how we have to start to look at and start to treat and get people connected to avenues that are going to help in these different these different ways here.

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00:26:10.319 --> 00:26:18.209

Or any 1 SEC. All right.

122 "Evan Espinosa, Psy. D." (481395968)

00:26:18.209 --> 00:26:38.209

So, treatment has already given the shadow, the bio cycle social approach. So there's a lot of strong evidence that supports mindfulness space, stress reduction, um, for chronic pain a behavioral modifications to provoke better self care continued medical support with appropriate interventions detoxification, chronic pain focus. Pt.

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00:26:38.209 --> 00:26:58.209

And what if these all came together? So we're going to kind of, in these next couple slides we're going to kind of go over all of these bullet points for mental health to physical to PT, to medical interventions things of that nature. And how we have to start to look at interventions from a very holistic model because the idea for the treatment of chronic pain, especially chronic pain with people have addiction shoes.

124 "Evan Espinosa, Psy. D." (481395968)

00:26:58.209 --> 00:27:07.379

As all these have to come together, we have to get people connected to all forms of of services that really help make a dent and chronic pain.

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00:27:07.379 --> 00:27:13.649

So, let's start to look at psycho education and how we educate.

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00:27:13.649 --> 00:27:31.409

Clients on chronic pain um, I've been in chronic pain for a while now and when I start to have these conversation with clients and start to educate them about the processes of chronic pain, chronic, have global, chronic pain is and how we have to start to look at the mind body connection of chronic pain.

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00:27:31.409 --> 00:27:39.569

They often tell me, I've never heard this before. Um, my doctor's never I've never explained this to me, which is okay cause this isn't really.

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00:27:39.569 --> 00:27:44.279

Taught in school I know in my doctoral program, I wasn't thought about this stuff.

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00:27:44.279 --> 00:28:04.259

But psycho education is oftentimes the 1st step to helping clients understand chronic pain. So they have a frame of reference to work from to understand their body that their team comes from multiple sources. Not just physiological sources. So let's take a look at some cycle education. That's beneficial for clients.

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00:28:04.259 --> 00:28:25.429

A new approach, so narrow orthopedic Institute so this is an institute in the New Zealand, Australia region that are doing some really groundbreaking stuff, so 30 years over 100 seminars across the world if you can take a note seminar I would absolutely try to do that. I know they just have 1 in Hawaii that I wasn't able to go to and I'm Super bummed out about.

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00:28:25.429 --> 00:28:37.379

But, um, they are very evidence based on research institute that does a lot of really groundbreaking work in the 2nd education or chronic pain.

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00:28:37.379 --> 00:28:57.379

So, they're dedicated to quality education and resource distribution and just so all, you know, I don't have any ties to neuro at the peutic Institute. They're not paying me to say this. These are just things that, um, I have found extremely helpful for this population, um, cause they do operate from a bio cycle, social approach. They understand the social environment.

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00:28:57.379 --> 00:29:17.379

Environment and pair that with the biological with the biology of pain and stress and performance and treatments include emphasis on cycle, education and management of physiological and nervous system types of interventions. So, they really focus on neuroplasticity and we'll get into that this next line as well. But it's.

134 "Evan Espinosa, Psy. D." (481395968)

00:29:17.379 --> 00:29:26.849

All about week programming, and retraining the brain as we talked about with central sensitization, hyper, long term, chronic pain literally.

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00:29:26.849 --> 00:29:33.929

Starts to move that mind body connection it develops pain pathways that may be weren't there before and we have to help people.

136 "Evan Espinosa, Psy. D." (481395968)

00:29:33.929 --> 00:29:40.499

Understand the idea of neuroplasticity and re, growing pain signals in our brain and in that mind body connection.

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00:29:40.499 --> 00:29:53.939

So, what are some of their principles? These are really good. So Neuro or the peak Institute. I'm just going to read these out flat. I usually don't like just reading off of PowerPoint presentations, but I'm going to because these are super important.

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00:29:53.939 --> 00:29:59.519

No, I speak Institute. So number 1, injury or disease does not mean that you feel pain.

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00:29:59.519 --> 00:30:06.629

That's sometimes a very hard concept for people to understand injury disease does not mean that you feel pain. It means that.

140 "Evan Espinosa, Psy. D." (481395968)

00:30:06.629 --> 00:30:26.629

You fill in this comfort, you feel certain things, but pain is a whole biological process. So I like to use your lead time example when when emphasizing this. So I like to wash dishes by hand. I have a dishwasher and never use it. I don't know why. I was trained that way from a young age that we just did them by hand. I mean, I've had a dishwasher to use in the 1st place.

141 "Evan Espinosa, Psy. D." (481395968)

00:30:26.629 --> 00:30:33.179

So, yeah, so every time I do the dishes, I end up cutting my finger no matter what.

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00:30:33.179 --> 00:30:53.179

At this point, I don't even feel it. I don't I don't really notice it until I reach my hands out of the water and I noticed that I'm bleeding from somewhere. So, that pain signal for my finger goes up my arm to my spine, my spine to my brain and my brain goes. Hey, what do I do with this information? And I've done this so much. I've Nick myself so much washing dishes. My brain goes.

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00:30:53.179 --> 00:31:09.329

Get a band aid user dishwasher, like, stops anywhere user dishwasher. Um, but let's say somebody's in the exact same instance that I am, they're washing dishes. Um, they cut themselves, they pull their hands out of the soapy water and noticed that they're bleeding.

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00:31:09.329 --> 00:31:29.329

Right so let's say that this person now has some kind of history of blood loss, or injury or disease, or they've just seen somebody leaves a lot of blood seeing some kind of dramatic moment that same signal's going to go from their finger to the shoulder to shoulder to their spine spine to their brain, their brains going to go. What do I do with this information? And because.

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00:31:29.329 --> 00:31:39.959

Because of my past experiences with loss, possibly dizzy disease diagnoses, past trauma, whatever it might be and your brain's going to go, you need to freak out about this.

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00:31:39.959 --> 00:31:55.949

This could really cost you your life. This could be really bad. This is emergent get abandoned, wash it call somebody. Right? So same exact type of situation interpreted very different by the brain. And that's

the idea that injury disease are not necessarily mean that you're feeling.

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00:31:55.949 --> 00:32:14.339

Pain is a very global process. That has to do a lot with how we interpreting certain things in a moment. The nervous system moves in stretches. It has to be moved. So retraining that nervous system. That mind body connection is very important. Pain stress and performance or outputs of the brain.

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00:32:14.339 --> 00:32:18.419

So, again, the brain's number 1.

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00:32:18.419 --> 00:32:35.489

Mission in life is to protect you pain is a is a protection system. And if we're feeling like, we're in danger, your brain is going to send more pain signals. And that might not necessarily be because something is physically wrong. It could be maybe because something's emotionally wrong.

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00:32:35.489 --> 00:32:55.489

Right so knowledge and movement are the greatest pain and stress the liberators again. Very, very big emphasis on psycho education. And how we are teaching people on chronic PE, nervous system, plastic gives new hope and techniques. So this nervous system, and our brain are always growing. No matter what age obviously as we.

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00:32:55.489 --> 00:33:11.189

To grow older becomes a little bit more difficult for cognitive reasons, things of that nature. But the nervous system is very plastic as well as the brain and we have to start to help with new techniques and helps and it's oftentimes involves bio psycho, social intervention.

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00:33:11.189 --> 00:33:28.919

So, explain pain a little bit more with these new concepts. I'm going to read these down the board too, because these are kind of core principles, but we have to start to educate our, our, our people on chronic pain that pains normal. It's personal and it's always real.

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00:33:28.919 --> 00:33:32.909

There was no, there are dangerous sensors, not pain sensors.

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00:33:32.909 --> 00:33:51.539

Right so pain receptors have a very, very devious name, because it's not necessarily where pain starts. It's the interpretation of what our brain does with that information that creates pain. Because pain is really just something that is a protection system as we stated before painting tissue damage. Rarely relate.

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00:33:51.539 --> 00:33:57.719

Um, sometime again, like, using the, uh, the, um.

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00:33:57.719 --> 00:34:17.719

The dishwashing kind of metaphor or analogy I just used tissue damage. Sometimes doesn't create because your brain doesn't go into that space. Sometimes it does a good example of this is how we, how children start to learn pain. So I have a niece. She, she's very active.

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00:34:17.719 --> 00:34:31.649

I like to call it clearly heard messages into everything. She does all kinds of stuff, and she just experienced a skateboard for the 1st time so excited by it. It rolls. It's bright. It's shiny. It's bright. Pink. It's just amazing for her. She got on that skateboard to.

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00:34:31.649 --> 00:34:37.409

1 step escape or shot out from underneath her, and she fell right.

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00:34:37.409 --> 00:34:49.019

You would think she started she would start immediately crying right? But she's scraped Tony. Everything was fine obviously, but she script and he was waiting a little bit. But the 1st thing that she did wasn't.

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00:34:49.019 --> 00:35:03.869

Wasn't cry, it wasn't grabbed her knee. It was look towards everyone else to see how I should interpret this situation. She's never been on the skateboard before. She's never felt she's never fallen and banged or anything like that before. So, what exactly do I do.

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00:35:03.869 --> 00:35:23.869

Right her paint her brand doesn't have context for this situation. So therefore, I can't send any kind of protection signals, take a pain to our system. So if we freaked out, then she would freak out. But if you

go up there in a way that's loving supportive. Encouraging that we could read through this. It's okay. We can handle this then you.

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00:35:23.869 --> 00:35:45.259

It's pretty okay as well, right so good understanding of how this mind body connections work pain involves district distributed brain activity. So, it's a global that's a global process in your brain pain relies on context as we were just talking about pain is 1 of many protective outputs, which we just talked about as well education on.

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00:35:45.259 --> 00:36:05.259

Bio plastic, we are always re, learning things, new situations experiences. Everything kind of goes into the understanding of chronic, deep learning about learning learning about, can help the individual and society active treatment, strategies, promote recovery. So that's a really important 1. we're going to get into that in just a 2nd here in this presentation as well.

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00:36:05.259 --> 00:36:25.579

So these are all known concepts that are really good to start early and often with our, with our patients in chronic pain. Especially if they're 1 mode of intervention has been with opiate, based types of services or it hasn't been, maybe with illicit types of services. And abuse that this can't excuse me this can.

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00:36:25.579 --> 00:36:31.799

Control and other more global ways. So explaining pain a little bit more.

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00:36:31.799 --> 00:36:35.459

So, basically, how you think about your paying impacts the way that you feel it.

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00:36:35.459 --> 00:36:54.179

Kind of kinda cut and dry there it's coming from as well. The nervous system may be learning. If it's hard to meet regularly, you're you're, you're more sensitive to things your pain changes quickly with your mood. Their pain spreads, or comes on without warning. These are all really good indications that, um.

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00:36:54.179 --> 00:36:59.759

Maybe their body has learned to be more protective of themselves.

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00:36:59.759 --> 00:37:14.819

The introduction can be achieved by moving more often than normal, being honest about how you're filling that kind of shout out to the human health processes line into the treatment process and asking questions. And it's good for us to know how to answer these questions through this lens.

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00:37:14.819 --> 00:37:18.059

So brainstorming kind of what we talked about before.

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00:37:18.059 --> 00:37:38.059

The brain makes conclusions that more protection is needed for parts of the body it calls on additional cells to assist. This can be helpful, short term, but long term, it can lead to difficulties recognizing differences between body parts or feelings as though a body part is not connected to you. So, this is a good illustration to sometimes go over with clients as well.

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00:37:38.059 --> 00:37:55.979

What's called or an acronym for dangerous than me and safety and me and basically, if your brain is stacking too many dangerous signals and your environment and your physical self and your emotions and your thoughts, you are going to experience more pain. So, we have to help people.

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00:37:55.979 --> 00:38:01.649

You feel more safe within themselves, their environments, the culture, um.

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00:38:01.649 --> 00:38:06.629

Your thoughts and their emotions, and we only do that with the bio cycle social approach.

175 "Evan Espinosa, Psy. D." (481395968)

00:38:06.629 --> 00:38:15.630

So, how do we start to treat this? And we've kind of stated this a few times within this presentation and so with an integrated care model.

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00:38:15.630 --> 00:38:19.380

So treatment for a bio psycho, social, and a mind body perspective.

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00:38:19.380 --> 00:38:39.380

Um, it's always good to gather team of multi disciplinary professionals under the same roof. If you can and recover. That is our model. I'll talk about that in just a 2nd here, but if it's not under the same roof, just making sure that integrated care is happening between mental health PT and medical because of the complexities of chronic pain.

178 "Evan Espinosa, Psy. D." (481395968)

00:38:39.380 --> 00:38:43.950

If we want to make an impact that we have to all be kind of giving our device are.

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00:38:47.040 --> 00:38:53.310

It's kind of how chronic from our own disciplines so we could have interdisciplinary communication about this.

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00:38:53.310 --> 00:39:02.070

Coordination is crucial as we were just talking about an empty space for curriculums and modules for each patient to help them reaching set goals.

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00:39:02.070 --> 00:39:22.070

Part of me, so physical therapy for chronic pain um, physical therapy for chronic pain is difference. It's based more on central nervous system types of interventions. So it's a focus on PTs active involvement in PT minimal modalities. Manual treatment is not the central focus. It's all about central nervous system.

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00:39:22.070 --> 00:39:42.070

Education on difference between the sympathetic and parasympathetic nervous system diaphragmatic breathing, noticing, when you are being triggered in certain ways notice if that's connected to emotions to other things besides physiological what's happening to your body and how to bring that back down with skills like diaphragmatic breathing safe stretching PT based.

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00:39:42.070 --> 00:39:47.610

Things of that nature, because that's no, it was stating it's important to retrain the body how to move.

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00:39:47.610 --> 00:39:53.100

Without stress cause, usually when somebody isn't chronic pain, they are constantly moving in stress.

185 "Evan Espinosa, Psy. D." (481395968)

00:39:53.100 --> 00:40:04.230

So, in pain plans, education, nearly paints protector. All pain is real dangers and pain signals stems and sends all of this is important conversations for physical therapist to have their.

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00:40:04.230 --> 00:40:08.280

With their clients and chronic team, um.

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00:40:08.280 --> 00:40:12.030

This is more I'm not for the sake of time.

188 "Evan Espinosa, Psy. D." (481395968)

00:40:12.030 --> 00:40:32.030

I'm gonna skip over this 1 this is basically kind of what we talked about that as traumas really influence how we perceive pain. In the current moment. Sometimes we go through past traumas and the body, or for the person has been hurt her physically or emotionally that threshold for tolerating things in the future when it comes to future pains that drops and it's really about.

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00:40:32.030 --> 00:40:38.490

Using that pain threshold with safe movement cycle, education and interventions and as the such.

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00:40:38.490 --> 00:40:58.490

Substance abuse for chronic pain. So what do you do with this? Um, with this population? So really, it's about that transition from classic opiates to something more like sandbox and introduction of maintenance types of medications. Now, checks on vivitrol. But long term will be used for chronic pain is never going to really be the answer for reasons that we discussed.

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00:40:58.490 --> 00:41:16.470

If somebody does come in, um, self medicating on alcohol benzodiazepines, it's really about the common interventions to get those addressed. Sometimes it might be detox. Sometimes it is a tapering and weaning process as they are learning about cycle education of chronic pain and keep rain off of things.

192 "Evan Espinosa, Psy. D." (481395968)

00:41:16.470 --> 00:41:19.740

At the same time, but really, it's about, um.

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00:41:19.740 --> 00:41:39.740

Addressing the physiological response of addiction, but also the emotional response to addiction and that leads us to behavior health for chronic pain. So they have to come in unison. Right? So somebody has does have chronic pain and addiction issues. We have to get them connected to some to behavior health, who knows about chronic pain the education about chronic, but also can.

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00:41:39.740 --> 00:41:50.700

Such an adventure, this motivational interviewing, mindful space, stress reduction act, those types of interventions as well. And that's really the bio cycle social approach and.

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00:41:50.700 --> 00:42:00.210

Um, we have found that our approach and this is again recovery isn't isn't pinging me to say this. We have found that with our approach. Um.

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00:42:00.210 --> 00:42:09.780

We have a really good outcomes that 909.52 reported functional improvement in some way shape performance and average is 77% of people.

197 "Evan Espinosa, Psy. D." (481395968)

00:42:09.780 --> 00:42:19.050

Did it have some kind of increases in function? Did start to make an impact in a bio cycle social way with their pain their mental health and function.

198 "Evan Espinosa, Psy. D." (481395968)

00:42:19.050 --> 00:42:35.130

So that's all I have for today. So sorry for the last couple slides, I want to make sure to leave room for questions. That's a Sharpie. I have a sharp at home. It's not that 1, but I love them. 3rd. Horrible. So.

199 "Evan Espinosa, Psy. D." (481395968)

00:42:35.130 --> 00:42:38.610

That's my presentation for right now. I definitely want to leave room for any.

200 "Evan Espinosa, Psy. D." (481395968)

00:42:38.610 --> 00:42:46.276

Questions or comments or anything, um, regarding addiction and the combination of.

201 "Mack, Kari" (3129891584)

00:42:46.276 --> 00:43:06.470

Thank you so much for that information Dr Espinoza and such an important and relevant topic. We do have some really good questions here that will move towards. You guys can certainly continue to submit questions and we'll just kind of answer as many as we do have time available for. So, 1st, question here, how would you help a loved? 1?

202 "Mack, Kari" (3129891584)

00:43:06.470 --> 00:43:12.074

Who feels that opioid pain medications are the only thing that can help them decrease their pain.

203 "Evan Espinosa, Psy. D." (481395968)

00:43:12.074 --> 00:43:31.700

Yeah, great question we have that a lot within our clinics, so really, it's not about taking away the opiate based intervention. 1st it's really about getting them connected to behavioral health services. Pt services. They could start to understand that they can make an impact on a chronic pain through other.

204 "Evan Espinosa, Psy. D." (481395968)

00:43:31.700 --> 00:43:41.370

And that might help to motivate them to at least start to consider other options between opiate based interventions. Um.

205 "Evan Espinosa, Psy. D." (481395968)

00:43:41.370 --> 00:44:01.370

So at least running them with treatment and other aspects before starting that deeper or before having that, um, that that type of conversation, cause, once they do, usually, once they fill that they can start to control their chronic pain through other types of interventions, behavioral health PT interventions they are more open to listening about.

206 "Evan Espinosa, Psy. D." (481395968)

00:44:01.370 --> 00:44:11.610

Central sensitization works, and how long term can actually make pain worse so really, it's not about taking away that leg at the table. It's about.

207 "Evan Espinosa, Psy. D." (481395968)

00:44:11.610 --> 00:44:27.873

Increasing their supports through different bio, Psycho, social means then starting a psycho education around. This is possibly what long term is doing. It's making your pain worse. It's making things that aren't painful. More painful.

208 "Mack, Kari" (3129891584)

00:44:27.873 --> 00:44:38.944

Wonderful, how can you help a loved 1 who struggled with seeing their

pain only as suffering? How can you encourage them to move towards management of pain versus being stuck and suffering.

209 "Evan Espinosa, Psy. D." (481395968)

00:44:38.944 --> 00:44:58.880

Yeah, great question. So that is going to be a lot of behavioral health intervention because that separation of pain and suffering are very different things. That's an important type of conversation to have between a trained professional behavioral provider and that client, because doesn't have.

210 "Evan Espinosa, Psy. D." (481395968)

00:44:58.880 --> 00:45:20.900

Have to be suffering, right? I think objectively. We could understand that. But a lot of the conversations we have with that type of of a presentation is that there can still be a lot of meaning and purpose. And a lot of actions that you could complete and it's really helping convince them and support them that you could.

211 "Evan Espinosa, Psy. D." (481395968)

00:45:20.900 --> 00:45:40.900

Still live a lot of life and still still struggle with pain that pain and suffering can be 2 different things. Um, suffering is a little bit more of a choice pain. Sometimes it isn't a choice, but pain doesn't have to lead to suffering. So, I would say a lot of behavioral health intervention for that type of of a population. So, that sounds like.

212 "Evan Espinosa, Psy. D." (481395968)

00:45:40.900 --> 00:45:45.360

This is the complexities of chronic pain that sounds like there's a lot of depression.

213 "Evan Espinosa, Psy. D." (481395968)

00:45:45.360 --> 00:46:05.360

Types of of, um, of complications leading to more suffering of, and more physical pain more than likely. So that treatment of how we start to deal with depression through chronic pain becomes really important. And psychiatry could probably help with that as well of medications, but definitely.

214 "Evan Espinosa, Psy. D." (481395968)

00:46:05.360 --> 00:46:14.130

And kind of behavior health approach where somebody could start to have space to understand that pain is pain, suffering and suffering. And how do I make an impact on both.

215 "Mack, Kari" (3129891584)

00:46:17.268 --> 00:46:24.221

Do long term prescribed opiate pain medications, lose their effectiveness over time.

216 "Evan Espinosa, Psy. D." (481395968)

00:46:24.221 --> 00:46:38.250

In my experience yes, so I am not a medical doctor, so I can't say definitively that that's yes, but anecdotally and my experience in health psychology, I'm working with chronic pain and long term albeit users. Um.

217 "Evan Espinosa, Psy. D." (481395968)

00:46:38.250 --> 00:46:58.250

They, they usually start out and then they move to fat and all patches and move to morphine and allotted and that's all. Because the body starts to adapt to that and starts. And again, the central sensitization effect of long term opiate use starts to set in and then the.

218 "Evan Espinosa, Psy. D." (481395968)

00:46:58.250 --> 00:47:11.490

Searching for more and more intervention from a medical standpoint, that's an opiate based medical standpoint, than actually starting to understand the cycle education of pain that mind by the connection that pains a global process. That.

219 "Evan Espinosa, Psy. D." (481395968)

00:47:11.490 --> 00:47:16.860

Sometimes doesn't have to do anything with your physical experience as we were talking about earlier but.

220 "Evan Espinosa, Psy. D." (481395968)

00:47:16.860 --> 00:47:36.860

Opening that door becomes really important for that person who's only seeking opiate based intervention, because they are always going to come up well, in my I can't say always that's definitive. Usually, they are going to come up very short in the management of their pain and that usually leads to frustrations and anger and depression that leaves them less likely to.

221 "Evan Espinosa, Psy. D." (481395968)

00:47:36.860 --> 00:47:41.906

Start to understand the benefits of PT and behavioral health.

222 "Mack, Kari" (3129891584)

00:47:41.906 --> 00:47:51.903

Wonderful. Um, how can you speak to patients that think that you do not believe their story about pain if you bring up mind body connection they might say, you just think that I'm crazy.

223 "Evan Espinosa, Psy. D." (481395968)

00:47:51.903 --> 00:47:59.220

Yeah, great question. That's a really good 1 and that's when we get

all the time, especially on the evaluation days. Um.

224 "Evan Espinosa, Psy. D." (481395968)

00:47:59.220 --> 00:48:03.600

The 1st thing I usually tell this population is that your pains real.

225 "Evan Espinosa, Psy. D." (481395968)

00:48:03.600 --> 00:48:23.600

Your pains always real, because of the subjects that's subjective. Nature of chronic pain, because of everything that goes into chronic pain. I never tell people their payments and real. I tell people that your pain is 100 real, but we have to be open to the idea that pain is influenced by a lot of things. And I start to have conversations around.

226 "Evan Espinosa, Psy. D." (481395968)

00:48:23.600 --> 00:48:27.390

So, when you were feeling really emotional on certain days, how does your body fill.

227 "Evan Espinosa, Psy. D." (481395968)

00:48:27.390 --> 00:48:40.230

When things are really stressful in your environment, like, how does your body react? It's starting to build that slow bridge between, like, hey, my pain is influenced by a lot of health sales sources and it's not just because of the pastor. It's not just because of.

228 "Evan Espinosa, Psy. D." (481395968)

00:48:40.230 --> 00:48:43.380

Uh, of a diagnoses that I have received.

229 "Evan Espinosa, Psy. D." (481395968)

00:48:43.380 --> 00:48:50.730

It could be because of this global process of pain and always acknowledging pain is real all the time because it is real.

230 "Evan Espinosa, Psy. D." (481395968)

00:48:50.730 --> 00:48:59.975

But it's more complex, and it has to do with a lot of different things. So that's usually how I approach that type of a client. Okay.

231 "Mack, Kari" (3129891584)

00:48:59.975 --> 00:49:10.544

What are some tips you can provide to help someone who has chronic pain help to advocate for themselves and collaborate with their providers to receive holistic care.

232 "Evan Espinosa, Psy. D." (481395968)

00:49:10.544 --> 00:49:24.630

Yeah, good question. So I think part of it's a lot of psycho education

right? So, in order to help people learn to advocate for themselves when it comes to chronic pain, it's educating them around.

233 "Evan Espinosa, Psy. D." (481395968)

00:49:24.630 --> 00:49:28.650

What are the dynamics that go in the chronic pain? So they know.

234 "Evan Espinosa, Psy. D." (481395968)

00:49:28.650 --> 00:49:48.650

Where they need to advocate, so it's asking, maybe their provider, their, their PCP, their surgeon, or whoever it might be is taking care of them from a medical standpoint. Like, is there any other possibilities around around why this might be because, like, empowering them to ask about Central sensitization hyper allergies.

235 "Evan Espinosa, Psy. D." (481395968)

00:49:48.650 --> 00:50:08.650

See, what their providers say about that really talking to them about that idea between the contextual aspects, the mental health aspects of pain and learning to talk to people around. Like I noticed when I'm filling down. My pain is worse. Can we talk about that? Can we can we see about that? Can we bring in psychiatry in this? It's really.

236 "Evan Espinosa, Psy. D." (481395968)

00:50:08.650 --> 00:50:18.420

Them to think in a very bio cycle, social way. So they could start to understand their pain is more complex and therefore start to advocate themselves because oftentimes.

237 "Evan Espinosa, Psy. D." (481395968)

00:50:18.420 --> 00:50:23.940

People come in with chronic pain, thinking that the medical approach is the only way to do it. And that is.

238 "Evan Espinosa, Psy. D." (481395968)

00:50:23.940 --> 00:50:43.280

The medical approach is a very important way to start to manage chronic pain, but it has to be in unison with everything else. So a lot of that advocacy comes with just proper education on chronic pain. So, that person feels comfortable having conversations with the people in front of them and getting proper referrals.

239 "Mack, Kari" (3129891584)

00:50:43.280 --> 00:50:56.437

Thank you another person ask, I have chronic pain, and I have been in mental health recovery and therapy for more than 2 years. And it has not dissipated. Do you have any other information or additional options?

240 "Evan Espinosa, Psy. D." (481395968)

00:50:56.437 --> 00:51:16.190

Yeah, um, yes, so I, I don't want to get too far into that cause it's, it's it's very particular for each for each certain person. So, if you want to maybe try to contact me or or reach out to me. Um, so I could be a little bit more precise and my answer, I'm happy to.

241 "Evan Espinosa, Psy. D." (481395968)

00:51:16.190 --> 00:51:21.300

So, to try to answer your question now.

242 "Evan Espinosa, Psy. D." (481395968)

00:51:21.300 --> 00:51:41.300

It's making sure that you the person, you're seeing, has a really strong hand, and expertise and chronic pain. It's knowing that they have a good understanding of that mind body connection. It's also knowing how they can start to refer you and advocate for you in different areas of your life to start to look at and start.

243 "Evan Espinosa, Psy. D." (481395968)

00:51:41.300 --> 00:51:54.930

To recognize and refer different types of interventions, cause strictly behavior health usually isn't going to do it. It's a combination of PT and different things and whatnot. So.

244 "Evan Espinosa, Psy. D." (481395968)

00:51:54.930 --> 00:52:14.930

And I'm not, I don't know your therapist, I don't know the mental health kind of of interventions you have been using, but it's really important to have somebody who has a really strong foundation in chronic pain, central nervous system, understandings neuroplasticity, and can help handhold and walking through interventions.

245 "Evan Espinosa, Psy. D." (481395968)

00:52:14.930 --> 00:52:20.398

That's health chronic pain is really important. Okay.

246 "Mack, Kari" (3129891584)

00:52:20.398 --> 00:52:26.296

What is current research saying about the link between childhood trauma and chronic pain?

247 "Evan Espinosa, Psy. D." (481395968)

00:52:26.296 --> 00:52:45.680

Yeah, it's high this is what research is saying so childhood trauma and chronic pain. I that that is what my dissertation was actually and so it's funny you asked this, but, like, my study found that and it was a specific population about fibromyalgia, any kind of rheumatoid arthritis.

248 "Evan Espinosa, Psy. D." (481395968)

00:52:45.680 --> 00:52:50.070  
Issues that that absolutely exacerbated and.

249 "Evan Espinosa, Psy. D." (481395968)  
00:52:50.070 --> 00:52:56.760  
Women who report all women and men who reported any kind of trauma within their youth and.

250 "Evan Espinosa, Psy. D." (481395968)  
00:52:56.760 --> 00:53:05.370  
Usually people and I compared it to people who had emotional abuse, physical abuse and sexual abuse um, all of those of those.

251 "Evan Espinosa, Psy. D." (481395968)  
00:53:05.370 --> 00:53:25.370  
All of those types of happenings, exacerbated chronic pain in adulthood, but also, in particularly emotional abuse did a, they showed the most increase in chronic pain symptoms. But the, the research is all pretty in line with itself. If you.

252 "Evan Espinosa, Psy. D." (481395968)  
00:53:25.370 --> 00:53:46.520  
The the body keeps the score is a good book. Why? Zebras have? Ulcers is a good book as well. That speak a little bit about, um, that connection but research pretty typically shows that early life. Traumas do lead to more health risks, but not only that lead to more expression of chronic pain. That is is less.

253 "Evan Espinosa, Psy. D." (481395968)  
00:53:46.520 --> 00:53:49.560  
Controllable with the regular and medical condition.

254 "Evan Espinosa, Psy. D." (481395968)  
00:53:49.560 --> 00:53:55.318  
And that's because what did you talking about? Yeah, thank you.

255 "Mack, Kari" (3129891584)  
00:53:55.318 --> 00:53:59.889  
What is your opinion on self help groups such as chronic pain?  
Anonymous.

256 "Evan Espinosa, Psy. D." (481395968)  
00:53:59.889 --> 00:54:19.370  
Yeah, I think self help groups are always good with any self help group. I always give clients a caveat that self help groups are a great resource for support and for understanding, but they're not necessarily therapy. Self help groups are always therapeutic. They're not necessarily therapy. So, I.

257 "Evan Espinosa, Psy. D." (481395968)

00:54:19.370 --> 00:54:28.050

Again, it's that bio psycho, social approach to intervention stuff. How groups can be very good, but sometimes self how groups can, um.

258 "Evan Espinosa, Psy. D." (481395968)

00:54:28.050 --> 00:54:48.050

Sometimes self help groups can lead to bad habits or bad understandings, because sometimes people are very early in their process of intervention and just not quite understanding. Right? So, I think self help groups are very important piece of treatments, but also in line with other interventions. So, um.

259 "Evan Espinosa, Psy. D." (481395968)

00:54:48.050 --> 00:55:04.440

Are more therapeutic aspects, and so people can go to their therapist or PCP and ask questions like this person and myself help group said this and this it didn't seem like they were so educated on X, Y, and Z. how, how does that work for me? How does that apply to me? Self help groups are always good for.

260 "Evan Espinosa, Psy. D." (481395968)

00:55:04.440 --> 00:55:15.311

Processing and trying to understand somebody else's individual process as long as they have a forum to ask questions and not just absorb things wholly. If that makes sense. Okay.

261 "Mack, Kari" (3129891584)

00:55:15.311 --> 00:55:29.013

Yeah, wonderful last question here is we're kind of winding down with the opioid epidemic and providers cutting patients off from pain medication. Have you seen a correlation between this and rates of suicide?

262 "Evan Espinosa, Psy. D." (481395968)

00:55:29.013 --> 00:55:39.180

Great question. Um, no, anecdotally. I think the research is a little bit too new in this because the epidemic is.

263 "Evan Espinosa, Psy. D." (481395968)

00:55:39.180 --> 00:55:50.550

Well, it's a little bit more than a couple of years old, but the research hasn't quite caught up to it. Anecdotally. Um, I really haven't. I have noticed a lot of people turning to illicit drug use.

264 "Evan Espinosa, Psy. D." (481395968)

00:55:50.550 --> 00:56:01.800

Over any kind of self harm. So, 1st, what I see are people who are cut off and it's either going to street source the ways of getting fat now or they're going to benzodiazepines or alcohol.

265 "Evan Espinosa, Psy. D." (481395968)

00:56:01.800 --> 00:56:20.640

That's what I'm noticing more in that population has been cut off of their opiates than any kind of self harm, which which is good. I mean, it presents a whole nother line of problems, but you can't treat somebody if somebody isn't there. I'm happy. The research is an indicator. Well, anecdotally, my research is indicating, um.

266 "Evan Espinosa, Psy. D." (481395968)

00:56:20.640 --> 00:56:27.679

Self harm types of issues, more so higher rates of solicit use of substances.

267 "Mack, Kari" (3129891584)

00:56:27.679 --> 00:56:47.540

Wonderful okay, well, since we are here at the top of the hour, I want to thank you again Dr Espinoza firmer calvia for your informative presentation and for answering all those great questions that we did have here today there is a 5 question survey there on the side panel, we kindly ask if you take a few minutes to go ahead and fill that out.

268 "Mack, Kari" (3129891584)

00:56:47.540 --> 00:57:07.540

That just helps us keep our seminars most relevant to you, and if you haven't already done, so feel free to listen to the replays of any of our past year's seminars and be sure to go ahead and sign up to receive those automatic email reminders for upcoming sessions as well, and that information can be found there in the chat section here in Webex.

269 "Mack, Kari" (3129891584)

00:57:07.540 --> 00:57:15.080

I want to thank everybody for attending and joining with us here today, and for everyone to have a great rest of their day. Thank you.

270 "Evan Espinosa, Psy. D." (481395968)

00:57:15.080 --> 00:57:21.285

Did you so much for having a great questions? Good luck out there and I appreciate all of you. Thank you for what you do.

271 "Mack, Kari" (3129891584)

00:57:21.285 --> 00:57:23.796

Thank you.